UNITED STATES DEPARTMENT OF LABOR

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ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

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SUMMARY MINUTES

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MAY 8-9, 2024

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The Advisory Board met at the Comfort Inn Oak Ridge-Knoxville, 433 South Rutgers Avenue, Oak Ridge, Tennessee, at 9:00 a.m., Dr. Steven Markowitz, Chair, presiding.

MEMBERS:

SCIENTIFIC COMMUNITY

AARON BOWMAN
MARK CATLIN
GEORGE FRIEDMAN-JIMENEZ

MEDICAL COMMUNITY

MARIANNE CLOEREN*
STEVEN MARKOWITZ, Chair
MAREK MIKULSKI
KEVIN VLAHOVICH

CLAIMANT COMMUNITY

JIM KEY
GAIL SPLETT
DIANNE WHITTEN
KIRK DOMINA

DESIGNATED FEDERAL OFFICIAL

RYAN JANSEN

*Present via videoconference

WEDNESDAY, MAY 8, 2024

Introductions:

Mr. Ryan Jansen, Designated Federal Officer, welcomed attendees and called the meeting of the Advisory Board on Toxic Substances and Worker Health (ABTSWH) to order at 9:00 a.m. He reviewed the meeting logistics and instructed attendees on how to find meeting materials and information on the Board's website. Mr. Jansen announced that the terms of the Board's 12 members expire in July 2024. DOL is seeking nominations for individuals to serve on the Board, which is balanced evenly between representatives from the scientific, medical, and claimant communities. Current Board members may be nominated and reappointed. The deadline for nominations is May 17, 2024.

Review of Agenda:

Dr. Steven Markowitz, Board Chair, thanked DOE for the tour of Oak Ridge Reservation that the Board received on May 7, DOL and contract staff for their meeting support, and members of the public for their attendance and input. He led the Board and other attendees in introductions and provided an overview of the Board's agenda for the two-day meeting.

Program and Policy Update:

Mr. John Vance, Division of Energy Employees Occupational Illness Compensation (DEEOIC) Policy Branch Chief, and Mr. Joshua Novack, Policy Unit Supervisor, delivered the update.

Mr. Vance began the presentation by providing recent claims statistics. In the period of January 1 to April 19 of this year, the program received over 4,000 claims, of which approximately 1,600 were first-time filers. There were 1,644 Occupational History Questionnaires (OHQs) completed during this period and the program has received positive feedback on the new version. Mr. Vance gave examples of how the resource centers have recently worked with claimants on medical billing challenges related to assisted living, pharmacy, and hospice compensation in short time windows. He updated the Board on compensation data from FY 2023. Home and residential healthcare represent a significant majority of medical payments under the program,

totaling over $1.1 billion in FY23 for approximately 12,000 individuals. This focus on providing ancillary medical benefits has necessitated an expansion of the benefit examiner staff to include examiners solely focused on reviewing ancillary benefit claims. The program strives to process all claims in as expeditious a manner as feasible and processing metrics from the current quarter show that the program is meeting its target in well over 90% of claims, from initial processing to final decision and disbursement of compensation.

Mr. Vance also briefed the Board on recent Site Exposure Matrices (SEM) updates, which have included 30 site data set updates since the last Board meeting, 18 of which were major updates. The Office of Workers' Compensation Programs (OWCP) also continues to expand the availability of electronic forms, is working to improve the online experience by making all the resources single sign-on, and is developing a dedicated claim form, EE-1A, for consequential illness claims.

Mr. Novack provided an update on program outreach activities and policy updates. One example of DEEOIC's commitment to educating worker communities about its programs is the Joint Outreach Task Group (JOTG), which is an interagency group that holds meetings in the field to provide information on federal programs and the claims adjudication process. The JOTG has outreach events planned for this year in Kansas City, Missouri, and three locations in New Mexico. DEEOIC maintains a calendar of outreach events on its website and also operates an email newsletter. Resource centers also conduct smaller outreach events in their regions throughout the year. In addition to in-person events, DEEOIC maintains a robust webinar series of approximately 10 webinars per year, some of which are held in conjunction with the JOTG, which are generally focused on specific adjudication-related or general regulatory information topics. Another important component of the outreach process is the DEEOIC's customer experience team, who work to gather feedback to inform improvements to the claimant experience via surveys and focus groups. Mr. Novack also provided an overview DEEOIC's quality control processes, which include its quarterly Industrial Hygienist (IH) and Contract Medical Consultant (CMC) quality assurance audits.

DEEOIC is constantly working to implement updates to the Procedure Manual (PM) and aims for two major updates per year. PM Version 8.1 is currently going through its final clearance process, which will contain updated guidance on medical travel refund requests, the broadened scope of coverage for beryllium

vendor sites, increased coordination between medical benefits examiners and claims examiners, and referrals to CMCs and health physicists, among other updates. Mr. Vance noted that the PM is also being updated to incorporate a statutory change to allow the program to accept claims involving three borderline beryllium lymphocyte proliferation test (BeLPT) results over a span of three years. In conjunction with this change, the program is revisiting previously denied chronic beryllium disease and sensitivity claims to identify what might qualify under the new standard.

Dr. Markowitz asked Mr. Vance to provide the Board with the results of its retrospective review of denied beryllium-related claims. Mr. Kirk Domina commented that workers face significant challenges trying to obtain and pay for BeLPT tests. Dr. Markowitz said this topic should be raised at the gathering for Former Worker Medical Screening Programs that will take place in June, particularly the protocol that recommends BeLPTs be conducted once every three years.

On the topic of the revised OHQ, Dr. Markowitz expressed interest in the possibility of collecting and analyzing data from the electronic OHQ. Dr. Markowitz also advised DEEOIC to consider training its contractors on assessing consequential conditions because it may not be something they are used to doing as occupational medicine physicians. Mr. Vance said that there is a chapter in PM devoted to defining consequential illness and the process for reviewing such claims. He acknowledged that it can be a difficult assessment to make and is thus a frequent source of CMC referral. Dr. Markowitz said the Board will likely request further information on consequential condition assessments; i.e., frequency, outcomes, type of conditions, etc. Ms. Whitten asked for DEEOIC to provide the Board with a summary of changes as part of the next major update to the SEM. Ms. Regina Griego, DOE EEOICP Program Manager, said she was seeing mixed results in terms of claims examiners (CEs) forwarding OHQs to DOE and suggested guidance might need to be added to the PM to encourage greater compliance. Mr. Jim Key said CEs need further training on the hearing loss update.

Response to ABTSWH IH Recommendation & Request for Information:

Dr. Marianna Cloeren reviewed the Board's recommendation and DOL's response. The Board recommended that DOL require IH consultants to address in their report all reported exposures to OHQ and describe any exposure-relevant information that was

found in the data sources they reviewed. The Board also recommended that the OHQ be shared with any physician asked to use the IH report for causation analysis. The Department agreed to work to develop feasible changes to better communicate the evaluation of case-specific exposure data. However, they did not agree with the recommendation to share the OHQ.

Chair Markowitz requested that DOL staff keep the Board informed about the effort to develop changes to the IH report process. In regard to DOL's response on providing OHQs, Dr. Aaron Bowman questioned DOL's assumption that sharing an "unvalidated" OHQ with the physician would invite the physician to rely on unproven data, and argued that the OHQ would provide valuable context that a trained physician could weigh appropriately. Drs. Cloeren and Bowman were in agreement that the Department's acceptance of the first recommendation partially mitigated the need for the second. Chair Markowitz expressed his strong belief that the CMCs should be provided the OHQ, along with any other claimant affidavit(s), because they are the primary source of information about the claimant's direct experience. The IH report is a valuable source of information for the CMC, but it should not preclude the CMC's ability to receive primary data directly from the claimant.

Mr. Vance said this topic is related to the question of how the claims adjudication process handles discrepancies; incorporating the subjective reports of claimants could increase the number of conflicts and make the claims examiner's job more challenging. Chair Markowitz said the CMC is trained to weigh those inputs and deliver their medical opinion, and is the most qualified person in the adjudication process to do so. Allowing the CMC to have access to the OHQ could also support denials as well, by at least making claimants feel like their voices were heard. Dr. Kevin Vlahovich said that requiring CMCs to provide a rationale in cases where they disagree with the IH would help the CE in their process. Mr. Vance noted that the recommendation language goes beyond just CMCs to include "any physician asked to use the IH report for causation analysis," who may or may not be occupational medicine specialists. Mr. Domina pointed out that there is no objective data for many workers due to lax safety oversight during certain periods. Mr. Mark Catlin said the IH should specifically state in their report if they believe a statement in the OHQ is inaccurate.

Dr. Cloeren reviewed DOL's response to the Board's information request, which included a request for the program to facilitate a conversation between the Board and IHs regarding a series of

questions on how IHs perform their responsibilities and how Board recommendations impact the IHs' work. DOL submitted responses to these questions and asked the Board to develop a framework for the proposed conversation before committing to conducting it. Mr. Vance agreed with the Board that such a discussion would be useful. The Board expressed the hope that contract IHs could be included in addition to the two national office IHs, perhaps in separate meetings. Dr. Bowman said that the Board will continue to seek further explanation on the dividing line between incidental and any level significance. Noting the impending end of this Board's term in July, the Board discussed whether the timing for the meetings should be after the new Board is appointed for continuity's sake. Dr. Markowitz encouraged the IH working group to be as detailed as possible in the follow-up information request.

Response to ABTSWH CMC Recommendation & Information Request:

Chair Markowitz provided an overview of the data received in response to the information request. DOL's contractor employs 338 CMCs, 97 of whom have produced reports for the program between 2022 and 2023. For the years 2020 through 2023, almost 9,000 CMC reports were produced, or approximately 2,200 per year. Of those reports, 77% were for causation analysis and 14% for impairment. One finding of note for quality assessment purposes was that, although 90 CMCs produced causation reports, four CMCs produced 38% of all causation reports and the top 10 CMCs produced 63% of the reports. Most of these individuals are occupational medicine doctors, but two are pulmonologists. For impairment analysis, one CMC was responsible for 1/3 of the reports. Assessing the quality of these most frequent reviewers would seem to be of particular importance.

In response to another Board information request, DOL stated that it does not maintain data on CMC opinion outcomes. Dr. Marek Mikulski asked if the same CMC ever opines on the causation and impairment for the same claimant. Mr. Vance said he did not have concrete data but believed that was unlikely to occur since those require different expertise. DOL also stated that CEs have asked for clarification on less than 2% of CMC reports. The Board discussed with Mr. Vance the extent to which the CMC reports can be analyzed given the lack of CMC-specific database. Mr. Vance said files can be requested from OWCP's case adjudication system, which the Board has done in the past, but the Board will have to be specific about the scope of information it is seeking.

Dr. Cloeren asked if the referee opinions are conducted by physicians outside from the CMC contract. Mr. Vance said the refereeing is done within the contract, but noted that the CMCs essentially serve as independent subcontractors. Dr. Cloeren asked if the program has conducted analysis of the refereeing to ensure there is no bias. Mr. Vance said that specific analysis of the referee opinions has not taken place. Dr. Cloeren said she would be interested in seeing referee decision outcome data.

At the last ABTSWH meeting, the Board recommended that DOL implement an independent peer review of a quarterly sample of CMC reports. The Department did not accept the recommendation but stated that it is "committed to working with the Board to determine a process to review medical opinions." Chair Markowitz reviewed the DOL's response with the Board, highlighting four main points: 1) CMCs are board-certified experts in their fields, 2) CEs can assess whether medical reports contain "well-rationalized opinions" and "offer a compelling justification," 3) there is legitimate variation in medical opinion making it challenging to differentiate between an incorrect opinion and normal variant opinion, and 4) DOL asked the Board to provide examples that a problem exists with CMC reports. Chair Markowitz was skeptical that CEs, who are not medical experts, are capable of determining the adequacy of a medical opinion in all cases. Other Board members agreed. Regarding the third point, Board members stated that peer review, while imperfect, is the benchmark system for assessing scientific validity and quality. Dr. Friedman-Jimenez added that it would also be possible to assess CMC reports by comparing with epidemiological rate estimates for given conditions, although developing such a methodology would be a big project and more costly than peer review.

Chair Markowitz posited another QA structure where a panel of two experts review a sample of cases and then review blind cases whether the other disagrees with the CMC opinion. If the second expert agrees with the CMC opinion, then it can be considered accurate, and incorrect if the second expert agrees with the first expert. Dr. Bowman said such a structure could be incorporated into the CMC process itself at limited expense. On the fourth point, Dr. Friedman-Jimenez said the Board did not have sufficient data to determine whether a problem existed and suggested the Board conduct ongoing case review with this question in mind. Chair Markowitz said assessing CMC reports should be part of the program's regular QA processes regardless. The Board might also consider recommending the program re-weight the distribution of its existing contract QA sample to more

proportionately reflect the overall case numbers by review category. Mr. Vance noted that the distribution has been adjusted previously based on Board input and he encouraged Board members to consult the program's contract QA audit manual which has been provided to the Board. The program has a separate dedicated QA staff that assesses the justification for decision outcomes on an ongoing basis. Dr. Bowman asked his fellow Board members to consider whether they are interested in assessing the performance of individual CMCs or the quality of case reviews in general.

Site Exposure Matrices:

Chair Markowitz invited members of the SEM working group to brief the Board on their recent in-person meeting with DOL and Paragon on SEM-related topics. Ms. Gail Splett discussed one such topic related to changes to a K-25 groundskeeper labor category. DOL explained that the change was related to separating groundskeeper as standalone labor category, but Ms. Splett noted that the reason for this change is not provided in the SEM itself. They also discussed the deletion of constituents of tradename substances and mixtures, which was based on a recommendation from the Institute of Medicine (IOM). This change, too, was not notated in the Internet Accessible SEM (IAS). The working group would like to see increased communication with stakeholders (including contractors and unions) for more detailed information on job descriptions and other matters to supplement DOE information, and decreased time between DOE clearance reviews from six months to two months.

Mr. Peter Turcic from Paragon Technical Services clarified that the reviews happen every six months because that is when the public-facing IAS updates occur. Updates to the SEM itself occur on an ongoing basis and are immediately available for use by the program. The Board also discussed facility status changes are incorporated into the SEM. There is no real-time mechanism for informing DOL/Paragon of facility changes; instead, they rely on information provided by CEs, site points of contact (POCs), or the public. In particular, Paragon will reach out to the POCs on specific facility questions as part of the major SEM update process. Ms. Griego offered to facilitate meetings between Paragon and site union representatives as part of the major update cycle. Mr. Key asked whether former workers could be given access to DOE incident reporting systems. Ms. Griego said she did not know but would look into it.

The SEM working group suggested Board recommendations that would

call for a mechanism for notating SEM changes to labor categories and chemicals and for consistency of job titles and work processes. Chair Markowitz said the Board should also consider recommending continued face-to-face meetings between the SEM contractor and Board members. The Board also discussed with Mr. Vance the possibility of the program devising a means for identifying past claims that may be affected by significant exposure-related changes to the SEM. Mr. Vance said this would be a significant technical challenge, but he was open to Board input on the matter.

Parkinson's Disorders in SEM:

The Board's working group on Parkinson's disorders updated the Board on their review of the information on Parkinson's disease and Parkinsonism in the SEM and its alignment with the Procedure Manual and Haz-Map. There are currently 109 toxic substances linked to Parkinsonism in SEM. The program has a Part E presumption of causation for exposure to steel, manganese, and carbon monoxide products. There is no presumption for carbon disulfide or trichloroethylene, which the Board has previously recommended be accepted as presumptions. Dr. Mikulski noted a discrepancy between the SEM, PM, and Haz-MAP in the number of work processes (four, 10, and 12, respectively) linked to the presumptive exposures.

The working group proposed four recommendations, which were presented and discussed by the full Board. The first two recommendations were to align the SEM with the PM work processes associated with the three presumptive toxics, and to align both with the Haz-Map work processes. The third recommendation was for DOL to update the aliases for Parkinsonism in the SEM and PM to include "Primary Parkinsonism." The fourth recommendation was for a working group to conduct a literature review to evaluate whether associations between Parkinsonism and solvents or other chemicals warrant consideration for new exposure presumptions. Chair Markowitz raised the idea of a science working group that could work on this topic along with the IARC Group 2A carcinogens and any other ongoing science-related issue. Mr. Vance said the program would be interested in being made aware of epidemiological literature related to duration of exposure to these presumptive exposure substances. The Board voted unanimously to approve the working group's recommendations.

IARC 2A Carcinogens:

Last summer, DOL asked Paragon to prepare a report assessing

recent updates to the IARC Group 2A category of probable human carcinogens and any impacts to the program. Paragon ultimately identified two substances for addition to the SEM: 1,1,1-trichloroethane (related to multiple myeloma) and trivalent antimony (related to lung cancer). Chair Markowitz stated that the IARC 2A working group concurred with Paragon's analysis. The Board voted unanimously to endorse the findings of Paragon's report.

Response to ABTSWH Terminally Ill Recommendation:

Chair Markowitz updated the Board on the Department's response to the Board's recommendation that the program appoint POCs at each claims office to expedite claims of terminally ill claimants. DOL did not accept the recommendation and in their response stated their belief that the current process for handling such claims is working. DOL noted that CEs can designate claims for priority handling and that claimants and authorized representatives can request to speak with supervisors. The program can also arrange a 48-hour turnaround on IH and CMC reports as needed. Mr. Key acknowledged the several positive anecdotes provided by DOL, but described other cases where the program was not responsive and stated his continued belief in the need for designated POCs. Chair Markowitz raised the possibility of asking DOL to gather data on terminally ill cases from the past few years for the Board to get a better sense of the appropriateness of the current system. Dr. Friedman-Jimenez said finding and interpreting such data might be difficult and pointed out that this was more a question of customer satisfaction than a scientific question. He suggested sending out a survey to the survivors of claimants who entered hospice. Mr. Vance described in greater detail the program's process for identifying terminal claims, which are flagged as such in the Energy Compensation System (ECS). He also discussed the challenges to verifying terminal status and meeting all the requirements for compensation, which cannot be waived, in such short timeframes. Ms. Whitten expressed interested in the Board asking DOL to provide data on the number of terminal cases it receives per month. Mr. Vance said that information could be provided. In response to a question from Mr. Catlin, Mr. Vance clarified that ECS does not track which requests for terminal designation are denied, only those that receive the terminal status designation.

Response to ABTSWH Claims Review Information Request:

The Board had asked DOL to provide data on hearing loss claims

related to the recent revision of eligibility requirements that allowed for the acceptance of certain comparable job titles that were not on the list of qualifying job titles. The review identified 139 Part E claims, of which 82 have been accepted and 10 denied, with the remaining 47 still being processed. The Board also asked for similar information on chronic silicosis-related changes under Part E and review identified 15 claims to be reopened, 12 of which have been accepted under the updated criteria.

Response to ABTSWH Claims Review Information Request:

Chair Markowitz opened the floor for discussion amongst the Board about the idea of establishing standing working groups for ongoing issues. He suggested that doing so would also be valuable to establish some form of continuity for the next Board after the current Board term ends in July. Board members supported this plan, with consensus on three standing working groups on the topics of the SEM, ongoing science issues, and IH/CMC-related matters.

Public Comment Period:

Calin Tebay, Hanford Workforce Engagement Center (HWEC), briefly described his office's role in providing assistance to workers in navigating federal programs. He commented on the new guidelines for chronic beryllium disease and sensitivity and expressed disagreement with the three-year time limit during which the three borderline BeLPT tests must occur. He suggested expanding BeLPT testing as part of the Former Working Screening Program. He also commented on the process for expediting terminally ill claims. He noted that the definition of what the Department considers terminal has changed several times over the years and described the burden of gathering and completing all the necessary documents and forms in a greatly compressed time period. He suggested that DOL publish an instruction or checklist for this process, particularly to aid claimants that are not using an authorized representative and those who do not have access to resources such as the HWEC.

Faye Vlieger, Alliance of Nuclear Worker Advocacy Groups (ANWAG), read ANWAG's letter to the Board, which commented on language in IH reports which they believe creates incomplete or false impressions to the reader, clarifying program communication processes and understanding of respective roles and responsibilities between CEs and IH staff, and commonly understood rules of evidence compared to standards of evidence

in the contracts of the program. In her personal capacity, Ms. Vlieger also commented on DOE reports indicating inadequate worker monitoring at Hanford past the mid-1990s cutoff for EEOICPA, which suggests that this was likely the case at other sites, too. She encouraged the Board to review these reports with an eye towards working to removing the mid-1990s cutoff date and replacing it with more claimant-favorable statutory language.

Deb Jerison, Energy Employees Claimant Assistance Project, encouraged the Department to engage a Board contractor to assist the Board in its activities. She also commented on ongoing SEM issues, such as missing site facilities and job categories and confusing user experience, using the Mound SEM as an example. Ms. Jerison believes many of these issues could be addressed by a concerted effort to compare historical records against the SEM, a task the Board could undertake if it were provided a support contractor. She also concurred with Board member comments about the need to track and describe SEM changes in the SEM itself.

Tyler Bailey, Southwest Nuclear Advocates, called for increased communication between program leadership and the authorized representative community, particularly in the context of Nevada Test Site and the perception that program bottlenecks are being created intentionally. He pointed to challenges faced by pulmonary fibrosis claimants and individuals with other non-silicosis conditions in getting their claims accepted.

THURSDAY, MAY 9, 2024

Call to Order:

Mr. Jansen called the second day of the meeting to order at 8:31 a.m. Chair Markowitz led the Board in a round of introductions and reviewed the day's agenda.

Hearing Loss:

Dr. Friedman-Jimenez delivered a presentation on behalf of the hearing loss working group on causation in the context of toxic exposures and hearing loss. The working group is currently conducting a literature review and will prepare a report when the review is completed. One major epidemiological challenge in

determining causation is cases in which there are multiple interacting causes, including non-occupational exposures. One of the most prominent and well-described examples is asbestos exposure and smoking in the context of lung cancer. Dr. Friedman-Jimenez briefly described the history of the study of causation, which has been studied by philosophers since antiquity. A modern rubric distinguishes between necessary causes, which, in the epidemiological context, are conditions under which, if absent, the disease cannot occur, and sufficient causes, which are conditions under which, if present, the disease will inevitably occur. However, these definitions alone are not adequate for determining epidemiological causation because many diseases can occur without the identified causes. For example, asbestos exposure can cause mesothelioma, but mesothelioma can still occur in individuals who were never exposed to asbestos and mesothelioma does not inevitably occur in all exposed individuals.

Dr. Friedman-Jimenez discussed attempts by epidemiological researchers to develop causal frameworks to better determine cause in such cases, such as Dr. Ken Rothman's Sufficient Component Cause Model. Dr. Friedman-Jimenez described Dr. Rothman's model in greater detail because it aligns well with the OSHA Standard 1904.5 definition of work-related disease by allowing for mutually exclusive causes, contributing causes, and aggravating exposures. He cautioned that the model does not identify which causal pathway triggered the disease in an individual, but rather serves as a theoretical framework to inform statistical analyses of groups. Dr. Friedman-Jimenez presented data from Dr. Markowitz's 2013 study of the contributions of asbestos exposure, asbestosis, smoking, and their interactions to lung cancer risk in a large longitudinal cohort of insulation workers. The study determined lung cancer incidence rates asbestos-only, smoking-only, both asbestos and smoking, and non-smoking and non-asbestos groups. Dr. Friedman-Jimenez then showed how the Sufficient Component Cause Model can be applied to deduce the incidence rates that can be attributed to the specific causal mechanism (i.e., to account for the statistical proportion of asbestos-exposed workers who could have developed the cancer from other causes). Dr. Friedman-Jimenez briefly discussed the existing framework for the compensation for occupational exposure to asbestos, for which there is a lung cancer relative risk rate for smokers.

Dr. Friedman-Jimenez shifted gears to discuss applying an analogous approach to hearing loss cases. In the Procedure Manual, presumption of work-related hearing loss requires

meeting two criteria: 1) potential exposure to one or more of a list of 10 qualifying toxic substances for at least 10 consecutive years of verified employment in a specified list of qualifying jobs or equivalents as determined by an IH opinion, and 2) an IH opinion that claimant also had concurrent daily exposure to noise above 85 decibels for those same 10 years. If both criteria are not met, a claimant must "produce epidemiological evidence that specifically identifies or references a toxic substance, as defined by DEEOIC's regulations, which the evidence describes as having a health effect of bilateral sensorineural hearing loss." Dr. Friedman-Jimenez conducted an informal literature review and found several studies that identified significantly elevated odds ratios for hearing loss based on exposures to solvents in both noise-exposed and non-noise-exposed cohorts. He cautioned that there are variations among workforces and time periods when it comes to exposure levels and workplace safety practices, which would have to be accounted for in any future causation analysis for compensation purposes.

As the hearing loss working group continues its literature review, Dr. Friedman-Jimenez highlighted other relevant questions that could be investigated, such as whether there is a threshold for duration of exposure needed for causation and whether exposure to loud noise must be concurrent with the solvent exposure. Depending on its findings, the working group may consider recommendations to update the PM. Mr. Vance stated that the Board's input on the appropriateness of the 10-year duration of exposure standard and concurrent noise requirement would be of particular value to the program. He said program staff would forward to the Board the analyses on which the current standards were based. Chair Markowitz also suggested the working group consider non-occupational noise exposure plus solvents as qualifying under the OSHA standard for aggravation. The working group could also assess whether exposure to multiple solvents would impact the duration of exposure, whether to recommend the program amend the presumption to allow for exposures to solvents alone, and how to improve the process for claimants who do not meet the presumption.

Follow-Up of Day 1 Items:

The Board discussed proposed information requests and recommendations based on the discussions from Day 1. The Board first reviewed a draft recommendation asking DOL to submit to the Board, after DOE classification review, a list of all changes prior to updates to the Internet Accessible SEM. The

intent of this request is to give the Board a sense of what kinds of changes are being made to the SEM and the volume of those changes. The Board voted unanimously to approve the recommendation.

The Board's SEM-related recommendation was for DOL to direct its contractor to prospectively and retrospectively provide notation of any changes to toxic substances, labor categories, work processes, and facilities that are/were altered in the SEM and provide a rationale for the change in the SEM. Chair Markowitz commented that this would likely be a major task for Paragon given the broad scope of the request. The Board discussed bifurcating the prospective and retrospective aspects of the recommendation into separate requests in which the Department would be asked to assess the feasibility of the retrospective component, but ultimately decided to leave them together in a single recommendation. The Board voted unanimously to approve the recommendation.

The Board's third recommendation from the SEM working group was that DOL continue the in-person meetings between Paragon Technical Services and members of the Board's SEM working group, up to three meetings per year, to discuss ongoing improvements to the SEM. Board members reiterated that they found the recent meeting with Paragon to be very valuable and hoped to keep the momentum going. The Board voted unanimously to approve the recommendation.

The Board next discussed recommendations and information requests from the IH working group. The first recommendation was in follow-up to its recent recommendations. The Board recommended that DOL facilitate conversations between a subset of the next Board and IHs, including at least two contract IHs, to gain more insight into IH processes. Prior to the conversations, a subset of the Board would develop and submit to DOL a framework for the discussions. The Board voted unanimously to approve the recommendation.

The IH working group presented an information request in follow-up to previous recommendations to DOL. The request was for the program to provide an update to the Board on the status and timeline of its efforts to work with the IH contractor to develop feasible changes to IH reports to better communicate the examination of case-specific exposure data.

The IH working group also proposed a recommendation for DOL to reconsider the Board's previous recommendation to provide the

OHQ to any physician asked to address causation in a case, along with related IH commentary on the validity of the information contained in the OHQ. The Board voted unanimously to approve the recommendation.

The Board discussed another information request from the IH working group. The request asked for the program to submit to the Board a report detailing decisional outcomes data for claims that were sent for referee opinion. Mr. Vance noted that referee's opinion on several different subjects, including diagnosis, causation, impairment, and need for care. With that in mind, the Board amended the request to ask for the report to include outcomes by review category.

The IH working group also proposed that the Board request documentation in support of the assertion that environmental health and safety programs implemented in the mid-1990s greatly reduced exposures to workers (including contractors) at DOE facilities, and that any significant exposure events would have likely been documented. The Board discussed the types of documentation they might be seeking in this request and from what sources. The Board agreed on the need to be more specific in its supporting rationale. Member Catlin said this request could be informed by the future meetings with IH that are concurrently being proposed by the Board. Mr. Vance encouraged Board members working on this request to consult the Board's records for discussions and recommendations on this topic during previous Boards.

Board Work Plan:

As discussed previously, the Board will establish three standing working groups with membership to be determined: a SEM working group, an IH/CMC working group, and a science working group. Chair Markowitz also proposed that the Board consider requesting a set of sample claims be prepared for the next Board to review at the beginning of its term. He believes this process is very valuable for Board members to familiarize themselves with the claims process and what related documentation looks like. The Board discussed the types of claims that should be included in the sample. Dr. Bowman suggested including claims involving the new IH template. Chair Markowitz said that reports with IH and/or CMC reports would be of interest, as would denials. Dr. Cloeren asked for denied hearing loss claims so the Board could get a sense of what exposures are being claimed in those cases. Dr. Bowman proposed that a sample of causation cases sent for referee opinion be included. Chair Markowitz said he would

develop a draft request and circulate it to the Board after the meeting. Dr. Friedman-Jimenez encouraged DOL to consider using optical character recognition software on non-digital scanned materials to make the claims records searchable for reviewers.

Ms. Splett asked the program staff and DOE to strive to make future site tours more targeted to Part E and consider providing more general background on the site and its structure prior to the tour.

Close of Meeting:

Chair Markowitz thanked staff for their support leading up to and during the meeting, and expressed his gratitude to the Board members for their hard work over the current Board term. Mr. Jansen adjourned the meeting at 11:22 a.m.

I hereby certify that, to the best of my knowledge, the foregoing minutes are on accurate summary of the meeting. Submitted by:

Aaron Bowman, PhD
Chair, Advisory Board on Toxic Substances and Workers Health
Date: 8/16/2024