From: Terrie Barrie [mailto:tbarrieanwag@gmail.com]
Sent: Wednesday, June 29, 2016 9:33 PM
To: DOL Energy Advisory Board Information
Subject: Comments on Subcommittee on Part B lung issues June 29, 2016 meeting

Dear Dr. Redlich:

Thank you for encouraging the stakeholders to submit written comments and suggestions for the Subcommittee on Part B Lung Diseases to consider. I am extremely pleased that this Subcommittee and the entire Advisory Board on Toxic Substances and Worker Health seeks input from the public.

Respectfully, I wish to offer the following comments, suggestions and/or clarifications regarding today's discussion.

1. Sarcoidosis - Ms. Vlieger mentioned that the DOL Procedure Manual is sometimes confusing not only to the claimants but possibly even to the claims examiners (CE) I'd like to provide you with a concrete example regarding sarcoidosis to save you a bit of research time.

In 2008, DEEOIC issued a Final Circular providing guidance to the CEs on sarcoidosis

https://www.dol.gov/owcp/energy/regs/compliance/PolicyandProcedures/finalcircularhtml/EEOICPACircular08-07.htm

Because a diagnosis of sarcoidosis for a covered beryllium employee is not medically appropriate, in any instance where this situation occurs, **CBD is to be the presumed diagnosis.** However, as Part B of EEOICPA necessitates the satisfaction of specific diagnostic criteria to qualify for compensability, the case record must contain the required medical documentation for pre- or post-1993 CBD to allow for an acceptance of the claim. (See the Federal (EEOICPA) Procedure Manual, Chapter 2-700 for the pre- and post-1993 CBD criteria.)

This Circular was rescinded in 2015 when the guidance was incorporated into the Procedure Manual. Section 10 of Chapter 2-1000 however states,

Under Part B, the DEEOIC recognizes that a diagnosis of pulmonary sarcoidosis, especially in cases with pre-1993 diagnosis dates, **could represent a misdiagnosis for CBD.** As such, a diagnosis of pulmonary sarcoidosis is not medically appropriate under Part B if there is a documented history of beryllium exposure. In those situations, a diagnosis of sarcoidosis is evaluated as a claim for beryllium sensitivity

and/or CBD. Under Part E, if there is a diagnosis of pulmonary sarcoidosis, but no affirmative evidence in the form of a positive BeLPT or BeLTT exists, the CE adjudicates the condition as sarcoidosis, not CBD.

https://www.dol.gov/owcp/energy/regs/compliance/PolicyandProcedures/proceduremanualhtml/unifiedpm/Unifiedpm_part2/Chapter2-1000EligibilityCriteria.htm

The confusion, at least on my part, stems from the fact that for about 7 years DEEOIC presumed that a diagnosis of sarcoidosis was in fact CBD for workers where beryllium was present at the facility. Yet that presumption disappeared when the Final Circular was incorporated into the Procedure Manual. The Board's guidance to DEEOIC on this issue will be extremely helpful to the CEs, the claimants and their representatives.

2. Perhaps the Subcommittee can reach out to all of the Principal Investigators of the various former worker medical screening programs. I realize that some ABTSWH members are also Principal Investigators for the medical screening programs but it may be worthwhile to hear from the other investigators to determine whether they have identified any problem areas with Part B Lung claims that have yet to be discussed. http://energy.gov/ehss/covered-sitespopulations

3. I am thankful that the Subcommittee will request training materials for the CMCs. When the contract was first awarded to QTC years ago, the advocates were assured that the CMCs are using the previous DMC manual. It would be interesting to see if there has been any changes to the training. http://eecap.org/PDF_Files/DOL_Information/2011_dol_dmc_Redacted.pdf

4. My last two suggestions are more housekeeping issues than anything else. I heard Ms. Rhodes advise the Subcommittee that the Excel spreadsheet which was discussed today, would not be posted to the website. That's unfortunate because it may limit any comments or observations by the stakeholders concerning the statistics for Part B lung claims. I and maybe other stakeholders will file a FOIA request for this document. But this will cause a delay on further comments until we receive this document.

5. Lastly, and if possible, I suggest that the working agenda for future meetings be posted to the website a day or two before the meeting. I appreciate that the FRN provides a general agenda but a more detailed agenda provided to the public may generate more interest and response from the stakeholders. For instance, while the FRN identifies that defining data and informational needs will be discussed, if stakeholders knew that the Subcommittee would be interested in reviewing claim examples and/or challenging claims, it's possible that you would receive more input.

Again, I thank you for the opportunity to submit these comments.

Sincerely,

Terrie Barrie
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