

DOL Response to ABTSWH  
December 23, 2019 Informational Request

1. ***Request to Review Claims: We request complete files for 20 lung cancer claims that were denied under Part E from 2013 to the present. They should be drawn from the RPT 682 Changing Toxins and latency Table provided to the Board previously by DOL. Only claims whose job position/title is on the list of job categories in Section 3a of Appendix 1 {p. 1 of 12 of Exhibit 15-4} of the EEOICP Procedure Manual 4.0 should be provided. In addition, only claims for whom a minimum of 15 years has elapsed between "earliest verified employment date" and "diagnosis date," as reported in RPT 682 named above. We strongly request that claims be indexed for key documents.***

Answer: DOL is not in a position to provide the requested cases. The scope of the request by the Board would require manual intervention by DOL staff to identify cases that fit the parameters of the request. DOL's ECS (Energy Compensation System) does not maintain information on employee labor data or diagnosis latency. As such, staff would need to undertake a manual review of cases with employees diagnosed with lung cancer to identify cases meeting the Board's parameters. DOL does not consider this an appropriate use of program resources. In addition, any organization of indexed documents for prioritization would also incur additional manual effort to accomplish.

**Informational queries to DOL**

1. ***Does DOL have a guide for treating physicians on how to use the SEM?***

Answer: DOL does not have a physician specific SEM training guide. However, DOL has a variety of resources available that provides guidance on SEM usage including an online training tool (PowerPoint Module), SEM Website Help Guide, and the federal (EEOICPA) Procedure Manual Chapter 15 Section 8. Relevant links are as follows:

SEM Training PowerPoint Module–

[https://www.dol.gov/owcp/energy/regs/compliance/public\\_reading\\_room/deeoc\\_training/Public\\_SEM/index.html](https://www.dol.gov/owcp/energy/regs/compliance/public_reading_room/deeoc_training/Public_SEM/index.html)

SEM Website Help Guide –

<https://www.sem.dol.gov/expanded/help.cfm>

EEOICPA Procedure Manual (Version 4.0)

<https://www.dol.gov/owcp/energy/regs/compliance/PolicyandProcedures/ConsolidatedProcedureManual.htm>

**2. How many public submissions have been made to the SEM in 2019? What was the outcome for these submissions?**

Answer: For CY 2019, Paragon reports the following information regarding the disposition of Internet Accessible SEM (IAS) input -

IAS (public) inputs are divided into two categories: toxic substance input and disease input. Thirty-two (32) toxic substance (or general) inputs were received in 2019. Eight (8) disease inputs were received in 2019. When an input is received, it is classified as being “under review” (UR). Final disposition of each input is made as follows:

- Information submitted was already present in the SEM data base (DB)
- Information submitted was added to the SEM database (AL)
- Inquirer request for changes in SEM could not be verified (NV)
- Inquirer request was only for information (RFI)

There were thirty-two (32) toxic substance or general inputs in 2019. They were dispositioned as follows:

- Five (5) were classified as DB
- Eight (8) were classified as AL
- Nine (9) were classified as NV
- Ten (10) were classified as RFI

There were eight (8) disease inputs in 2019. They were dispositioned as follows:

- One (1) was classified as DB
- None (0) were classified as AL
- Five (5) were classified as NV
- Two (2) were classified RFI

**3. From 2018 to the present, what changes have been made to the SEM regarding exposure - disease links?**

Answer: See attached Table, titled “Changes made in SEM disease/toxic substance links since January 1, 2018.”

**4. How many CMC reports have been issued each month in 2019?**

Answer: For 2019, the following is the volume of CMC reports issued by month –

- Jan – 252
- Feb – 155
- Mar – 185
- Apr – 227
- May – 190
- Jun – 190
- Jul – 206
- Aug – 186
- Sep – 182
- Oct – 166
- Nov – 179
- Dec – 186

**5. The Board requests an update on the status of re-opened cases, i.e., cases that were re-opened after new or revised presumptions were adopted by the Department.**

Answer:

Illness and Group	ALL DISTRICT OFFICES				Jacksonville			Cleveland			Denver			Seattle		
	Total # Rec'd	Total # Reviewed	% Reviewed	Total # Reopened	# Rec'd	# Reviewed	# Reopened	# Rec'd	# Reviewed	# Reopened	# Rec'd	# Reviewed	# Reopened	# Rec'd	# Reviewed	# Reopened
Group 1: (i.e., Mesothelioma, Ovarian Cancer, Pleural Plaques)	177	177	100%	26	81	81	6	34	34	8	16	16	3	46	46	9
Group 2: (i.e., Hearing Loss, Bladder Cancer)	1,253	1,253	100%	19	582	582	7	231	231	4	100	100	2	340	340	6
Group 3: (i.e., Lung Cancer)	591	591	100%	50	236	236	12	99	99	5	69	69	7	187	187	26
Summary of Actions:	- 42 IH referrals; - 5 CMC referrals, 5 pending; - 9 RD acceptance; 9 RD acceptances in process; and, - 1 RD denial.				- 7 IH referrals; - 0 CMC referrals; - 1 RD acceptance; 2 RD acceptances in process; and, - 1 RD denial.			- 15 IH referrals; - 5 CMC referrals, 5 pending; - 1 RD acceptance; 2 RD acceptances in process; and, - 0 RD denials.			- 10 IH referrals; - 0 CMC referrals; - 0 RD acceptances; and, - 0 RD denials.			- 10 IH referrals; - 0 CMC referrals; - 0 RD acceptance; and, - 0 RD denials.		

**6. In DOL RPT 1158, the Top 20 Health Conditions chart provided by the program, how old are the "pending claims"? That is, how many were first opened in 2017, 2018, and 2019?**

Answer: DOL cannot provide the data, as the parameter of the request is not clear. Claim records can involve numerous changing decisional outcomes occurring throughout the temporal life span of a particular case file. While DOL can provide filing dates for each claimed medical condition, tracking temporal data between multifaceted decision points, including recommended, final decisions, reconsiderations or reopenings, is difficult without a much clearer explanation of the requested data from the Board.

7. ***How is a quality assessment evaluation of the work of the industrial hygienists performed? How will it be done under the new contract?***

Answer: All external reports that are submitted by the IH contractor, BGI, are written and signed off on by a Contract Certified Industrial Hygienist (CCIH). Each report, after being signed off on by the individual CCIH, is forwarded for review by the BGI contract program manager. The contract program manager reviews the report for conformity with contractual/editorial requirements as well as for technical content and consistency with previous reports. The BGI program manager subsequently signs off on the report and submits it to the National Office (NO) for final review and approval. The Lead Certified Industrial Hygienist (CIH) at the NO, a federal employee, reviews the report submitted by BGI for technical and scientific accuracy as well as consistency with existing and previous IH reports.

Changes made in SEM disease/toxic substance links  
since January 1, 2018

January 8, 2020

Date	Toxic Substance/Disease Change
Apr-18	JP-5 jet fuel/removed solvents, acute toxic effect
Apr-18	JP-8 jet fuel/removed solvents, acute toxic effect
May-18	N-Methyl-2-pyrrolidone/removed contact dermatitis, allergic
Jun-18	Tridecyl alcohol/removed solvents, acute toxic effect
Jun-18	Xylene/added contact urticaria
Jul-18	139 Indium Lead/added acute tubular necrosis; chronic renal failure; hemolytic anemia, acute; infertility, male; lead, subacute toxic effect; neuropathy, toxic
Jul-18	Americium beryllium source/added chronic beryllium disease; lung cancer
Jul-18	Borrelia burgdorferi/added Lyme disease
Jul-18	Burkholderia pseudomallei/added melioidosis
Jul-18	Hepatitis A virus/added hepatitis A
Jul-18	Hepatitis B virus/added hepatitis B and liver cancer
Jul-18	Legionella pneumophila/added legionellosis
Jul-18	Streptobacillus moniliformis/added rat bite fever
Jul-18	Isobutane/added asphyxiation, simple
Nov-18	Ethylene oxide/removed leukemia
Nov-18	Indium-tin oxide/added pneumoconioses, other
Nov-18	Tetramethoxysilane/added pneumonitis, toxic
Nov-18	Vinyl chloroformate/added pneumonitis, toxic
Nov-18	2-Methoxyethyl chloroformate/added pneumonitis, toxic
Nov-18	1-Chloroethyl chloroformate/added pneumonitis, toxic
Nov-18	Methylchloroformate/added pneumonitis, toxic
Nov-18	Ethyl chloroformate/added pneumonitis, toxic
Nov-18	Lewisite/added pneumonitis, toxic
Nov-18	Ethylbis(2-chloroethyl)amine/added pneumonitis, toxic
Nov-18	Chlormethine/added pneumonitis, toxic
Nov-18	Trichlormethine/added pneumonitis, toxic
Nov-18	4-Chlorobutyl chloride/removed pneumonitis, toxic
Nov-18	Cinnamyl chloride/removed pneumonitis, toxic
Nov-18	Methylacetonitrile/removed pneumonitis, toxic
Nov-18	Molybdenum hexafluoride/removed pneumonitis, toxic
Nov-18	Ethene, 1,1'-oxybis/added solvents, acute toxic effect
Nov-18	Allyl methacrylate/removed contact dermatitis, allergic