



RELEASE – TRANSMISSION OF FEDERAL (EEOICPA) PROCEDURE MANUAL  
VERSION 7.1:

EEOICPA TRANSMITTAL NO. 23-02

March 15, 2023

EXPLANATION OF MATERIAL TRANSMITTED:

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) is issuing this Transmittal to notify staff of the publication of Federal (EEOICPA) Procedure Manual (PM) Version 7.1 (v7.1), which replaces PM v7.0, effective the date of publication of this Transmittal.

Following are the content edits that make up PM v7.1:

- **Chapter 11 – Initial Development**

- Ch. 11.7c has been updated to make reference to relevant websites for each Former Worker Program (FWP) that can potentially assist with collection of claim evidence. The language in v7.0 previously read:

*c. Obtaining FWP Records. In those instances where claimant submitted documentation suggests that they have undergone screening by a FWP, the CE may request medical and employment records in possession of the FWP. DEEOIC will provide its staff with a listing of POCs for the different FWPs. The CE reviews the POC list to identify the appropriate POC. The CE prepares a package and a cover letter to the POC (Exhibit 11-1). The package includes a letter to the FWP, a cover memo, Form EE-1 or EE-2, and EE-3. Once completed the CE mails or faxes the packet to the designated POC.*

It has been updated in v7.1 to:

*c. Obtaining FWP Records. In those instances where claimant submitted documentation suggests that they have undergone screening by a FWP, the CE may request medical and employment records in possession of the FWP. Often, contact information for the appropriate FWP can be found directly on the letterhead provided by the claimant. However, there may be instances where only vague references are made to FWP involvement. In those cases, claims staff may need to coordinate directly with the appropriate FWP. There are two nationwide and four regional FWPs. Claims staff should be aware that some covered facilities are serviced by both nationwide and regional FWPs. In such instances, claims staff should coordinate with both the national and regional FWP to ensure complete information is identified and obtained.*

*(1) The two nationwide FWPs are:*

- (a) *National Supplemental Screening Program (NSSP). Current contact information for the following sites can be found at: <https://www.energy.gov/ehss/national-supplemental-screening-program-0> and include Argonne National Laboratory, Fermi National Accelerator Laboratory, Hanford Site, Kansas City National Security Campus, Princeton Plasma Physics Laboratory, Pinellas Plant, Rocky Flats Plant, and Savannah River Site.*
- (b) *Building Trades National Medical Screening Program (BTMed). Current contact information for the following sites can be found at: <https://www.energy.gov/ehss/building-trades-national-medical-screening-program> and include Amchitka Island; De Soto Avenue Facility; Downey Facility; Area IV, Santa Susana Field Lab; Canoga Avenue Facility; Rocky Flats; Pinellas Plant; Savannah River Site; Argonne National Laboratories-West; Idaho National Laboratory; Kansas City Plant; Paducah Gaseous Diffusion Plant; Adrian Facility (Bridgeport Brass); Mallinckrodt; Weldon Spring Site; Yucca Mountain Nuclear Waste Repository; Waste Isolation Pilot Plant; Brookhaven National Laboratory; Knolls Atomic Power Laboratory; West Valley Demonstration Project; Extrusion Plant (Reactive Metals-Ashtabula); Brush Luckey; Battelle Laboratories-King Avenue and West Jefferson; Portsmouth Gaseous Diffusion Plant; Mound Plant; GE Evendale; Feed Materials Production Center; Piqua; Albany Research Center; Shippingport Atomic Power Plant; National Energy Technology Laboratories; Oak Ridge Reservation (K-25, X-10, and Y-12); Hanford Nuclear Reservation; and Huntington Pilot Plant.*

(2) *The four regional FWP's are:*

- (a) *Pantex. Current contact information for Pantex can be found at: <https://www.energy.gov/ehss/pantex-former-worker-medical-surveillance-program>.*
- (b) *Los Alamos and Sandia National Laboratories. Current contact information at both Los Alamos and Sandia National Laboratories can be found at: <https://www.energy.gov/ehss/medical-exam-program-former-workers-los-alamos-and-sandia-new-mexico-national-laboratories>.*
- (c) *Worker Health Protection Program (WHPP). Current contact information for the following sites can be found at: <https://www.energy.gov/ehss/worker-health-protection-program-whpp> and include Lawrence Berkeley National Laboratory; Lawrence Livermore National Laboratory; Sandia National Laboratory; Idaho National Laboratory; Paducah Gaseous*

*Diffusion Plant; Nevada Test Site; Fernald; Mound Plant; Portsmouth Gaseous Diffusion Plant; K-25; Oak Ridge National Laboratory; Y-12; Waste Isolation Pilot Plant; and Brookhaven National Laboratory.*

*(d) Iowa Army Ammunition Plant (IAAP) and Ames Laboratory. Current contact information for the IAAP and Ames Laboratory can be found at: <https://www.energy.gov/ehss/former-burlington-atomic-energy-commission-plant-baecp-and-ames-laboratory-workers-medical>.*

*d. The CE reviews the FWP webpage to identify the appropriate POC(s). A telephone number and corresponding Former Worker Medical Screening Program website will be listed at the bottom of each DOE site listed above. Depending on the FWP site, claims staff may need to place a telephone call to obtain the appropriate contact's name and mailing information. Some smaller sites, such as the IAAP and Ames Laboratory, include a complete mailing address. Once obtained, the CE prepares a package and a cover letter to the POC(s) as appropriate (Exhibit 11-1). The package includes a letter to the FWP, a cover memo, Form EE-1 or EE-2, and EE-3. Once completed the CE mails or faxes the packet to the designated POC as required.*

- **Chapter 13 – Establishing Covered Employment**

- The first paragraph of Ch. 13.3 has been edited to instruct claims staff to cross-reference both the Department of Energy (DOE) Covered Facilities Database and the Employment Pathways Overview Document (EPOD) as part of their employment comparison. The language in v7.0 previously read:

*3. Comparing Initial Claimed Employment to the Covered Facilities Database. The first step the CE takes in assessing covered employment is determining which claimed employment listed on the EE-3 Employment History form corresponds with a covered AWE, Beryllium Vendor, or DOE facility. The CE does this by comparing what the claimant has communicated on the EE-3 with the facilities identified on the DOE EEOICPA Covered Facilities Database. DEEOIC staff may find the link to access this database on the DEEOIC public website. Staff may also find information relating to covered facilities by accessing the EPOD. In the absence of a completed EE-3, the CE may perform their comparative analysis using other written submissions from the claimant describing the employee's work history. If a claimant has not provided any employment information for review, the CE must obtain a completed EE-3 or other written submission from the claimant discussing the employee's work history at a covered facility.*

It has been updated in v7.1 to:

3. Comparing Initial Claimed Employment to the Covered Facilities Database. *The first step the CE takes in assessing covered employment is determining which claimed employment listed on the EE-3 Employment History form corresponds with a covered AWE, Beryllium Vendor, or DOE facility. The CE does this by comparing what the claimant has communicated on the EE-3 with the facilities identified on the DOE EEOICPA Covered Facilities Database. Staff may find the link to access this database at: <https://ehss.energy.gov/search/facility/search>. Staff should cross reference the data found within the database with that of EPOD. Any discrepancy should be reported to local management, as well as the EPOD POC within the Policy Branch. In the absence of a completed EE-3, the CE may perform their comparative analysis using other written submissions from the claimant describing the employee's work history. If a claimant has not provided any employment information for review, the CE must obtain a completed EE-3 or other written submission from the claimant discussing the employee's work history at a covered facility.*

- **Chapter 15 – Establishing Toxic Substance Exposure and Causation**

- Ch.15.11e has been modified to incorporate language communicated in EEOICPA Bulletin No. 23-02, Industrial Hygiene Reporting of Exposure Levels. The language in v7.0 previously read:

- e. *Exposure levels used by the IH. DEEOIC IH staff broadly separate exposures into those which were significant and those which were incidental. Significant exposures are further categorized as low, medium and high. Examples of these categorizations are provided here.*

- (1) *Significant, High. A Pipefitter working in the 1960s would have likely had high level of daily exposures to asbestos.*
    - (2) *Significant, Moderate. A Machinist working in the 1970s would have likely had moderate level exposures to mineral oil (perhaps on a daily basis).*
    - (3) *Significant, Low. A maintenance worker in the early 1980s may have had occasional (i.e., weekly, or perhaps monthly) low level exposures to asbestos (based upon work assignments).*
    - (4) *Incidental Exposure. This can also be characterized as exposures occurring "in passing only." Incidental exposure is exposure that is not significant, even at a low level. An example of incidental exposure would be if you went to pump your own gas for 10 minutes. Your exposure to gasoline vapors would be incidental (occurring in passing only) while the gas station attendant working a full 8-hour shift for 40 hours, would have a considerably different profile (significant exposures, low, moderate, or high, depending on other factors).*

*Similarly, if you were a clerk at a DOE facility who had to drop off a work order in an area where vehicle repair work was taking place, you may be incidentally exposed to diesel engine exhaust. However, the full-time workers in that maintenance shop are clearly at risk of being significantly exposed.*

It has been updated in v7.1 to:

- e. Exposure levels used by the IH. DEEOIC IH staff will explain their analysis of the available evidence about the employee to assign a characterization of exposure for each targeted toxic substance. The IH will assign a level of employee exposure to each toxic substance as incidental, significant, or more than incidental exposure but less than significant.*
- (1) Incidental. Incidental exposure means the lowest reasonable level of contact with a toxic substance absent a finding of no exposure. An incidental exposure is one that occurs on an intermittent, infrequent basis, usually without a connection to the normal function of a particular job or work process. The IH will generally describe the exposure as occurring “in passing only.”*
  - (2) Significant. A significant exposure is one that occurs at some interval of routine frequency and intensity associated with the work performed by the employee. Based upon the agent under consideration, such exposures may have occurred by inhalation, ingestion, or absorption.*

*The IH categorizes significant exposure further as high, moderate, or low on a case-by-case basis after reviewing evidence available about the employee. In categorizing the level of exposure, the IH considers and weighs numerous factors including the following:*

- (a) The employee’s labor classification and type of work performed; the presence or absence of exposure monitoring data; frequency of work activities or functions performed; proximity of exposure;*
- (b) Temporal knowledge (historical information about workplace conditions); the use of personal protective equipment, or the likelihood that workplace controls or mitigation strategies were in place to reduce (not remove) health risks.*

*After considering all these factors or any other available exposure data available about the employee, the IH applies their professional knowledge and judgment to assign a level of significance.*

- (3) More than incidental, but less than significant. In some instances, employees may be exposed in such a manner that the IH characterizes the*

*exposure as occurring at more than an incidental level but not rising to the level of significant. This categorization applies to situations where the IH interprets the evidence in such a way as to conclude that the employee performed duties in a manner where contact with a toxic substance may have occurred. However, the evidence also documents that the employee's work occurred without any indication of workplace exposure violation or incident, the claimant has provided no substantive evidence of significant exposure, or the totality of evidence provides documentation of proper safety mitigation parameters (e.g., use of personal protective equipment).*

- Exhibit 15-4, Exposure and Causation Presumptions with Development Guidance for Certain Conditions, has been updated to incorporate information communicated in EEOICPA Bulletin No. 23-01, Causal Presumption for Chronic Silicosis Under Part E, under a new Section 8. As such, the subsequent sections of Exhibit 15-4 have been renumbered accordingly.

- **Chapter 16 – Developing and Weighing Medical Evidence**

- Ch. 16.9 has been updated to add a formal procedural requirement to upload any Contract Medical Consultant (CMC) referral into the Office of Workers' Compensation Imaging System (OIS) in its entirety so that it becomes part of the claim file record. The language in v7.0 previously read:

*9. Reviews by a CMC. DEEOIC uses the services of a contractor to coordinate referrals of cases to qualified medical specialists. A CMC is a contracted physician who conducts a review of case records to render opinions on medical questions. Medical opinions from a CMC are essential to the resolution of claims due to ambiguous causation, lack of medical evidence, unique exposures, or other medical questions. The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources that support the claim. The function of a CMC is not to validate probative input by the claimant's chosen treating physician. The description of appropriate reasons for CMC referral includes the following:*

It has been updated in v7.1 to:

*9. Reviews by a CMC. DEEOIC uses the services of a contractor to coordinate referrals of cases to qualified medical specialists. A CMC is a contracted physician who conducts a review of case records to render opinions on medical questions. Medical opinions from a CMC are essential to the resolution of claims due to ambiguous causation, lack of medical evidence, unique exposures, or other medical questions. The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources that support the claim. The function of a CMC is not to validate probative input by the claimant's chosen treating physician.*

*When a CE, HR, or MBE makes a referral to a CMC, all documentation included in the referral package must be uploaded into OIS. A CMC referral package includes the referral e-mail (which is described later in this chapter), service referral form, SOAF, the questions posed to the CMC, and the relevant documents/records included for the CMC to consider (such as relevant medical records, IH opinions, etc.). All these items are to be merged into one single PDF file, which must be uploaded to OIS on the same date that the referral is sent to the CMC and indexed clearly as the material submitted to the CMC for consideration. This requirement applies to all CMC referrals, whether the originator is from field operations, FAB, or the MBAU.*

- Ch. 16.11b has been modified to identify the items that make up a CMC referral package, to be uploaded into OIS in compliance with the above change. The language in v7.0 previously read:
  - b. *Scanning. The CE creates an electronic image of the following items as a single PDF file and attaches the file to the referral email. A copy of the completed SOAF is to be scanned into the casefile in OIS.*

It has been updated in v7.1 to:

- b. *Scanning. The CE creates an electronic image of the following items as a single PDF file and attaches the file to the referral email. A copy of the completed referral package (which includes the referral e-mail, service referral form, SOAF, questions, and all records/documents submitted to the CMC for review) is to be scanned and uploaded into the imaged casefile in OIS.*

- **Chapter 17 – Development of Radiogenic Cancer Claims**

- Ch. 17.6a-b have been edited to clarify that only claimed primary cancers are included on the National Institute for Occupational Safety and Health (NIOSH) Referral Summary Document (NRSD). The language in v7.0 previously read:
  - 6. *Non-SEC Cancers and Dose Reconstruction. Any primary cancer that is not a specified cancer is a non-SEC cancer. Once the CE has determined that the employee has a diagnosed non-SEC cancer and covered employment, he or she prepares the claim for referral to the NIOSH for a dose reconstruction. The CE is to report a secondary cancer only when the development of the claim has not resulted in the identification of the primary cancer.*
    - a. *Claimant Not SEC Member. When the employee is not a SEC member (i.e., the employment was outside the designated SEC period or the employee did not work the necessary workdays at an SEC site), the CE forwards the claim to NIOSH for dose reconstruction, once a cancer diagnosis and covered employment are confirmed.*

- b. *SEC Case with Award. For any SEC cases where an award has been made for a specified cancer, any non-SEC cancers for the case must be forwarded to NIOSH for dose reconstruction to determine eligibility for medical benefits for the non- SEC primary cancers. In these SEC cases, all cancers are listed on the NIOSH NRSD, including the specified cancer(s).*

It has been updated in v7.1 to:

6. *Non-SEC Cancers and Dose Reconstruction.* *Any primary cancer that is not a specified cancer is a non-SEC cancer. Once the CE has determined that the employee has a diagnosed non-SEC cancer, covered employment, and a valid claim form exists for each cancer, he or she prepares the claim for referral to the NIOSH for a radiation dose reconstruction. The CE is to report a secondary cancer only when the development of the claim has not resulted in the identification of the primary cancer.*

- a. *Claimant Not SEC Member. When the employee is not a SEC member (i.e., the employment was outside the designated SEC period or the employee did not work the necessary workdays at an SEC site), the CE forwards the claim to NIOSH for dose reconstruction, once a claimed cancer and covered employment are confirmed.*
- b. *SEC Case with Award. For any SEC cases where an award has been made for a specified cancer, any additional claimed, non-SEC cancers for the case must be forwarded to NIOSH for dose reconstruction to determine eligibility for medical benefits for the non- SEC primary cancers. In these SEC cases, all claimed cancers are listed on the NIOSH NRSD, including the specified cancer(s).*

- o Ch. 17.7 has been updated to clarify that only claimed primary cancers are included on the NRSD when a referral is made to NIOSH. The language in v7.0 previously read:

7. *Preparing Non-SEC Cancer Claim Files for Referral to NIOSH.* *The NRSD (Exhibit I7-1) is a tabular form containing the medical and employment information accepted by the CE as factual. This form provides NIOSH with the necessary information to proceed with the dose reconstruction process.*

It has been updated in v7.1 to:

7. *Preparing Non-SEC Cancer Claim Files for Referral to NIOSH.* *The NRSD (Exhibit I7-1) is a tabular form containing the medical and employment information accepted by the CE as factual. This form provides NIOSH with the necessary information to proceed with the dose reconstruction process. A CE should not refer a cancer condition to NIOSH unless a properly filed claim form for the diagnosed cancer is received. If additional cancer(s) are discovered in the medical record that the claimant has not filed a claim for, the CE must advise the claimant that the CE has identified an*



*additional cancer and that for any additional cancers to be considered, the claimant should submit Form EE-1/2 claiming the cancer(s). This applies to both an employee and survivor claim. Any additional diagnosed cancers may positively contribute to the POC calculation under Part B which in turn could impact the adjudication outcome under Part E. In the case of a survivor, if the CE has sufficient evidence to conclude that one of the cancers included in a POC calculation of 50% or greater contributed to the employee's death, the survivor may be eligible to Part E compensation.*

- Exhibit 17-2, Instructions for Completing the NRSB, has been updated to include the website address of the DOE Office of Worker Advocacy (OWA) Covered Facility List.
- Exhibit 17-3, NIOSH Referral Letter to Claimant, has been updated to include the new guidance above in Ch. 17.7, regarding the need for claimants to submit a new signed Form EE-1/2 for each additional cancer to be considered.

- **Chapter 18 – Eligibility Criteria for Non-Cancerous Conditions**

- Ch. 18.12a(2) has been updated to incorporate EEOICPA Bulletin No. 23-04, Silicosis Employment and Exposure Criteria Under Part B for the Nevada Test Site. The language in v7.0 previously read:

(2) *Present for an aggregate of at least 250 workdays during the mining of tunnels at a DOE facility located in Nevada or Alaska for tests or experiments related to an atomic weapon (Part B claims only). This tunnel work occurred through October 1992, at which time the unilateral moratorium on nuclear weapons testing went into effect.*

It has been updated in v7.1 to:

(2) *Present for an aggregate of at least 250 workdays during the mining of tunnels at a DOE facility located in Nevada or Alaska for tests or experiments related to an atomic weapon (Part B claims only). Since the October 1992 unilateral moratorium on nuclear weapons testing went into effect, a stockpile stewardship program that involves the mining of tunnels related to noncritical atomic weapons testing and experiments has continued through the present day at the Nevada Test Site.*

- Ch. 18.12c-d has been updated to incorporate EEOICPA Bulletin No. 23-01, Causal Presumption for Chronic Silicosis Under Part E. The language in v7.0 previously read:

c. *Silicosis Employment and Exposure Criteria, Part E. The provisions regarding separate treatment for chronic silicosis set forth in §7384r of the Act for Part B do not apply to Part E. For purposes of evaluating the employee's Part E claim for silicosis, the element of causation is not presumed unless it was determined that the employee is entitled to compensation under Part B for silicosis (see*

§7385s-4(a)) or the Secretary of Energy has made a positive determination of causation (see §7385s-4(b)).

*In claim situations in which the Part B requirements for establishing silicosis do not apply to Part E, the CE is to proceed with the normal procedure for Part E claim adjudication, including making a finding that the employee is a qualified DOE contractor or subcontractor employee with potential exposure to silica. The CE's finding of potential exposure is established with a careful examination of relevant case evidence including information communicated in the DAR records, DOE FWP records, SEM, employment records, OHQ, affidavits, and claimant written submissions. Once the potential exposure to silica is established, the CE may refer the case to an Industrial Hygienist (IH) to obtain a characterization of the level, extent, and frequency of silica exposure.*

- d. *Medical Evidence, Part E. Silicosis is a nonmalignant respiratory disease which can be diagnosed with different characterizations including references to the nature of the disease as acute, accelerated, chronic and complicated. As with any other Part E illness, the medical evidence must contain a written medical diagnosis for silicosis including the date of its initial onset. A written diagnosis for silicosis should be based on a qualified physician's interpretation of available clinical or diagnostic evidence. In the absence of a silicosis diagnosis, the CE is to undertake development to obtain such evidence from the claimant or their physician; or refer the matter to a CMC.*

*To establish whether diagnosed silicosis is a covered illness under Part E, absent the acceptance of the claim for the illness under Part B or the application of any Part E causation presumption that the program publishes, the CE must obtain a medical opinion from a qualified physician that documents that it is "at least as likely as not" that exposure to a toxic substance at a DOE facility was a significant factor in aggravating, contributing to, or causing the employee's silicosis and it must be "at least as likely as not" that the exposure to such toxic substance was related to employment at a DOE facility. The CE is to permit the claimant the opportunity to obtain such evidence from a physician of their choosing before taking any action to refer the matter to a CMC. The CE must weigh any physician opinion received to determine if it is well-rationalized as defined in program procedure.*

It has been updated in v7.1 to:

- c. *Silicosis Employment and Exposure Criteria, Part E. The provisions regarding separate treatment for chronic silicosis set forth in §7384r of the Act for Part B do not apply to Part E. Unless a Part E contractor or subcontractor qualifies for coverage because of the acceptance of a Part B claim for chronic silicosis, the CE proceeds to evaluate the claim based on routine adjudication steps for assessing a Part E claim. This will mean initially establishing that the employee is a qualified DOE contractor or subcontractor employee with potential exposure to silica. The*

*CE's finding of potential exposure is established with a careful examination of relevant case evidence including information communicated in the DAR records, DOE FWP records, SEM, employment records, OHQ, affidavits, and claimant written submissions. Once the potential exposure to silica is established, the CE may refer the case to an Industrial Hygienist (IH) to obtain a characterization of the level, extent, and frequency of silica exposure. The CE should be mindful to assess exposure for any applicable Part E presumptive causation standard that may exist including the one for chronic silicosis.*

- d. *Medical Evidence, Part E. Silicosis is a nonmalignant respiratory disease which can be diagnosed with different characterizations including references to the nature of the disease as acute, accelerated, chronic and complicated. As with any other Part E illness, the medical evidence must contain a written medical diagnosis for silicosis including the date of its initial onset. A written diagnosis for silicosis should be based on a qualified physician's interpretation of available clinical or diagnostic evidence. In the absence of a silicosis diagnosis, the CE is to undertake development to obtain such evidence from the claimant or their physician; or refer the matter to a CMC.*

*To establish whether diagnosed silicosis is a covered illness under Part E, absent the acceptance of the claim for the illness under Part B, the CE must assess any presumptive causal standard that exists in program procedure or obtain a medical opinion from a qualified physician that documents that it is "at least as likely as not" that exposure to a toxic substance at a DOE facility was a significant factor in aggravating, contributing to, or causing the employee's silicosis and it must be "at least as likely as not" that the exposure to such toxic substance was related to employment at a DOE facility. If no presumptive standard is found to apply to the claim situation, and medical evidence is needed, the CE is to permit the claimant the opportunity to obtain such evidence from a physician of their choosing before taking any action to refer the matter to a CMC. The CE must weigh any physician opinion received to determine if it is well-rationalized as defined in program procedure.*

- **Chapter 21 – Impairment Ratings**

- Ch. 21.5b(3)(c) has been edited to address the handling of conflicting claimant requests. The language in v7.0 previously read:

(c) *If the employee does not indicate on the EN-11A form who he or she would like to perform the impairment evaluation, the CE calls the employee for this information. The CE advises the employee to document his or her choice in a written statement submitted to the DEEOIC CMR address.*

It has been updated in v7.1 to:

- (c) *The employee may only choose one physician or CMC to perform an impairment evaluation. If the employee does not indicate on the EN-11A form who he or she would like to perform the impairment evaluation, or there is some other discrepancy including conflicting requests involving multiple EN-11A forms, the CE calls the employee for clarification. The CE advises the employee to document the resolution of the matter in a signed, written statement submitted to the DEEOIC CMR address.*

- **Chapter 24 – Recommended Decisions**

- Ch. 24.7a(5) has been updated to require that recommended decision (RD) signature blocks include an issuance date. The language in v7.0 previously read:

- (5) *Signature Block. The signature block must include the name, job title, and the location and office of the person who prepared the recommendation.*

It has been updated in v7.1 to:

- (5) *Signature Block. The signature block must include the name, job title, location and office of the person who prepared the recommendation, and the date of decision issuance.*

- **Chapter 29 – Ancillary Medical Benefits**

- Ch. 29.5n has been modified to address an exception for Food and Drug Administration (FDA) approved cannabis-derived and synthetic cannabis-related drug products. The language in v7.0 previously read:

- n. *Marijuana Reimbursement Policy. All products that contain any amount of tetrahydrocannabinol (THC), an active ingredient of marijuana, are considered schedule I controlled substances by the U.S. Drug Enforcement Administration (DEA) and are therefore not eligible for payment/reimbursement. State laws authorizing the use of Schedule I drugs, such as marijuana, even when characterized as medicine, are contrary to Federal Law. The Controlled Substances Act (Title 21 United States Code 801 et al.) designates Schedule I drugs as having no currently accepted medical use and there are criminal penalties associated with production, distribution, and possession of these drugs.*

It has been updated in v7.1 to:

- n. *Marijuana (cannabis) Reimbursement Policy. Marijuana (cannabis), which contains any amount of the active ingredient tetrahydrocannabinol (THC), is considered a schedule I controlled substance by the U.S. Drug Enforcement Administration (DEA) and is therefore not eligible for payment/reimbursement. The FDA has not approved a marketing application for cannabis for the treatment of any disease or condition. However, the FDA has approved several cannabis-*

*derived or synthetic cannabis-related drug products which are only available with a prescription from a licensed healthcare provider. DEEOIC will consider reimbursement for these, or similar FDA-approved products when prescribed by a licensed physician, for an accepted illness, and when accompanied by the required medical evidence.*

- **Chapter 30 – Home and Residential Health Care**

- Exhibit 30-4, Billing Codes, has been updated to incorporate EEOICPA Bulletin No. 23-03, New Billing Authorization Codes for Home and Residential Health Care (HRHC).

- **Chapter 33 – Compensation Payments**

- Ch. 33.3 has been edited to include language regarding the ability to submit an EN-20 electronically through the Energy Document Portal (EDP). The language in v7.0 previously read:

*3. Processing the EN-20. Upon issuance of a FD awarding compensation, the FAB enters the AOP amount in ECS. ECS generates the EN-20 (Acceptance of Payment Form) and the EE-20 (award letter), which FAB mails to the claimant, along with the FD. ECS will automatically assign an AOP sent date to correspond with the issuance date of the FD. As part of the electronic document retention process, the appropriate staff person will electronically image (a/k/a bronze) the cover letter, FD, and a copy of the EN/EE-20 for viewing in OIS. If the claimant requests another EN-20, it is permissible to send a photocopy or facsimile to the claimant, for signature, however, it must be returned by mail, bearing an original payee signature, with no changes or alterations to the information contained on the original EN-20.*

*The FD Cover Letter instructs claimants to return the completed Form EN-20 to the CMR. If a claimant, or AR, inadvertently returns an EN-20 to a RC, staff at the RC forward the form, via mail, to the CMR. Should a completed EN-20 arrive at the DO, the DO mailroom uploads the form into OIS. FOs are to oversee that the DO mailroom maintain the hardcopy Form EN-20 for the period required under agency record retention guidance, and that it is properly destroyed thereafter. DEEOIC retains the imaged version of a Form EN-20 permanently in OIS.*

*The FD Cover Letter instructs claimants to return their completed Form EN-20 to the CMR address. If a claimant, or AR, inadvertently returns an EN-20 to a DEEOIC RC, staff at the RC are to mail the form to the CMR. In those instances where a claimant mails a completed EN-20 to a DO address, the DO mailroom uploads an electronic image of the form into OIS and indexes it by Category (i.e., Form & Claims) and Subject (i.e., EE/EN-20). The DO mailroom then forwards the form to DO fiscal operations. DO FOs are to maintain the hardcopy form for the period required under agency record retention guidance and then destroy the form, as an imaged version will be permanently maintained in OIS.*

It has been updated in v7.1 to:

3. *Processing the EN-20.* Upon issuance of a FD awarding compensation, the FAB enters the AOP amount in ECS. ECS generates the EN-20 (Acceptance of Payment Form) and the EE-20 (award letter), which FAB mails to the claimant, along with the FD. ECS will automatically assign an AOP sent date to correspond with the issuance date of the FD. As part of the electronic document retention process, the appropriate staff person will electronically image (a/k/a bronze) the cover letter, FD, and a copy of the EN/EE-20 for viewing in OIS. If the claimant requests another EN-20, it is permissible to send a photocopy or facsimile to the claimant, for signature, however, it must be returned by mail, bearing an original payee signature, with no changes or alterations to the information contained on the original EN-20.

*The FD Cover Letter instructs claimants to return the completed Form EN-20 to the CMR. In the alternative, the claimant may complete, date, and electronically sign the Form EN-20 via the Energy Document Portal (EDP) at <https://eclaimant.dol.gov>, which is faster than submitting the form by mail. If a claimant, or AR, inadvertently returns an EN-20 to a RC, staff at the RC forward the form, via mail, to the CMR. Should a completed EN-20 arrive at the DO, the DO mailroom uploads the form into OIS. FOs are to oversee that the DO mailroom maintain the hardcopy Form EN-20 for the period required under agency record retention guidance, and that it is properly destroyed thereafter. DEEOIC retains the imaged version of a Form EN-20 permanently in OIS.*

*The FD Cover Letter instructs claimants to return their completed Form EN-20 to the CMR address, or to submit the form through the EDP. If a claimant, or AR, inadvertently returns an EN-20 to a DEEOIC RC, staff at the RC are to mail the form to the CMR. In those instances where a claimant mails a completed EN-20 to a DO address, the DO mailroom uploads an electronic image of the form into OIS and indexes it by Category (i.e., Form & Claims) and Subject (i.e., EE/EN-20). The DO mailroom then forwards the form to DO fiscal operations. DO FOs are to maintain the hardcopy form for the period required under agency record retention guidance and then destroy the form, as an imaged version will be permanently maintained in OIS.*

RACHEL D. POND  
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Energy Employees Occupational  
Illness Compensation