REPORT OF THE VIRGINIA DEPARTMENT OF FIRE PROGRAMS

Preemptive and Ongoing Health Care to Local Government Employees Exposed to Toxic Materials (Chapter 363, 2024)

TO THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 6

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A report of the Virginia Department of Fire Programs

Report from HB133 (2024) Work Group to the Virginia General Assembly

Preemptive and ongoing health care to local government employees exposed to toxic materials

November 1, 2024

The foregoing is a report on appropriate preemptive and ongoing health care for employees who respond to emergencies that expose them to toxic materials as required by HB133 (2024).

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PREFACE

On March 28, 2024, HB133 was signed by Governor Glenn Youngkin. The bill directed the Department of Fire Programs to convene a work group to identify and analyze options to help ensure that local government employees who respond to emergencies that expose them to toxic materials have appropriate preemptive and ongoing health care. This bill is identical to SB650 (2024). The language required this report be submitted by November 1, 2024. This report is respectfully submitted to comply with the requirements found the 2024 Virginia Acts of Assembly Chapter 174.

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Executive Summary

Firefighter health has become an increasing concern in the United States as recent research reveals the effects of turnout gear, firefighting foam, and carcinogenic environments on firefighters and other emergency responders. Although the Commonwealth has employed strategies to mitigate these effects, there have been concerns about extraordinary emergency incidents where emergency responders are exposed to toxic chemicals. This concern was highlighted in 2012 when a military aircraft crashed in Virginia Beach. First responders in the area were exposed to numerous hazardous chemicals and toxic materials from the plane that may have seriously harmed them.

The Heart and Lung Act, Virginia Code §65.2-402 establishes a legal presumption that local governments are responsible for firefighter workers' compensation claims for certain cancers and other diseases due to the nature of their work. The statute also places the burden of proof on the employer to determine if the health condition was caused by work-related exposure and to pay out workers' compensation. However, Virginia lacks a standard process for tracking exposure incidents and therefor the burden of proof is difficult to determine. This discrepancy often results in firefighters and other emergency responders receiving partial assistance for their health costs, and in some cases, no assistance at all. Without a dedicated process to fund or track exposure to both regular everyday events and extraordinary events such as the 2012 crash in Virginia Beach, Virginia's emergency responders are vulnerable to long-term medical expenses without the benefits owed. The language in HB 133 tasked the work group with creating recommendations on how the Commonwealth can bridge the gap in order to fully assist emergency responders who have suffered as a result of the nature of their work. It also asked the work group to recommend a strategy for cancer screening in order to improve the chances of catching health issues before it is too late.

The work group recommends that a grant program administered by the Virginia Department of Fire Programs be established and supported by the General Fund through a special fund, the Emergency Responder Toxic Exposure Fund, to support localities when eligible employees faced an extraordinary level of toxic exposure. Funding would originate either from annual accrued interest on investments set aside by the General Assembly or through annual appropriations. This fund would help localities in supporting their emergency responders by right sizing benefits to fill the gap between insurance, workers' compensation, and the numerous expenses for cancer and other treatments. Local governments and certain state agencies would be eligible, with a limited number of truly extraordinary emergencies qualify. The grant program also estimates a strategy to cover out-of-pocket costs for eligible first responders.

The work group also recommends strategies for a potentially statewide cancer screening program. It recommends a program be developed based off the current initiative in Northern Virginia or provide a minimum matching grant to localities who could negotiate with providers themselves.

Lastly, the work group considered several state grant programs and laws, as well as federal programs associated with the September 11th terrorist attacks. This gave some perspective on certain issues to address and ways to structure the program.

Work Group History

This work group was formed in accordance with HB 133 (2024) and convened for the first time on June 28th, 2024, to begin the process of completing the tasks mandated by the General Assembly. The work group met a total of six times as outlined below.

Dates of HB 133 Work Group Meetings

June 28th	August 23rd
July 12th	September 6th
July 26th	September 20th

HB 133 directed the work group to consider the following:

1. Options for creating and determining eligibility for a grant program to assist local government employee responders, factors that would qualify an event as an emergency for which such grants may be awarded, and what other emergencies in the past 15 years could or should qualify;
2. A detailed plan for administering grants and moneys to support such a grant program;
3. A review of relevant approaches used in other states and at the federal level for assisting such responders;
4. Identification of the appropriate body to invest and manage the funds;
5. A detailed plan for providing annual cancer screenings for eligible local government employee responders; and
6. What types of out-of-pocket expenses should be addressed by grant funding.

The work group considered qualifying events further, creating two additional subgroups each respectively focused on (i) identifying qualifying events from the past fifteen years, and (ii) developing a plan to collect data to more accurately inform the grant program on future events which would qualify. Lastly, the work group researched other state and federal programs in determining its recommendations.

The work group reviewed data from the Virginia Fire Incident Reporting System (VFIRS), Virginia Health Information from the Department of Health, and emergency declarations from the Department of Emergency Management.

Similar Programs

While researching options to provide preemptive and ongoing health care to local government employees exposed to toxic materials, the work group used Virginia's current system as the context for identifying the following programs. The states researched were chosen based on economic and geographical similarities with Virginia as well as existing programs that accomplish similar goals to those outlined in HB133. The grant program recommended by the work group will be the first of its kind in the United States, however similar programs provided valuable insight to support the development of this novel program. The research below is not discussed in any particular order.

I. California

California Professional Firefighters provides Personal Exposure Reporting (PER), a program for firefighters to voluntarily log when they are exposed to toxic chemicals. PER creates a permanent record of chemical exposure to help firefighters and physicians identify potential causes and treatments if a firefighter becomes sick or ill. Doctors can also more easily verify that an illness is work related, allowing for firefighters to accurately claim health, disability and survivor benefits.

In Virginia, fire and police departments can notate these exposures in their incident reports, although this is not required or tracked by the state.

II. North Carolina

The North Carolina Office of the State Fire Marshal (OSFM) offers the Volunteer Safety Workers' Compensation Fund, an insurance matching program with individual firefighters. The program was established in 1996 and is geared towards assisting volunteer and smaller fire departments that may not have the resources to fund their own workers' compensation program. As of 2023, the Fund provides coverage for over 1,500 departments and 40,000 members. Monies for the Fund is provided by both premiums collected from its members as well as contributions from the State of North Carolina. Historically, contributions from the State have varied from year to year. For the fiscal period ending on June 30, 2020, the state contributions were $8,546,424. For the fiscal period ending June on 30, 2021, the state contributions were $9,127,639.

North Carolina also offers the Firefighters' Relief Fund, which is administered by the North Carolina Firefighters Association and OSFM. Established in 1907, the Firefighters' Relief Fund provides funding to fire departments to support firefighters and their families with line of duty related expenses not adequately covered by existing benefit programs. The Fund is financed through insurance premiums and administered to localities and fire departments.

The Firefighter Relief Fund is similar to the grant program recommended in this report; however, this report recommends a more targeted program which provides supplemental assistance for qualifying events.

III. Maryland

Similar to Virginia, Maryland's Workers' Compensation law requires employers pay workers' compensation when firefighters are disabled from certain cancers and other diseases. Maryland law presumes that certain medical conditions or diseases suffered by firefighters (paid or volunteer) are compensable under worker's compensation. These can include heart diseases, hypertension, and bladder, kidney and renal cancers. In addition, firefighters who develop lung disease or certain types of cancer are also protected by the law.

This is similar to this report's grant program because it funds health costs for emergency response personnel who were exposed to toxic and carcinogenic environments. However, this is not a grant program in Maryland. Instead, it is written in law that the state will provide assistance if a firefighter or other emergency responder makes a claim for health costs due to one of the conditions listed in the law. Maryland law is therefore wider in scope and has a more lenient burden of proof. This law is also funded through taxes, which has sparked periodic debate about its scope.

IV. Pennsylvania

The Pennsylvania Workers' Compensation Act requires localities pay workers' compensation for all their firefighters. This means that Pennsylvania does not provide any state-level support for health costs, unlike the states above. In a recent 2018 Supreme Court case, City of Philadelphia v. Workers' Compensation, the court ruled that firefighters only need to show that it was possible that they got cancer due to their work, thus making the burden of proof light. This is similar to current Virginia law, which obligates localities to provide compensation. In Virginia, however, the burden of proof rests on localities and is heavier than in Pennsylvania.

V. Federal

Federal programs comparable to the suggested language in HB 133 are associated with the September 11th terrorist attacks in New York, Pennsylvania, and Virginia. The existing programs, The World Trade Center (WTC) Health Program and the September 11th Victims Compensation Fund (VCF), provide health assistance for survivors of the 9/11 terrorist attacks. The WTC Health Program provides healthcare, while the VCF provides monetary assistance for health issues associated with the terrorist attacks.

The VCF has a clear definition for qualifying events - the September 11th attacks or the debris removal in the immediate aftermath. This definition, however, also extends to people in the vicinity of the affected area up to a year after the initial attacks. For eligibility, these programs cover anyone who was in the area, which includes commuters, residents, and visitors. This is a wide scope and these programs have been given a lot of federal funding to accomplish their goals. The WTC Health Program has helped around 125,000 people since the start of the program in 2010. The VCF reports using around $11 billion to help 49,000 people in 2022 with similar figures from 2021. This comes out to an average award of $225,000 per person.

There are also several federal grant programs administered by the Federal Emergency Management Agency addressing issues this report is concerned with:

- Assistance to Firefighters Grants Program (AFG)
- Fire Prevention and Safety Grants Program (FPS)
    - Research and Development Grants

The AFG program helps fire departments fund various needs such as equipment, apparatus, and other costs similar to the Commonwealth's Aid to Localities Grant. The relevant eligible request under this grant is "wellness and fitness activities," which according to the grant application, can include physicals and cancer screenings amongst other preventative activities. AFG is expected

to award $324 million in matching grants to around 2,000 awardees in 2024. This is a 35% decrease in appropriations since 2021.

The FPS program is designed to help organizations "carry out fire prevention education and training, fire code enforcement, fire/arson investigation, firefighter safety and health programming, strategic national projects, prevention efforts, and research and development." This grant could be used by the Commonwealth and local fire departments to help educate firefighters on cancer risks and should be considered by the General Assembly and other relevant organizations as this topic continues to be researched.

Recommendations

I. Eligibility

The work group, in accordance with the language of HB 133, recommends basic requirements for receiving grant funds. The work group acknowledges that the panel which distributes funds described under the administration section will review applications for grant funds and will have leeway in making its decisions. However, these foundational guidelines should be followed for every application.

The work group discussed striking a balance between eligible personnel and qualifying events to recommend the most equitable and financially acceptable guidelines in the spirit of the bill language. It recommends that eligible emergency responders should include local government firefighters, law enforcement, and emergency medical services (EMS), hazardous materials personnel, and any volunteers of those emergency response departments. It would include any other local government employee that responds to an emergency such as personnel in public works or animal control. It would also include any state responders from the following agencies: Virginia State Police, the Virginia Department of Emergency Management (VDEM), the Virginia Department of Transportation (VDOT), and the Virginia Department of Fire Programs (VDFP). This recommendation was determined based on the level of public safety responsibility and elevated risk of exposure due to occupational job functions.

For individuals to receive support, their locality would submit the application for a qualifying event and would be required to demonstrate a need for grant funds. Any individuals listed on the locality application for the event would need to have been in the exclusion zone of the incident. This is defined as the area typically referred to as the "hot" zone and "warm" zone of an incident. These areas are different from the "cold" zone where site control, staging, and command/control occurs. The "hot" zone denotes the area where concentrations of toxic materials exceed the OSHA Permissible Exposure Limit. The "warm" zone represents areas below OSHA limits but where secondary contamination may occur, such as EMS treating contaminated patients, law enforcement executing activities such as citizen control, traffic control, or other tactical operations. In other cases, individuals on the application would need to demonstrate that they were exposed to toxic chemicals through their duties and actions on the emergency scene, medical and physical evidence, and other supporting documents listed in the administrative

section. The work group found it difficult to determine how many responders would be on each incident scene on average because there is a wide variety of incidents that are inherently different from each other.

The work group recommends that qualifying events meet certain criteria to maintain the spirit of the bill. Qualifying events are emergencies where personnel are exposed to an event of unusual risk. An event of unusual risk is an emergency incident where the risk of exposure to emergency responders working within the exclusion zone is determined by risk analysis to present a high probability of exposure to the emergency responder that is not adequately controlled by protective equipment provided by the authority having jurisdiction. Qualifying events include, but are not limited to, incidents or emergencies resulting in exposure to chemicals, air particulates, oil well or sulfur fires, radiation, warfare agents, depleted uranium, and herbicides.

To be defined as an event of unusual risk, the incident should meet the following criteria:

1) Involve an emergency incident which significantly impacts the life safety to responders and/or the general public or protection of critical infrastructure;
2) Implement site practices to manage overall risk. This includes the establishment of exclusion zones and the direction to don protective equipment provided by the authority having jurisdiction;
3) Involve tactical operations work in the exclusion zone must be identified and assigned;
4) Involves, but is not limited to, any one of the following situations:
    a. An incident with large amounts of toxic materials that require emergency planning, as defined by the US Occupational Safety & Health Administration or Environmental Protection Agency regulations;
    b. An incident involving certain dangerous materials regulated by the US Department of Transportation;
    c. An incident where any of the materials or chemicals identified by the International Agency for Research on Cancer in Group 1 as carcinogenic to humans are present;
    d. An incident where unusual or highly specialized chemicals used in research, high-tech, or military applications that are toxic are present.

The work group understands that not all incidents may meet the guidelines above but recommends that these points be utilized as a base for the panel to make decisions. Qualifying events are incidents of exposure outside what an emergency responder is normally expected to encounter during their service. This would be an incident of either an exposure to a large amount of a toxin or any exposure to a specific toxin that response teams and localities are not usually prepared for. This makes an event of unusual risk an extraordinary or outlier event.

The work group reviewed data from the National Fire Incident Reporting System (NFIRS) and the Virginia Department of Emergency Management's data on state and locality declared emergencies. Using the VDEM data, the work group estimates around 15 events may occur per year. On the other hand, NFIRS data on several categories of hazardous incidents suggests that the range could be anywhere from 50 to 500 incidents per year. Based on this data, the work group estimates that 15 to 50 qualifying events per year could be a representative example of the

envisioned scope of this program. Unfortunately, there is no current data on events that would qualify since NFIRS data does not describe the specifics of an incident that may be an event of unusual risk. As a result, the work group was unable to determine the number of qualifying events over previous years. As noted below, localities should apply for previous events and the panel would determine if it meets the criteria outlined for the grant program.

The work group strongly recommends that localities report exposure incidents to VFIRS as well as data collection on workers' compensation claims to allow for a more accurate data pool. A data collection system, similar to the Personal Exposure Reporting system in California, for individual responders to track their exposures for their own insurance purposes and for the Commonwealth is also recommended. Lastly, the work group acknowledges that the number of qualified applications in the first several years of this program will provide a much more accurate estimate of the number of qualified events, eligible responders receiving aid, and costs for future years.

II. Administration of Grant Program

The work group came to the unanimous conclusion that the Department of Fire Programs (VDFP) should manage the grant program as outlined in this report. VDFP recommends, as it did during the 2024 session, that at least one additional full-time staffer would be required to manage the program. VDFP and the work group recommend certain guidelines on implementation of the grant program. These recommendations consider the application timeline, the entity that would determine grant awards, and requirements of the application itself.

Applications would be submitted by localities asking for funds pertaining to a potential qualifying event. These applications would be reviewed biannually or every six months. Applicants would submit before a deadline created by VDFP which occurs twice a year and is publicly available. A panel would deliberate over applications during biannual meetings and make fund allocation decisions. This timeline should be short enough to provide funds in a timely manner while also allowing the panel to distribute funds equitably. Localities would have the opportunity to apply once per qualifying event. The panel would rank the submitted applications based on qualifications stated in the grant policy and would utilize a standardized system, such as a letter or numerical score, while providing an estimate of the appropriate allocation of funds needed to cover the costs highlighted in the qualifying applications. In the event that there are not enough funds in the application cycle to cover the recommended health care costs, the panel should defer those applications to the next application cycle. Deferred applications would be considered by their rank score with all other new and deferred applications in the following cycles. If a locality incurs or predicts that it will incur costs in the future, they may submit supplemental applications for the relevant and eligible individuals to an application already approved by the panel. These supplementals should include as much evidence that links the individual's costs to the qualifying event as possible. These would be reviewed by the panel every six months when the panel meets.

The panel should provide written notification of eligibility determination and include justification for application scoring, funds awarded (if applicable), and next steps. The work group also recommends an appeals process be available for rejected applications. Appeals would

be processed in two separate instances. If an application was submitted incorrectly or was incomplete, an appeal demonstrating this fact would be reviewed by the panel directly. The second process would occur if a locality believes that there was an error in the panel's decision or that the panel's decision was made without a full review of the facts as presented. In this case, the locality should demonstrate this fact in writing through an appeals process set in the grant policy to the Secretary of Public Safety and Homeland Security, who can request the panel review the application again.

The panel is recommended to consist of nine members. The members would be chosen by the Virginia Fire Services Board, the State EMS Advisory Board, the Virginia Sheriffs Association (VSA), and the Virginia Association of Chiefs of Police (VACP). For fire and EMS, each respective board should choose one career and one volunteer representative. The VACP and VSA would each have one representative on the panel. The panel should include one member of the Virginia House of Delegates to be appointed by the Speaker of the House and one member of the Senate of Virginia to be appointed by the Senate Committee on Rules. The ninth member would be an unaffiliated expert on hazardous or toxic materials, chosen from a list of qualified applicants. The latter three members serve to hold the panel accountable for any biases they may collectively have. The nine members would be selected by their respective board or group once every two years. The first four members of the panel listed above would serve only a year for their first term, so that each year at most half of the panel potentially changes membership. VDFP would be responsible for managing the needs of the panel and providing the resources and documents, such as this report, to brief new panel members.

The work group recommends basic information requirements for application consideration. Applications that do not include these minimum requirements should be rejected and considered incomplete. All applications should include:

- The emergency/incident, time, and location.
- A description of the event.
- A list of any chemicals or toxic substances present.
- The type of personal protective equipment utilized by each responder.
- If fluorinated foam was used.
- If smoke or fire was visible.
- The duties of each responder listed in the application.

Applications should be strongly encouraged to include if possible:

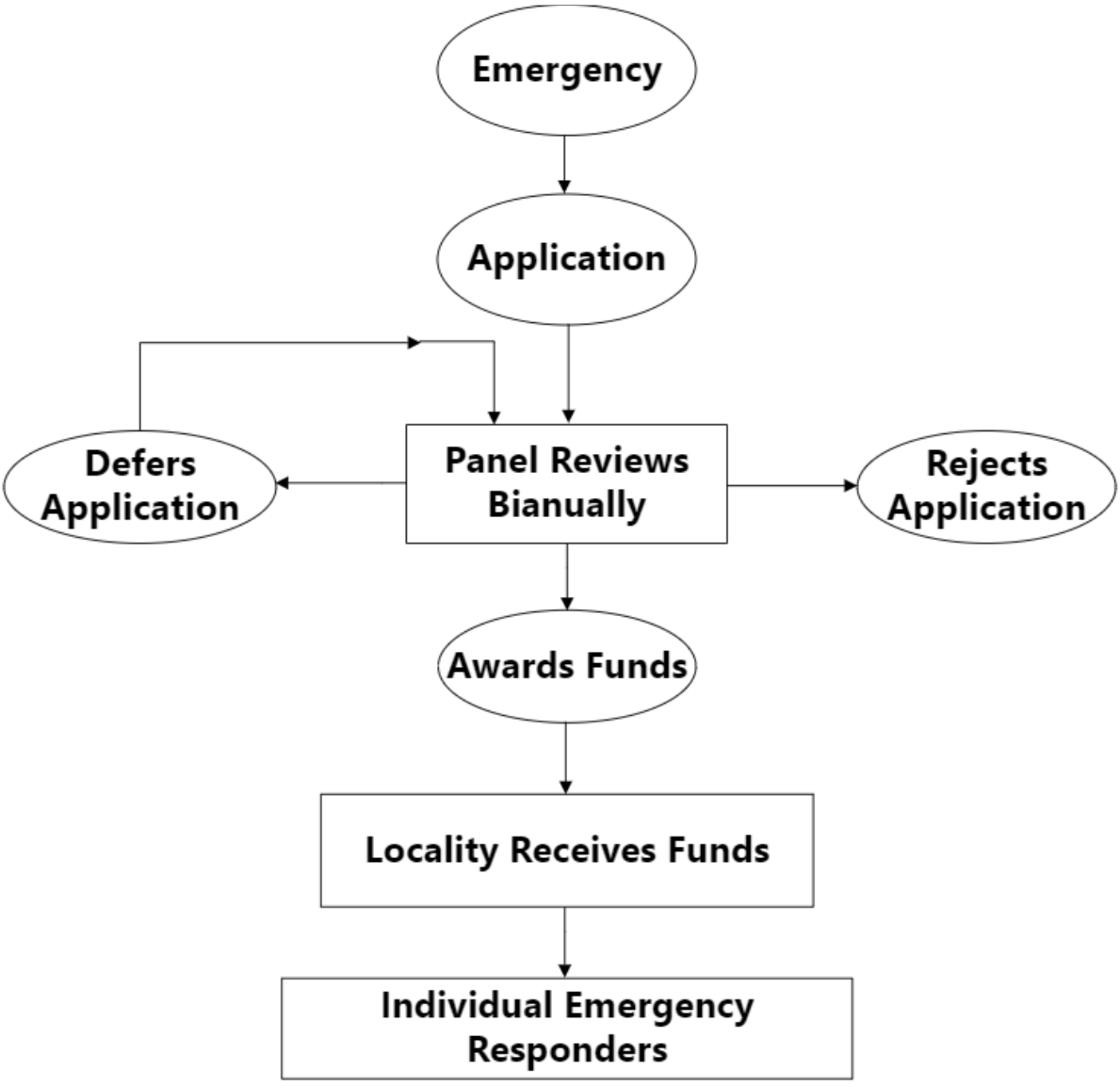
- Emergency declarations by the locality or state.
- Fire Report
- Police Report
- Exposure Report documents

In addition to applying for costs associated with a potentially qualifying event, if the locality requests funds for cancer screenings on their application, then a policy should be submitted which outlines how the locality educates responders on cancer and provides educational and logistical support for their responders who receive a positive cancer test result. This is to ensure that responders can best help themselves receive treatment. Options for localities to administer cancer screening are described under the Cancer Screening section of this report.

This evidence would inform the panel and support their decision on each application. Lastly, applications should include the amount of allocated funds requested and their desired use. This would allow the panel to accurately assess financial need while holding localities accountable for how the grant funds are spent.

The chart below demonstrates the application process:

Figure 1: Toxic Exposure Grant Application Process



III. Investment and Management of Funds

The work group analyzed current grant funds managed and administered by the Commonwealth and developed two recommendations for potential funding, investment, and utilization of the Emergency Responder Toxic Exposure Fund. The first strategy recommends the General Assembly appropriate funds annually or biannually (every two years), while the second strategy creates a special fund where the accrued interest is used to fund the program.

Reoccurring Appropriations
An annual or biannual appropriation from the General Assembly would allow greater flexibility for VDFP and the General Assembly to assess annual costs. Considering the lack of data on this subject, specifically on qualifying events, the program's costs are uncertain and could change significantly from one year to the next. Reoccurring appropriations for the first 5 years of this fund would allow time for improved data gathering and an increased understanding of program costs. The work group anticipates that this program will lead to an increase in exposure reporting and would allow for a reliable cost estimate to be provided within 5 years. In the meantime, since annual costs are not exact, unused appropriations could be reinvested in the short term and contribute to a more long-term solution. This strategy was found to be a more viable funding strategy.

Special Fund
The work group alternatively recommends that a special fund should be created by the Department of Accounts under state and national standards. This strategy would allow the Commonwealth to invest immediately while preserving flexibility to adjust funding as needed, instead of relying on annual appropriations from the General Assembly. This fund, similar to the Fire Programs Fund, would only be available for use through the grant program as set in the Code of Virginia.

The work group recommends that the Department of the Treasury invest the funds managed under the Department of Accounts. Monies would be invested in a larger account that comprises funds allocated for similar purposes. The Department of the Treasury would conservatively invest these funds following the guidelines used for other investments of state funds. This strategy minimizes risk associated with fluctuations in the stock market while still producing interest returns that would be allocated to the grant program.

At the start of each fiscal year, the Executive Director of the Department of Fire Programs would issue a written warrant to the Department of Accounts to receive the allocated funds derived from the interest returns on the initial special fund allocation. VDFP would be allowed to ask for the accumulated interest on the special fund, less inflation. These monies would be the allocated funds for the fiscal year, with the panel having discretion on distribution. Monies not allocated by the panel would be reinvested into the special fund.

The Department of the Treasury's Local Government Investment Pool (LGIP) program is a major funding tool for state entities. In a June 2024 report, it estimated an annual return of around 2% for its investments over the past five years. In the past year, the LGIP program estimates around a 5% return on its investments. The following table estimates the payout of

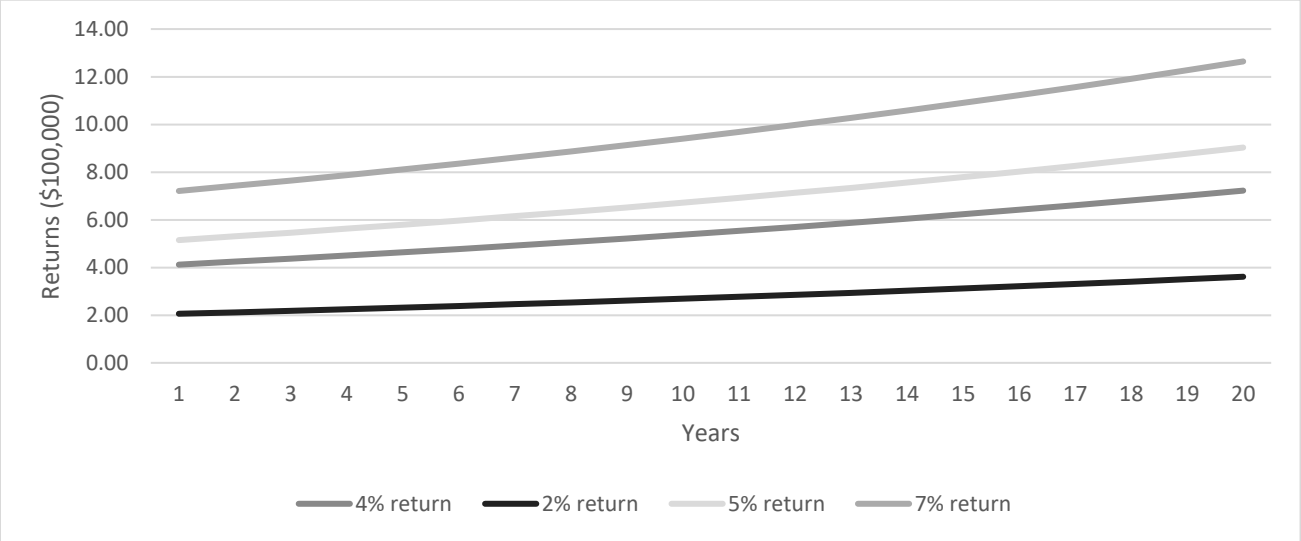
different hypothetical appropriations from the General Assembly and annual returns to this grant program in millions of dollars.

Table 1: Estimated Payouts (millions of dollars)

1st-Year Various Fund Returns Estimate							
Appropriation	5	10	50	100	200	500	1000
2% return	0.1	0.2	1	2	4	10	20
4% return	0.2	0.4	2	4	8	20	40
5% return	0.25	0.5	2.5	5	10	25	50
7% return	0.35	0.7	3.5	7	14	35	70

Figure 2 highlights the estimated payouts of different returns in millions of dollars over 20 years using a $10 million investment fund as a benchmark.

Figure 2: Estimated Payouts Over 20 Years ($10 million fund)



The work group additionally considered an investment strategy where VDFP only asks for a percent less than the annual interest rate. So, if the investment fund makes 5% interest in a fiscal year after inflation, VDFP would only request 4% of that interest and allow the remaining percent to be reinvested along with any unused funds from the previous fiscal year. This would guarantee that the Fund grows over time on top of inflation. It would take 32 years for this approach to yield more annual funds than the initial option. Taking this approach initially would allow VDFP in the medium-term to reevaluate and provide more funds with a larger share of annual interest in the future. It would also provide the panel more flexibility after a particularly disastrous year. These figures can be seen in the tables below.

Figure 3: $10 Million Fund 35 Year Forecast

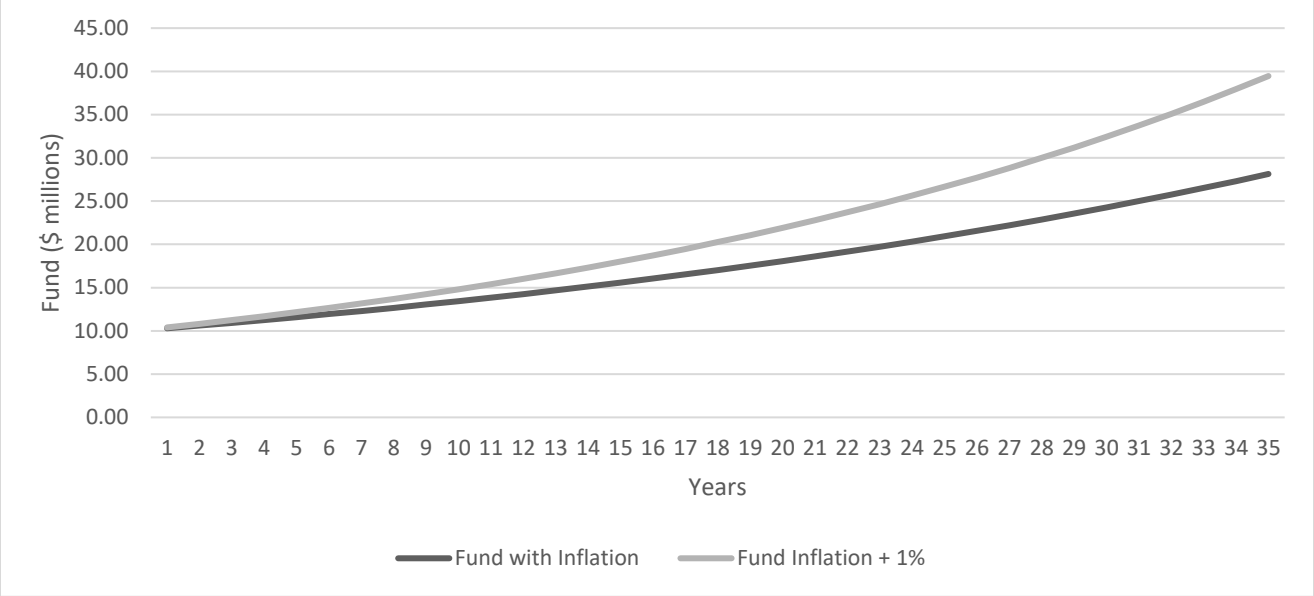


Figure 4: Corresponding Annual Returns

The work group understands that this strategy would be difficult to implement at the lower end of the Department of Treasury's returns. It is possible for the General Assembly to create a special fund that would be exempt from investment restrictions in the Code of Virginia. This fund would be managed by non-governmental contractors and would yield a higher return rate, albeit with additional administrative costs from managing the contract.

IV. Out of Pocket Expenses

The work group recommends that the Fund provide for out-of-pocket medical expenses incurred by emergency response personnel due to qualified events not covered by workers' compensation, insurance, or any other local, state, and/or federal programs. These costs include insurance deductibles and spending maximums, prescription and other medicinal costs, travel and lodging expenses related to medical diagnosis and treatment, and other related miscellaneous costs which are justified to the panel in the grant application.

The panel should require that localities demonstrate a "good faith" effort to cover affected responders, whether that is under workers' compensation, a comprehensive insurance policy, or other policies and procedures for volunteers and paid responders normally executed by the locality.

Personal testimony, as well as estimates from the American Cancer Society, show that out-of-pocket expenses come to an average of $9,000 per year, assuming that cancer treatment, such as chemotherapy, takes no more than a year. Based on the research conducted, the work group estimates that an additional $350 per year would be needed for continuing care costs such as prescriptions, regular medical visits and screenings, travel and lodging for medical events, and other miscellaneous costs. These costs are especially pertinent for emergency responders needing specialized treatment, which often requires novel medicine and travel outside the state.

Additional costs not necessarily covered by insurance are incurred when individuals with cancer, in remission, or at risk of cancer require regular screenings or long-term treatment to prevent cancer or manage the side effects of cancer treatment. These out-of-pocket costs can include annual insurance premiums and copays. The Fund could also be used for travel and lodging if a treatment center is not nearby since many local hospitals do not have capacity for cancer treatment and research. The work group was unable to determine an accurate estimate of total annual out-of-pocket costs due to numerous significant varying factors such as insurance providers, diagnosed treatments, and the percent of firefighters receiving external financial support.

V. Annual Cancer Screenings

Cancer is now the leading cause of death in the American fire service and multiple measures have been taken in an attempt to address the rise in cancer among firefighters. Although Virginia has implemented presumptive coverage for various types of cancer and many localities are encouraging cancer prevention strategies, firefighters and other first responders are at an increased risk for cancer due to their exposures on incident scenes. As required in the legislation, the work group examined annual cancer screening for local government responders. The group determined, as noted above, that these responders include firefighters, emergency medical providers, and law enforcement, both career and volunteer.

The work group interpreted the bill language as creating a cancer screening program for emergency response personnel who were exposed to toxic environments, as outlined in the eligibility section of this report. While the plans below outline strategies for eligible personnel in

qualifying events, these policies could also inform a statewide program. This work group fully supports cancer screening for all emergency responders who are exposed to carcinogenic environments and strongly recommends further consideration and research on this topic.

In its interpretation of the bill language, the work group recommends two possible plans for annual cancer screenings for eligible responders in the grant program as outlined below:

State Managed Regional Screening

The Commonwealth of Virginia, through the Department of Health, is currently conducting a pilot program called the Northern VA Firefighter Occupational Cancer Screening Pilot. This pilot utilizes $860,000 from the General Assembly, matched by local funds, to contract with a health system affiliated cancer screening center to implement a multi-year screening program that will screen at least 450 firefighters annually. Language found in the adopted state budget requires:

- the use of an occupational cancer screening and risk assessment for eligible firefighters within a defined age and risk band.
- a randomized clinical trial investigating the optimal type of full-body imaging for cancer early-detection for the unique occupational cancer risk of firefighters.

An interim report on the effectiveness of the program is required by December 1, 2025. Although this pilot program will not yield results prior to the publishing of this report, the work group recommends that one option for annual cancer screening could be state managed screening through regional health systems. Several factors must be considered in the development of this program, such as the frequency of screening.

The Department of Health would seek and administer contracts with regional healthcare providers to screen eligible employees for cancer based on the defined eligibility criteria, age, and risk band. Screening options should be within a reasonable distance from the eligible first responders and be at no cost to the responder. The cost of these contracts will most likely vary depending on the number of eligible responders and other regional factors.

Locally Managed Screening

The work group also discussed a locally managed and state funded program for cancer screening. Working with healthcare providers and localities, the Department of Fire Programs would determine a standard rate for cancer screening. Based on this rate, VDFP would provide grants to each eligible locality for screening based on the needs outlined in their application. Localities would be responsible for any additional costs exceeding the standard rate and be required to report annually to VDFP on the use of the funds.

For example, a county may determine that based on established criteria, that 50 responders are eligible for screening following a qualified event. If the standard rate determined by VDFP is $300, the agency would provide $15,000 to the county to procure cancer screening services. The locality would be responsible for carrying out and administering screening services.

Whether these screenings occur on a locality basis or through regional hospitals, localities would be expected to provide resources to help their responders take the next steps in their cancer treatment. This policy should be communicated in their application.

Cancer Screening Costs

A limited review by the work group of localities that have already implemented cancer screenings show costs range from around $350 to $1,000 per individual. This is typically dependent on contract obligations between the locality and the screening provider, whether they are a private entity or healthcare provider.

According to the International Association of Fire Chiefs, prostate, colorectal, breast, testicular, and skin cancer should be done annually starting at age 40, as well as urinalysis for microscopic hematuria. Cervical cancer, however, should be screened for every three years. According to the Northern VA pilot program, a decent initial metric for firefighter cancer screening should have annual tests begin at age 35 or if responders have been in the field for at least ten years, whichever comes first. These figures are only beginning to be researched as part of the pilot program.

Most cancer screenings are covered by insurance. Medicare covers all the above screenings except for skin cancer, testicular cancer, and urinalysis. However, Virginia's Department of Health states that only colorectal cancer, mastectomies, pap smears, and mammograms are covered in § 38.2 of the Code of Virginia. There are also many organizations such as the American Association of Dermatology and the Prevent Cancer Foundation that can help individuals receive screenings for free. Virginia Health Information provides that the average costs after insurance for a colonoscopy is $350, a mammogram is $100, a prostate check is $20, a skin cancer screening is $100, and a testicular screening is $40. Combined, a woman could face around $200 in regular out-of-pocket screening costs while a man could face regular out-of-pocket costs of around $500 for these procedures after insurance coverage.

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Appendix

A. HB 133 Legislation
B. Firefighter Cancer Infographics

Appendix A

VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION
CHAPTER 174

An Act to direct the Department of Fire Programs to convene a work group to identify and analyze options to provide preemptive and ongoing health care to local government employees exposed to toxic materials.

Approved March 28, 2024

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Department of Fire Programs shall convene a work group to identify and analyze options to help ensure that local government employees who respond to emergencies that expose them to toxic materials have appropriate preemptive and ongoing health care and are able to pay any health expenses related to such emergency and its aftereffects that are not covered by relevant health insurance plans. The work group shall consist of representatives from the Virginia Department of Fire Programs, the Department of Planning and Budget, the Virginia Retirement System, and the Department of the Treasury; a designee from each of the Virginia Fire Chiefs Association, the Virginia State Firefighters Association, and the Virginia State Police Association; and staff of the House Committee on Appropriations and the Senate Committee on Finance and Appropriations, and may include any other relevant stakeholders. The work group shall consider: (i) options for creating and determining eligibility for a grant program to assist local government employee responders, factors that would qualify an event as an emergency for which such grants may be awarded, and what other emergencies in the past 15 years could or should qualify; (ii) a detailed plan for administering grants and moneys to support such grant program; (iii) a review of relevant approaches used in other states and at the federal level for assisting such responders; (iv) identification of the appropriate body to invest and manage the funds; (v) a detailed plan for providing annual cancer screenings for eligible local government employee responders; and (vi) what types of out-of-pocket expenses should be addressed by grant funding. The work group shall report its findings to the General Assembly by November 1, 2024.*

Appendix B

Figure I:

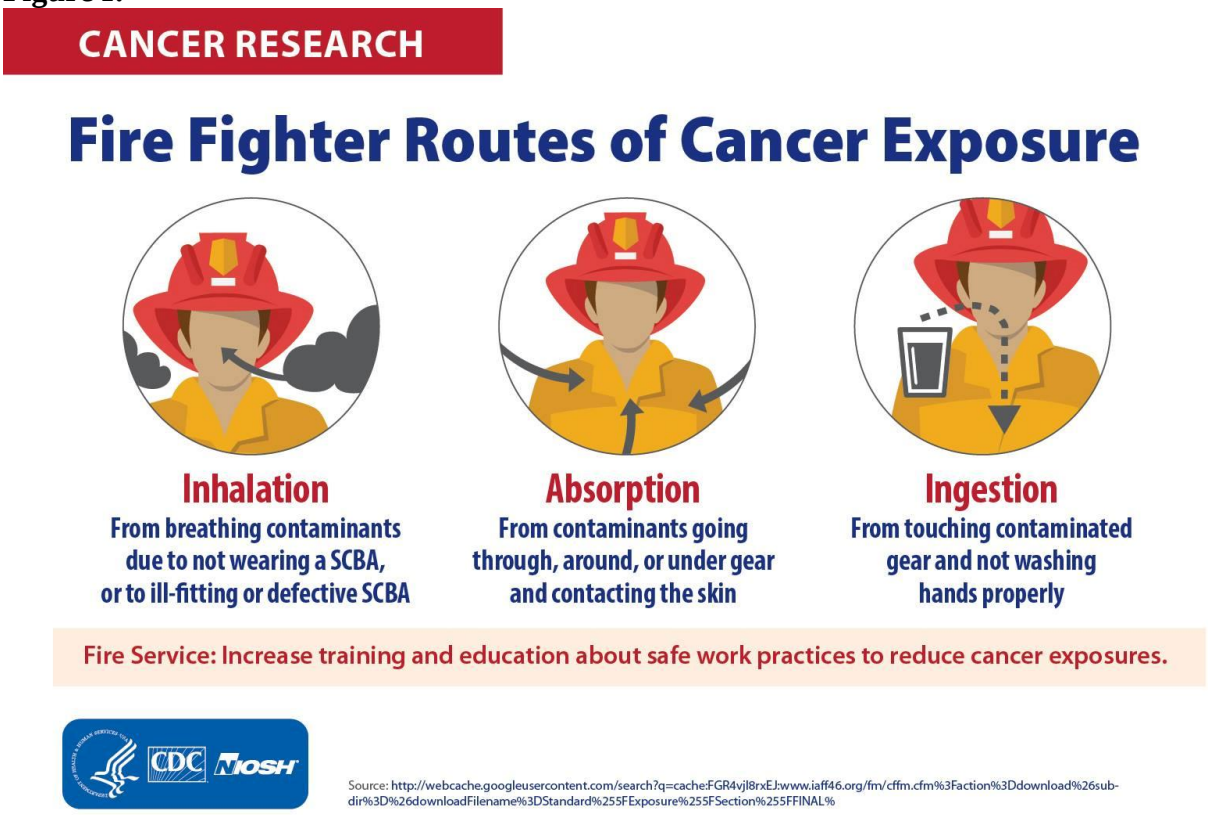
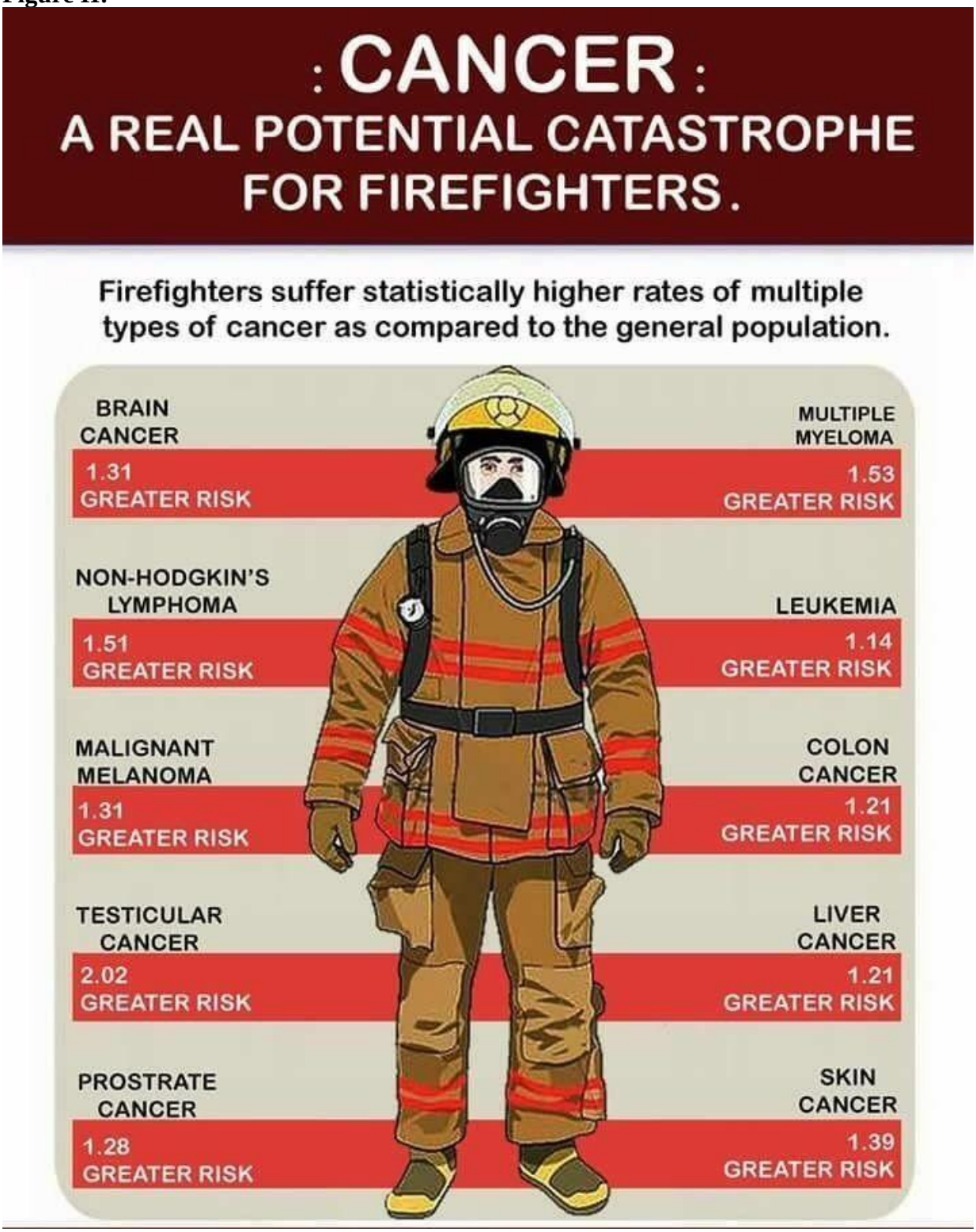


Figure II:


: CANCER :
A REAL POTENTIAL CATASTROPHE FOR FIREFIGHTERS.
Firefighters suffer statistically higher rates of multiple types of cancer as compared to the general population.
BRAIN CANCER
1.31 GREATER RISK
MULTIPLE MYELOMA
1.53 GREATER RISK
NON-HODGKIN'S LYMPHOMA
1.51 GREATER RISK
LEUKEMIA
1.14 GREATER RISK
MALIGNANT MELANOMA
1.31 GREATER RISK
COLON CANCER
1.21 GREATER RISK
TESTICULAR CANCER
2.02 GREATER RISK
LIVER CANCER
1.21 GREATER RISK
PROSTRATE CANCER
1.28 GREATER RISK
SKIN CANCER
1.39 GREATER RISK