
SECOND SUBSTITUTE HOUSE BILL 2663

AS AMENDED BY THE SENATE

Passed Legislature - 2002 Regular Session

State of Washington 57th Legislature 2002 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Conway, Clements, Cooper, Reardon, Sullivan, Delvin, Simpson, Armstrong, Hankins, Benson, Cairnes, Lysen, Kirby, Edwards, Chase, Kenney, Campbell, Barlean, Santos, Talcott, Wood and Rockefeller)

Read first time 02/11/2002. Referred to Committee on .

1 AN ACT Relating to occupational diseases affecting fire fighters;
2 amending RCW 51.32.185; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

5 (a) Benzene is detected in most fire environments and has been
6 associated with leukemia and multiple myeloma. Given the established
7 exposure to benzene in a fire environment, there is biologic
8 plausibility for fire fighters to be at increased risk of these
9 malignancies;

10 (b) Increased risks of leukemia and lymphoma have been described in
11 several epidemiologic studies of fire fighters. The risks of leukemia
12 are often two or three times that of the population as a whole, and a
13 two-fold risk of non-Hodgkin's lymphoma has also been found;

14 (c) Epidemiologic studies assessing fire fighters' cancer risks
15 concluded that there is adequate support for a causal relationship
16 between fire fighting and brain cancer;

17 (d) Fire fighters are exposed to polycyclic aromatic hydrocarbons
18 as products of combustion and these chemicals have been associated with
19 bladder cancer. The epidemiologic data suggests fire fighters have a

1 three-fold risk of bladder cancer compared to the population as a
2 whole;

3 (e) A 1990 review of fire fighter epidemiology calculated a
4 statistically significant risk for melanoma among fire fighters;

5 (f) Fire fighters are exposed to extremely hazardous environments.
6 Potentially lethal products of combustion include particulates and
7 gases and are the major source of fire fighter exposures to toxic
8 chemicals; and

9 (g) The burning of a typical urban structure containing woods,
10 paints, glues, plastics, and synthetic materials in furniture,
11 carpeting, and insulation liberates hundreds of chemicals. Fire
12 fighters are exposed to a wide variety of potential carcinogens,
13 including polycyclic aromatic hydrocarbons in soots, tars, and diesel
14 exhaust, arsenic in wood preservatives, formaldehyde in wood smoke, and
15 asbestos in building insulation.

16 (2) The legislature further finds that some occupational diseases
17 resulting from fire fighter working conditions can develop slowly,
18 usually manifesting themselves years after exposure.

19 **Sec. 2.** RCW 51.32.185 and 1987 c 515 s 2 are each amended to read
20 as follows:

21 (1) In the case of fire fighters as defined in RCW 41.26.030(4)
22 (a), (b), and (c) who are covered under Title 51 RCW and fire fighters,
23 including supervisors, employed on a full-time, fully compensated basis
24 as a fire fighter of a private sector employer's fire department that
25 includes over fifty such fire fighters, there shall exist a prima facie
26 presumption that: (a) Respiratory disease ((is an)); (b) heart
27 problems that are experienced within seventy-two hours of exposure to
28 smoke, fumes, or toxic substances; (c) cancer; and (d) infectious
29 diseases are occupational diseases under RCW 51.08.140. This
30 presumption of occupational disease may be rebutted by a preponderance
31 of the evidence ~~((controverting the presumption))~~. ~~((Controverting))~~
32 Such evidence may include, but is not limited to, use of tobacco
33 products, physical fitness and weight, lifestyle, hereditary factors,
34 and exposure from other employment or nonemployment activities.

35 (2) The presumptions established in subsection (1) of this section
36 shall be extended to an applicable member following termination of
37 service for a period of three calendar months for each year of

1 requisite service, but may not extend more than sixty months following
2 the last date of employment.

3 (3) The presumption established in subsection (1)(c) of this
4 section shall only apply to any active or former fire fighter who has
5 cancer that develops or manifests itself after the fire fighter has
6 served at least ten years and who was given a qualifying medical
7 examination upon becoming a fire fighter that showed no evidence of
8 cancer. The presumption within subsection (1)(c) of this section shall
9 only apply to primary brain cancer, malignant melanoma, leukemia, non-
10 Hodgkin's lymphoma, bladder cancer, ureter cancer, and kidney cancer.

11 (4) The presumption established in subsection (1)(d) of this
12 section shall be extended to any fire fighter who has contracted any of
13 the following infectious diseases: Human immunodeficiency
14 virus/acquired immunodeficiency syndrome, all strains of hepatitis,
15 meningococcal meningitis, or mycobacterium tuberculosis.

16 (5) Beginning July 1, 2003, this section does not apply to a fire
17 fighter who develops a heart or lung condition and who is a regular
18 user of tobacco products or who has a history of tobacco use. The
19 department, using existing medical research, shall define in rule the
20 extent of tobacco use that shall exclude a fire fighter from the
21 provisions of this section.

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