

FIREFIGHTER CANCER REGISTRY ACT OF 2017

SEPTEMBER 8, 2017.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WALDEN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 931]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 931) to require the Secretary of Health and Human Services to develop a voluntary registry to collect data on cancer incidence among firefighters, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Firefighter Cancer Registry Act of 2017”.

SEC. 2. POPULATION-BASED REGISTRY FOR FIREFIGHTER CANCER INCIDENCE.

(a) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall develop and maintain, directly or through a grant or cooperative agreement, a voluntary registry of firefighters (referred to in this section as the “Firefighter Registry”) to collect relevant history and occupational information of such firefighters that can be linked to available cancer registry data collected by existing State cancer registries.

(b) **USE OF FIREFIGHTER REGISTRY.**—The Firefighter Registry shall be used for the following purposes:

(1) To establish and improve collection infrastructure and activities related to the nationwide monitoring of the incidence of cancer among firefighters.

(2) To collect, consolidate, store, and make publicly available epidemiological information related to cancer incidence and trends among firefighters.

(c) RELEVANT DATA.—

(1) **IN GENERAL.**—In carrying out the voluntary data collection for purposes of inclusion under the Firefighter Registry, the Secretary should seek to include the following information:

(A) Identifiable information from a representative sample size, as determined by the Secretary under subsection (d)(2)(A), of volunteer, paid-on-call, and career firefighters, independent of cancer status or diagnosis.

(B) With respect to individual risk factors and work history of firefighters, available information on—

(i) basic demographic information, including the age of the firefighter involved;

(ii) a listing of status of the firefighter as either volunteer, paid-on-call, or career firefighter;

(iii) the number of years on the job and a detailing of additional employment experience that was either performed concurrently alongside firefighting service, before, or anytime thereafter;

(iv)(I) a measure of the number of fire incidents attended as well as the type of fire incidents (such as residential house fire or commercial fire); or

(II) in the case of a firefighter for whom information on such number and type is not available, an estimate of such number and type based on the method developed under subsection (d)(2);

(v) a list of additional risk factors, including smoking or drug use, as determined relevant by the Secretary; and

(vi) other physical examination and medical history information relevant to a cancer incidence study or general health of firefighters not available in existing cancer registries.

(C) Any additional information that is deemed necessary by the Secretary.

(2) **DIAGNOSES AND TREATMENT.**—In carrying out the data collection for purposes of inclusion under the Firefighter Registry, with respect to diagnoses and treatment of firefighters diagnosed with cancer, the Secretary shall enable the Firefighter Registry to link to State-based cancer registries, for a purpose described by clause (vi) or (vii) of section 399B(c)(2)(D) of the Public Health Service Act (42 U.S.C. 280e(c)(2)(D)), to obtain information on—

(A) administrative information, including date of diagnoses and source of information; and

(B) pathological data characterizing the cancer, including cancer site, state of disease (pursuant to Staging Guide), incidence, and type of treatment.

(d) METHODS.—

(1) **IN GENERAL.**—For the purposes described in subsection (b), the Secretary is authorized to incorporate questions into public health surveys, questionnaires, and other databases.

(2) **REQUIRED STRATEGY.**—The Secretary shall develop a strategy, working in consultation with the stakeholders identified in subsection (e), to maximize participation in the Firefighter Registry established under this Act. At minimum, the strategy shall include the following:

(A) Identified minimum participation targets for volunteer, paid-on-call, and career firefighters.

(B) A strategy for increasing awareness of the Firefighter Registry and maximizing participation among volunteer, paid-on-call, and career firefighters to meet minimum participation targets.

(C) Additional steps that may be required to ensure the equitable representation of groups identified in paragraph (5).

(D) Information on how the Secretary will store data described in subsection (c)(1) and provide links to relevant health information described in subsection (c)(2).

(E) Working in consultation with the experts described in subsection (e), a reliable and standardized method for estimating the number of fire incidents attended by a firefighter as well as the type of fire incident so attended in the case such firefighter is unable to provide such information.

(3) REPORT TO CONGRESS.—The Secretary shall submit the strategy described in paragraph (2) to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate not later than 30 days after the date of the completion of the strategy.

(4) GUIDANCE FOR INCLUSION AND MAINTENANCE OF DATA ON FIREFIGHTERS.—The Secretary shall develop, in consultation with the stakeholders identified in subsection (e), State health agencies, State departments of homeland security, and volunteer, paid-on-call, combination, and career firefighting agencies, a strategy for inclusion of firefighters in the registry that are representative of the general population of firefighters, that outlines the following:

(A) How new information about firefighters will be submitted to the Firefighter Registry for inclusion.

(B) How information about firefighters will be maintained and updated in the Firefighter Registry over time.

(C) A method for estimating the number of fire incidents attended by a firefighter as well as the type of fire incident so attended in the case such firefighter is unable to provide such information.

(D) Further information, as deemed necessary by the Secretary.

(5) ENSURING REPRESENTATION OF UNDERREPRESENTED GROUPS IN REGISTRY.—In carrying out this section, the Secretary shall take such measures as the Secretary deems appropriate to encourage the inclusion of data on minority, female, and volunteer firefighters in the Firefighter Registry established under this section.

(e) CONSULTATION.—The Secretary shall, on a regular basis, seek feedback regarding the utility of the Firefighter Registry established under this section and ways the Firefighter Registry can be improved from non-Federal experts in the following areas:

(1) Public health experts with experience in developing and maintaining cancer registries.

(2) Epidemiologists with experience in studying cancer incidence.

(3) Clinicians with experience in diagnosing and treating cancer incidence.

(4) Active and retired volunteer, paid-on-call, and career firefighters as well as relevant national fire and emergency response organizations.

(f) RESEARCH AVAILABILITY.—The Secretary shall develop and make public a process for de-identifying data from the Firefighter Registry and making such data available without a fee for research or other purposes. Such process shall provide that such data shall be made available for such research purposes only if there is an agreement to make findings, journal articles, or other print or web-based publications derived from such research public or available to the relevant stakeholders identified in subsection (e).

(g) PRIVACY.—In carrying out this Act, the Secretary shall apply to the Firefighter Registry developed under subsection (a) data security provisions and privacy standards that comply with the best practices of the Centers for Disease Control and Prevention and provide for data privacy and security standards similar to those in the HIPAA privacy regulation, as defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3)).

(h) AUTHORIZATION OF FUNDS.—To carry out this section, there are authorized to be appropriated \$2,500,000 for each of the fiscal years 2018 through 2022.

PURPOSE AND SUMMARY

H.R. 931 was introduced on February 2, 2017, by Rep. Chris Collins (R–NY). The bill requires the Centers for Disease Control and Prevention (CDC) to develop and maintain a registry to collect data regarding the incidence of cancer in firefighters.

BACKGROUND AND NEED FOR LEGISLATION

Firefighting is one of the most hazardous yet least studied occupations in terms of exposure effects and the relationship to occupational disease. Firefighters routinely work in environments where they come into contact with carcinogenic materials and toxic chemicals. According to research by the CDC's National Institute for Occupational Safety and Health, firefighters are at increased risk for developing cancer. Currently, the extent to which firefighters are at increased risk for cancer, and how that risk can be reduced in the future are not fully understood. Having better data to understand the overall epidemiological cancer trends among firefighters will lead to better protective measures and decontamination procedures, ultimately reducing some of the hazards these first responders face on the job.

COMMITTEE ACTION

On May 17, 2017, the Subcommittee on Health held a hearing on H.R. 931. The hearing was entitled "Examining Initiatives to Advance Public Health." The Subcommittee received testimony from:

- Kevin O'Connor, Assistant to the General President, International Association of Fire Fighters;
- Cheryl D. Watson-Lowry, DDS; General Dentist, American Dental Association;
- Martin S. Levine, DO, MPH, FACOFP, *dist*; Interim Clinical Dean, Professor of Family and Community Medicine, Touro College of Osteopathic Medicine; and
- Jordan Greenbaum, MD; Medical Director, Institute for Healthcare and Human Trafficking at Children's Healthcare of Atlanta; Medical Director, Global Initiative for Child Health and Well Being at the International Centre for Missing and Exploited Children.

On June 29, 2017, the Subcommittee on Health met in open markup session and forwarded H.R. 931, as amended, to the full Committee by a voice vote. On July 27, 2017, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 931, as amended, favorably reported to the House by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 931 reported.

OVERSIGHT FINDINGS AND RECOMMENDATIONS

Pursuant to clause 2(b)(1) of rule X and clause 3(c)(1) of rule XIII, the Committee held a hearing and made findings that are reflected in this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX
EXPENDITURES

Pursuant to clause 3(c)(2) of rule XIII, the Committee finds that H.R. 931 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 31, 2017.

Hon. GREG WALDEN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 931, the Firefighter Cancer Registry Act of 2017.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Rebecca Yip.

Sincerely,

KEITH HALL.

Enclosure.

H.R. 931—Firefighter Cancer Registry Act of 2017

H.R. 931 would require the Secretary of Health and Human Services, through the Centers for Disease Control and Prevention, to develop and maintain a voluntary registry to monitor cancer incidence among firefighters. The registry would incorporate relevant information—including demographic characteristics, number and type of fire incidents attended, and health information relevant to cancer incidence—that would be linked to state cancer registries. H.R. 931 would authorize the appropriation of a total of \$12.5 million for fiscal years 2018 through 2022 to carry out those activities.

Based on historical spending for similar activities, CBO estimates that implementing H.R. 931 would cost \$10 million over the 2018–2022 period; the remainder would be spent in years after 2022. Enacting H.R. 931 would not affect direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

CBO estimates that enacting the legislation would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2028.

H.R. 931 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would impose no costs on state, local, or tribal governments.

The CBO staff contact for this estimate is Rebecca Yip. The estimate was approved by Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to develop a centralized voluntary registry to collect data on the incidence of cancer among firefighters in order to improve occupational-associated cancer prevention and treatment.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 931 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 931 contains no earmarks, limited tax benefits, or limited tariff benefits.

DISCLOSURE OF DIRECTED RULE MAKINGS

Pursuant to section 3(i) of H. Res. 5, the Committee finds that H.R. 931 contains no directed rule makings.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 provides that the Act may be cited as the “Firefighter Cancer Registry Act of 2017.”

Section 2. Population-based registry for firefighter cancer incidence

Section 2 authorizes the appropriation of \$2.5 million for each of fiscal years 2018 to 2022 to establish a voluntary registry of fire-

fighters, to be developed and maintained by the CDC, which will collect relevant history and occupational information that can be linked to available cancer data collected by existing State cancer registries.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

This legislation does not amend any existing Federal statute.

