

UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER

HEALTH

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SUBCOMMITTEE ON EVIDENTIARY REQUIREMENTS FOR PART B LUNG  
CONDITIONS (AREA #3)

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MEETING

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SUMMARY MINUTES

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WEDNESDAY,

SEPTEMBER 21, 2016

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The Subcommittee met telephonically at 1:00 p.m. Eastern Time, Carrie Redlich,  
Chair, presiding.

MEMBERS

SCIENTIFIC COMMUNITY:

JOHN M. DEMENT

MEDICAL COMMUNITY:

STEVEN MARKOWITZ

CARRIE A. REDLICH, Chair

LAURA S. WELCH

CLAIMANT COMMUNITY:

KIRK D. DOMINA

JAMES H. TURNER

OTHER ADVISORY BOARD MEMBERS PRESENT:

FAYE VLIENER

DESIGNATED FEDERAL OFFICIAL:

CARRIE RHOADS

### **Introduction and Update on other subcommittees**

Ms. Rhoads called the meeting to order at 1:05 p.m. Member Markowitz and Chair Redlich agreed that there was a lot of overlap among the different subcommittees. The subcommittee wants information on how many people file both a Part B and Part E claim.

### **Review questions to DOL and responses**

Chair Redlich said that the subcommittee received reasonable responses from DOL. Member Markowitz said that the Statement of Work from QTC was on the website under the April meeting heading. Member Welch added that the board cannot see the proprietary CMC training materials, and that the department has a contract where they specify certain things and leave it up to the contractor to meet the specification. When the subcommittee sees the statement of work they can see what the appropriate credentials are.

Member Dement provided a summary of his findings to the subcommittee. The data shows approval rates of 41% for CBD cases, 55% for beryllium sensitivity cases, and 67% for silicosis claims. Asthma seems to get approved a little more than a third of the time. Interstitial lung diseases are only getting approved about 25% of the time.

The reasons for denial ranged from an employee not being covered to a survivor not being eligible. Under Part B, insufficient medical evidence accounts for 50% of denials; negative causation accounts for 11%. For Part E, negative causation is about 50% of the reasons for

denial, and there is a higher proportion of a particular medical condition not being covered than for Part B.

Chair Redlich proposed comparing the last two years to prior years to get a sense of how the trends are changing. Member Dement could restrict his analysis to those cases that have single medical conditions filed.

Member Markowitz said that the SEM subcommittee spent a lot of time talking about exposure and the difficulties of identifying it. Under the Part B reasons for denial – for silica and beryllium, the issue is predominantly medical and not exposure.

Member Welch said that Member Dement's analysis had two components: 1) The overall approval or denial and diagnosis, and 2) The reasons for approval/denial for the entire population. Member Dement said that he was going to take the new data and break it down by the more recent two-year period and look back.

Member Vlieger attributed the high denial numbers to the CMCs not being given the instructions per the procedure manual. Chair Redlich said that a few of the cases that she looked at appeared like they weren't consistently using the stated criteria.

### **Discussion, next steps, timeline**

Chair Redlich drafted a standard evaluation form to use while evaluating cases the subcommittee had already reviewed. One thing that needs to be added is the distinction between pre- and post-1993 CBD cases. It would be helpful to differentiate between cases where there is sufficient information and where there is not. Member Welch pointed out that the final decision letter lays out the facts of each case. The subcommittee vowed to keep an eye on consistency in the evaluation of whether or not a case is approved/denied. Chair Redlich suggested a call between now and the upcoming board meeting.

Member Welch pointed out that a claimant that does not get accepted as a CBD case could be accepted as a sarcoidosis case. Member Markowitz suggested that the subcommittee report on its provisional observations about the cases instead of in a systematic manner. Member Domina suggested the subcommittee add the years that a claimant was working at a DOE site, and which sites the claimant worked at, on the case evaluation form, and look at whether the department is using lack of exposure data against claimants.

Member Vlieger said information sent to the CMCs was not always medically relevant to making a decision. She added that the vetting by claims examiners was inadequate, and that DOL did not seem to have specific criteria for making a diagnosis.

Member Markowitz said it would be helpful to have a summary of Part B issues and concerns, many of which revolved around scientific medical questions not depending on review of claims, and that a plan for addressing these issues should be presented at the October board meeting.

Member Markowitz encouraged the public to provide feedback.

The meeting was adjourned at 2:50 p.m.

*I hereby certify that, to the best of my knowledge, the foregoing minutes are an accurate summary of the meeting.*

*Submitted by:*



Carrie Redlich, MD, MPH

Chair, Subcommittee on Part B Lung Conditions

Advisory Board on Toxic Substances and Worker Health

Date: 9/23/2016