

STATE OF WISCONSIN

APPENDIX TO 1999 ASSEMBLY BILL 455

REPORT OF JOINT SURVEY COMMITTEE ON RETIREMENT SYSTEMS

(Introduced by Representatives Spillner, Brandemuehl, Freese, Goetsch, Gunderson, Hahn, Handrick, Hasenohrl, Kelso, Ladwig, Lassa, Miller, Musser, Olsen, Schneider, Sykora and Waukau; cosponsored by Senators Plache, Robson, Roessler and Schultz.)

An Act to renumber and amend 891.45; to amend 891.455 (1) and 891.455 (2); and to create 891.45 (1) of the statutes; relating to: establishing a presumption for employment-connected disease for state and county fire fighters.

EXTRACT OF COMMITTEE'S RECOMMENDATION ON THIS BILL

The Joint Survey Committee on Retirement Systems finds that Assembly Bill 455 represents good public policy, and the Committee recommends its passage.

PURPOSE OF THE BILL

The purpose of this bill is to extend to *state and county fire fighters* the protections granted by 1997 Wisconsin Act 173 to municipal fire fighters. Under Act 173, in any proceeding that involves an application by a municipal fire fighter or his or her beneficiary for disability or death benefits, if at the time of death or filing the application the fire fighter had served a total of **10 years** as a fire fighter and a qualifying medical examination *before* he or she joined the fire department showed no evidence of cancer, and if the disability or death is found to have been caused by cancer, the finding will be presumptive evidence that the cancer was caused by his or her employment as a fire fighter.

This presumption applies to cancers affecting the skin, breasts, central nervous system or lymphatic, digestive, hematological, urinary, skeletal, oral or reproductive systems.

In any proceeding involving the application by a municipal fire fighter or his or her beneficiary for disability or death benefits, if at the time of death or filing the application for benefits the fire fighter had served a total of **five years** as a fire fighter and a qualifying medical examination given *before* he or she joined the fire department showed no evidence of heart or respiratory impairment or disease and the disability or death of the fire fighter is found to have been caused by heart or respiratory impairment or disease, this finding is presumptive evidence that the impairment or disease was caused by his or her employment as a fire fighter. Act 173 extended those protections only to municipal fire fighters.

This bill creates the same presumptions for county fire fighters and state fire fighters.

ACTUARIAL EFFECT

This bill would have no material actuarial effect on the Wisconsin Retirement System (WRS).

PROBABLE COSTS

The estimate of the probable cost for the bill is approximately \$40,000 of which \$36,000 would be paid for by the state and \$4,000 by the counties. James Scearcy, Actuary for the Group Insurance Board, estimated the cost of 1997 Senate Bill 329 (which became Act 173) to be about .24% of the payroll for covered fire fighters. Estimating that payroll to be \$131.7 million in 1999 results in an estimated cost to employers of \$316,000. Since this cost estimate included *all* fire fighters and state and county fire fighters are estimated to cost about 20% of the total costs, this results in an estimated initial cost of approximately \$63,200 for this bill. The cost should remain at about .24% of payroll for fire fighters for a period of 14 years and then decrease to about .14% of payroll, which is the equivalent of \$40,000 annually.

PUBLIC POLICY

As noted in the 1997 report on Senate Bill 329, at least 17 states have adopted cancer presumption laws for fire fighters including Minnesota and Illinois. The report also noted research on the exposure of fire fighters to carcinogenic agents in the course of their duties has found damaging levels of numerous known and suspected carcinogens present at fires and in fire houses as well. Chief among these are benzene and other aromatic hydrocarbons, asbestos, formaldehyde, chemicals present in diesel exhaust, PCBs, styrene, methylene chloride and other organic chemicals.

One 1995 review of 19 epidemiological studies of cancer in fire fighters concludes that "the data shows that employment as a fire fighter increases the risk of developing and dying from certain specific cancers: leukemia, non-Hodgkin's lymphoma, multiple myeloma and cancers to the brain, urinary bladder, and, possibly, prostate, large intestine and skin." ("The Risk of Cancer in Fire Fighters," *Occupational Medicine*, Volume 10, No. 4, October-December 1995.)

Face masks and protective clothing are often inadequate protection for a fire fighter, notably in situations where their use interferes with performing the job and, as a result, they are not used. Many harmful chemicals are absorbed through the skin as well as by inhalation and a fire fighter may receive harmful doses of carcinogens as a result. Diesel exhaust from fire trucks present in the air at fire houses has also been determined to be a major cause of increased cancer risk for fire fighters. Based on the studies surveyed in the research paper cited above, for which significance was found in the data to support the conclusion of increased cancer risk for fire fighters, estimates were made for six types of cancer to answer this question: "What percentages of the cancers occurring in the sampled fire fighters would not have occurred if they were not fire fighters"? Here are the results:

<i>Type of Cancer</i>	<i>Percentage of Cancers Estimated to be Due to Additional Occupational Risk of Cancer</i>
Brain Cancer	54%
Leukemia	68%
Bladder Cancer	54%
Prostate Cancer	62%
Rectal Cancer	36%
Skin Cancer	59%

RECOMMENDATION

The Joint Survey Committee on Retirement Systems finds that 1999 Assembly Bill 455 represents good public policy, and the Committee recommends its passage.

3/6/00