

FOR IMMEDIATE RELEASE

October 30, 2023

MEDIA CONTACT

Beth Reiss

Communications Director

beth.reiss@mid.ms.gov

601-359-2403

MID REQUESTS INPUT ON FIRST RESPONDERS HEALTH AND SAFETY ACT

JACKSON, Miss. – Mike Chaney, Commissioner of Insurance and State Fire Marshal, announces a new program, administered by his department, designed to provide monetary benefits to first responders stricken by an occupational-related cancer.

First responders face a significantly higher risk of developing cancer due to exposure to carcinogens encountered in the line of duty. In response, the Mississippi Legislature passed the Mississippi First Responders Health and Safety Act in 2019 which establishes a mechanism for the state, counties, municipalities or fire protection districts to provide monetary benefits to first responders stricken by an occupational-related cancer. This program is effective January 1, 2024 and will be administered by the Mississippi Insurance Department (MID).

On Monday, October 30, 2023, the Mississippi Insurance Department filed a proposed Regulation (attached) entitled “First Responder Health and Safety Act Claims Procedures” with the Secretary of State’s Office. Under the proposed Regulation, eligible first responders could receive up to \$50,000 in the course of their lifetime. Written comments in response to the proposed Regulation will be accepted until 4:00pm, Monday, November 27, 2023. Interested parties may submit their written comments to the following email address:

FirstResponderFund@mid.ms.gov

“It is our hope that first responders will review the proposed regulation and submit any comments that they believe will be helpful to the success of this program,” Chaney stated.

MID also issued Bulletin 2023-6 (attached) on Monday, October 30, 2023. The “First Responder Health and Safety Act Best Practices for Preventing Firefighter Cancer” bulletin establishes firefighter cancer prevention best practices as it relates to personal protective equipment, decontamination, fire suppression, apparatus, and fire stations.

###

Title 19: Department of Insurance

Part 7: Fire Marshal's Office

Part 7 Chapter 15: First Responder Health and Safety Act Claims Procedures

Rule 15.01. Purpose

The Mississippi Legislature in 2019 passed the Mississippi First Responders Health and Safety Act (“Act”) which establishes a mechanism for the state, counties, municipalities or fire protection districts to provide monetary benefits to first responders stricken by an occupational-related cancer. In an effort to fund this program, the Mississippi First Responders Health and Safety Trust Fund (“Fund”) was created by the Legislature in order to assist the state, municipalities, counties and fire protection districts with providing benefits required under the Act, with the Commissioner of Insurance administering this Fund. As the program becomes effective on January 1, 2024, this Regulation has been promulgated to provide guidance to the state, counties, municipalities, and fire protection districts in filing claims on behalf of eligible first responders for these monetary benefits.

Source: *Miss. Code Ann.* § 25-15-401 – 25-15-411 (Rev. 2018).

Rule 15.02. Program Description

First responders face a significantly higher risk of developing cancer due to exposure to carcinogens encountered in the line of duty. The connection between occupational cancer and firefighting is well-established. Smoke from the average house fire contains more than 140 hazardous chemicals, including carcinogens like arsenic and benzene. The program established under the Act provides benefits to first responders that are diagnosed with certain occupational related cancers as an alternative to workers compensation. If a first responder files for workers’ compensation due to the occupational cancer, they waive eligibility under this program.

Source: *Miss. Code Ann.* § 25-15-401 through 25-15-411 (Rev. 2018).

Rule 15.03. Definitions.

For purposes of this Regulation, the following words shall have the following meanings unless the context clearly indicates otherwise:

- A. “Cancer” means a disease caused by an uncontrolled division of abnormal cells in a part of the body or a malignant growth or tumor resulting from the division of abnormal cells. “Cancer” is limited to cancer affecting the bladder, brain, colon, liver, pancreas, skin, kidney, gastrointestinal tract, reproductive tract, leukemia, lymphoma, multiple myeloma, prostate, testicles and breast.

- B. “Firefighter” means any firefighter who has ten (10) or more years of service and is employed by the State of Mississippi, or any political subdivision thereof, on a full-time duty status, and any firefighter who has ten (10) or more years of service and is registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status.
- C. “Law enforcement officer” means any officer who has been certified by the Mississippi Board on Law Enforcement Officer Standards and Training and has ten (10) or more years of service.
- D. “First responder” means any firefighter and law enforcement officer as defined in paragraphs (B) and (C) of this section.
- E. “Metastasized cancer” means the cancer is caused by an occupational hazard and that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either:
 - a. There is metastasis, and surgery, radiotherapy or chemotherapy is medically necessary;
 - b. There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or
 - c. The first responder has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy.
- F. “Nonmetastasized cancer” means the cancer is caused by an occupational hazard and:
 - a. There is carcinoma in situ such that surgery, radiotherapy or chemotherapy has been determined to be medically necessary;
 - b. There are malignant tumors which are treated by endoscopic procedures alone; or
 - c. There are malignant melanomas.
- G. “Mississippi First Responders Health and Safety Trust Fund”, also referred to as “Fund”, means the special fund created by the Mississippi Legislature to assist the state, municipalities, counties and fire protection districts with providing benefits required by the Mississippi First Responders Health and Safety Act. The Fund is administered by the Commissioner of Insurance.

Source: *Miss. Code Ann.* §§ 25-15-403, 25-15-405 and 25-15-411 (Rev. 2018)

Rule 15.04 Eligible Claimants and Benefits.

Eligible first responders who are diagnosed with certain occupational related cancers shall be entitled to receive the following benefits:

A. Lump sum benefits:

- a. First responders with metastatic cancers that require surgery, radiation or chemotherapy or those diagnosed with terminal cancer will receive a payout of Thirty-five Thousand Dollars (\$35,000.00), in lieu of pursuing workers compensation coverage, depending on the severity of the cancer and life expectancy, and upon providing proof of diagnosis by a board-certified physician in the medical specialty of the particular cancer.
- b. First responders with nonmetastasized cancer will receive a payout of Six Thousand Two Hundred Fifty Dollars (\$6,250.00) in lieu of pursuing workers compensation coverage, and upon providing proof of diagnosis by a board-certified physician in the medical specialty of the particular cancer.
- c. The combined total of benefits received by any first responder under paragraphs (a) and (b) of this subsection during his or her lifetime shall not exceed Fifty Thousand Dollars (\$50,000.00).
- d. An eligible first responder who dies as a result of a compensable type of cancer, or circumstances arising out of the treatment of a compensable type of cancer, but does not submit sufficient proof of claim prior to the first responder's death, is entitled to receive benefits specified in paragraphs (a) and (b) of this subsection and the benefits may be made available to the deceased first responder's beneficiary or beneficiaries.

B. Disability benefits:

- a. Nonvolunteer first responders may receive disability benefits beginning six months after the date of disability at 60% of their monthly salary up to Five Thousand Dollars (\$5,000.00) per month, the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subsection (d) of this section, at which time the payments shall cease the last day of the month of reevaluation;
- b. Volunteer firefighters may receive disability benefits beginning six months after the date of disability in an amount up to One Thousand Five Hundred Dollars (\$1,500.00) per month, the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive

monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subsection (d) of this section, at which time the payments shall cease the last day of the month of reevaluation;

- c. The monthly benefit shall be subordinate to any other benefit actually paid to the first responder solely for such disability from any other source, not including private insurance purchased solely by the first responder;
- d. Any first responder receiving the monthly benefits may be required to have his or her condition reevaluated. In the event any such reevaluation reveals that such person has regained the ability to perform duties as a first responder, then his or her monthly benefits shall cease the last day of the month of reevaluation; and
- e. In the event that there is a subsequent recurrence of a disability caused by a specified cancer, which precludes the first responder from serving as a first responder, he or she shall be entitled to receive any remaining monthly payments.

Any first responder who was simultaneously a member of more than one (1) fire or police department at the time of diagnosis shall not be entitled to receive benefits from or on behalf of more than one (1) fire or police department. The first responder's primary place of employment shall maintain coverage for the eligible first responder. A first responder shall only be eligible for these benefits if the cancer diagnosis occurs on or after the first responder's effective date of coverage, which shall be ten (10) years after their first date of employment or service.

Benefit payments will be paid to the eligible first responder on the first working day of each calendar month. Benefit payments made under the Mississippi First Responders Health and Safety Act are excluded from gross income and thus are not taxable.

Furthermore, an otherwise eligible first responder shall be precluded from the benefits listed under this section if he or she has filed for workers' compensation for the same diagnosis of cancer.

Source: *Miss. Code Ann.* §25-15-405 (Rev. 2018)

Rule 15.05. Filing of Claims.

An eligible first responder shall file a claim form with the Mississippi Insurance Department, a copy of which is attached hereto as Exhibit "A". The claim form must also provide written verification of the diagnosis by a board-certified physician in the medical specialty appropriate for the type of cancer diagnosed that the cancer was caused by an occupational hazard.

The claim may be filed electronically or through the U.S. Mail.

If sent via U.S. Mail:

Mississippi Insurance Department
ATTN: First Responder Health and Safety Program
P.O. Box 79
Jackson, MS 39205-0079.

If sent electronically:

FirstResponderFund@mid.ms.gov

Within thirty (30) days of receipt, the claimant will be notified of the award of benefits, or that additional information will be needed in order to approve the claim. If a claim is denied, the reason for denial will be provided: to the claimant. Reasons for denial may include, but are not limited to, that the claimant was not eligible, that the cancer did not fall under the list of occupational cancer, or that the claimant has failed to submit the necessary documentation required to approve the claim.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

Rule 15.06. Appeals

If the claim is denied, the claimant has the right to appeal within thirty (30) days of receipt of notification denying benefits. The appeals process consists of two steps: reconsideration and a contested hearing.

Reconsideration is intended to be an informal resolution of a claim. If the claimant disagrees with the original determination, he or she may request reconsideration by submitting a written request to the Mississippi Insurance Department's Legal Division. The claimant will receive a written decision of reconsideration.

If the claimant disagrees with the decision of reconsideration, he or she may request a hearing within fifteen (15) days of the decision of reconsideration before a hearing officer appointed by the Commissioner. This hearing shall be governed by the Administrative Hearings provision in 19 *Miss. Admin. Code*, Pt. 1, Rule 15.08. The decision made by the hearing officer will be the final decision of the Mississippi Insurance Department.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

Rule 15.07. Reevaluation of Disability Benefits

Any first responder receiving disability benefits may be required by the state, county, municipality or fire protection district for whom he or she works to have his or her condition reevaluated to determine if that first responder has regained the ability to perform the duties of a first responder. If that reevaluation indicates that the first responder has regained the ability to perform the duties of a first responder, then the monthly disability benefits shall cease on the last day of the month the reevaluation was conducted. If there is no reevaluation performed, but the first responder's treating physician determines that the first responder is again able to perform

the duties of a first responder, then the disability benefits shall cease on the last day of the month that the physician made the determination.

Source: *Miss. Code Ann.* §25-15-405 (Rev. 2018)

Rule 15.08 Alternative Insurance Coverage

By January 1, 2024, the state, municipality, county or fire protection district is required to provide proof of insurance coverage that meets the requirements of the Act, or shall show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders to the Commissioner of Insurance. In an effort to assist the state, municipalities, counties and fire protection districts with funding these benefits, the Mississippi First Responders Health and Safety Trust Fund (“Fund”) was created by the Legislature in order to assist these entities with providing the benefits required under the Act, with the Commissioner of Insurance administering this Fund. However, while the state, municipalities, counties and fire protections districts may access these funds, they are not required to do so and may choose to provide funding for these benefits by using an alternative method.

Instead of using the Funds as administered by the Commissioner of Insurance, the state or any municipality, county or fire protection district may provide alternative methods to provide coverage that meets the requirements of the Act. If the state or any municipality, county or fire protection district decides to use another method to provide the required benefits, they must submit the form attached hereto as Exhibit “B” to the Commissioner of Insurance by January 1, 2024, and by January 1st of each year thereafter, of their continued intention to use an alternative method.

Source: *Miss. Code Ann.* §25-15-409 (Rev. 2018)

Rule 15.09. Severability

If any provision of this Regulation, or the application of the provision to any person or circumstance shall be held invalid, the remainder of the Regulation, and the application of the provision to persons or circumstances other than those to which it is held invalid, shall not be affected

Source: *Miss. Code Ann.* § 83-5-1 (Rev. 2022)

Rule 15.10. Effective Date.

This Regulation shall be in effect on and after January 1, 2024.

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)

MS Insurance Department Use Only:	
Application #:	Receipt Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Claimant type: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire Fighter

**APPLICATION FOR BENEFITS
FIRST RESPONDER HEALTH AND SAFETY ACT TRUST FUND**

Mail to: MISSISSIPPI INSURANCE DEPARTMENT
 c/o LEGAL DIVISION – FIRST RESPONDER FUND
 P.O. Box 79
 Jackson, MS 39205-0079

Email to: FirstResponderFund@mid.ms.gov

A. APPLICANT INFORMATION – to be completed and signed by the APPLICANT or legal representative.

Applicant’s Name: _____ SSN: _____

If applying on behalf of a deceased first responder, please provide your name and relationship to deceased first responder _____
 (Name) (Relationship)

Date of Birth (mm/dd/yyyy) _____ Gender: Male Female

Street Address: _____
 Street (Apt.#) City State Zip Code

Mailing Address: _____
 City State Zip Code

Home Phone Number _____ Cell/Other Number _____

Email Address: _____

Employer Name and Address (Fire District if Volunteer Fire Fighter):

Please indicate if you are a Firefighter: _____ Volunteer: _____

Law enforcement officer _____

Please indicate dates of service: _____

Date of diagnosis: _____/_____/_____

Tell us about your diagnosis, type, and prognosis:

Have you filed or do you plan to file for Workers' Compensation relating to this diagnosis?

_____ Yes _____ No

Physician/Healthcare Provider Information:

Physician Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Type of Benefits Requesting:

_____ Lump Sum

_____ Monthly Benefits

Certification: I hereby certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of this application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.

Applicant's Signature

Date

Representative (If signing on behalf of a deceased first responder)

Date

B. PHYSICIAN CERTIFICATION. To be completed and signed by the PHYSICIAN treating you for event.

Diagnosis/Condition: _____

Does the applicant's cancer diagnosis meet the following definition:

A disease caused by an uncontrolled division of abnormal cells in a part of the body or a malignant growth or tumor resulting from the division of abnormal cells. "Cancer" is limited to cancer affecting the bladder, brain, colon, liver, pancreas, skin, kidney, gastrointestinal tract, reproductive tract, leukemia, lymphoma, multiple myeloma, prostate, testicles and breast.

Yes _____ No _____

If no, the applicant does not meet the criteria for benefits under the Fund.

Please identify if the cancer is metastasized or nonmetastasized based upon the following definitions:

_____ "Metastasized cancer" - the cancer is caused by an occupational hazard and that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either:

- There is metastasis, and surgery, radiotherapy or chemotherapy is medically necessary;
- There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or
- The first responder has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy.

_____ "Nonmetastasized cancer" - the cancer is caused by an occupational hazard and:

- There is carcinoma in situ such that surgery, radiotherapy or chemotherapy has been determined to be medically necessary;
- There are malignant tumors which are treated by endoscopic procedures alone; or
- There are malignant melanomas.

Has this patient been treated for the same/similar condition prior to this diagnosis? If so, list related diagnosis and dates of treatment: _____

Is this patient permanently disabled due to cancer?

Yes _____ No _____

Is this patient temporarily disabled due to cancer?

Yes _____ If yes, anticipated return to work date: _____

No _____

Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentation herein may lead to a rejection of the patient's application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.

Physician Signature

Date

Physician Name (Please Print)

Office Phone

Mailing Address

City

State

Zip Code

Email Address: _____

Fax Number: _____

Tax ID.: _____

Patient ID#: _____

NOTE: Please make a copy of the employee's signed Authorization for Release of Records (Section D) for your records.

C. EMPLOYMENT INFORMATION. To be completed and signed by your EMPLOYER.

Name of Employer (Fire District if Volunteer Fire Fighter)

Mailing Address City State Zip Code

Email Address: _____

Phone Number: _____ Fax Number: _____

Employee's Job Title: _____

Employee's Dates of Service: _____

For the purposes of determining eligibility for benefits, Section 25-15-405, Mississippi Code Annotated (1972) sets forth the following definitions:

“Fire fighter” means any firefighter who has ten (10) or more years of service and is employed by the State of Mississippi, or any political subdivision thereof, on a full-time duty status, and any firefighter who has ten (10) or more years of service and is registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status.

“Law enforcement officer” means any officer who has been certified by the Mississippi Board on Law Enforcement Officer Standards and Training and has ten (10) or more years of service.

This employee _____ does _____ does not (check one) meet the criteria of one of the above definitions.

(Please attach a copy of the employee's Professional Certificate as being qualified to be a Mississippi Law Enforcement Officer or Fire Fighter to this application.)

If Applicant is requesting monthly benefit payments, please provide the average hours per week the employee worked prior to this incident: _____ hours/week

Monthly salary \$ _____

Annual Salary \$ _____

Last work date: _____

Has the employee returned to work? _____ Yes _____ No

If yes, please provide date employee returned to work: _____

Is Applicant receiving Workers' Compensation for this medical event?

_____ Yes _____ No

Please provide any other information you feel is pertinent to the Applicant/Employee's application:

Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentations herein may lead to a rejection of the applicant's application and the Mississippi Insurance Department has the right to pursue civil and/or criminal action for the misrepresentation of such information.

Furthermore, I will notify the Mississippi Insurance Department in writing the exact date this employee returns to work. This notification shall be submitted to the Department no later than ten days after the employee returns to work.

Employer Name (Please Print)

Title

Signature

Date

NOTE: Please make a copy of the employee's signed Authorization for Release of Records (Section D) for your records.

D. AUTHORIZATION FOR RELEASE OF RECORDS. To be completed by APPLICANT.

For the purpose of evaluating my eligibility for benefits including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application, I hereby authorize the disclosure of information from my physician/healthcare provider and from my employer to the Mississippi Insurance Department or its authorized representatives.

Health information may be disclosed by any physician or healthcare provider that has any records or knowledge about the incident referred to on this application. Non health information including earnings or employment history or any other facts deemed appropriate by the Mississippi Insurance Department or its authorized representatives to evaluate my application may be disclosed by any entity, person, or organization that has records about me, including but not limited to my employer, employer representative and compensation sources.

Any information the Mississippi Insurance Department or its authorized representatives obtain pursuant to this authorization will be used only for the purpose of evaluating and administering my application for benefits. The Mississippi Insurance Department or its authorized representatives will not disclose any information unless permitted by federal and/or state laws. I further authorize the Mississippi Insurance Department to notify my employer of any benefits received and any employer responsibilities as related to my claim.

This authorization is valid for two (2) years from its execution, and a copy is as valid as the original. I know that I may request a copy of this authorization to request this information. This authorization may be revoked by me at any time except to the extent the Mississippi Insurance Department or its authorized representatives have relied on the authorization prior to notice of revocation. If revoked, the Mississippi Insurance Department or its authorized representatives may not be able to evaluate my application for benefits. I may revoke this authorization by sending written notice to: Mississippi Insurance Department, c/o Legal Division - First Responder Fund, P. O. Box 79, Jackson, MS 39205.

You may refuse to sign this form; however, the Mississippi Insurance Department or its authorized representatives will not be able to evaluate your application or administer your claim for benefits. I am the individual to whom this authorization applies or that person's legal representative.

_____	_____
Applicant's Signature	Date
_____	_____
Applicant's Printed Name	SSN
_____	_____
Representative (If signing on behalf of a deceased first responder)	Date

STATE OF MISSISSIPPI

COUNTY OF _____

Personally came and appeared before me, the undersigned authority in and for said county and state, the within named _____, who acknowledged to me that he signed and delivered the above forgoing waiver on the date therein mentioned and for the purpose therein expressed.

Given under my hand and seal of office, this _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires:

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)

**NOTIFICATION OF ALTERNATIVE INSURANCE COVERAGE
FIRST RESPONDER HEALTH AND SAFETY ACT BENEFITS**

**Mail to: MISSISSIPPI INSURANCE DEPARTMENT
c/o LEGAL DIVISION – FIRST RESPONDER FUND
P.O. Box 79
Jackson, MS 39205-0079**

Email to: FirstResponderFund@mid.ms.gov

By January 1, 2024, the state, municipality, county or fire protection district is required to provide proof of insurance coverage that meets the requirements of the First Responder Health and Safety Act, or must show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders to the Commissioner of Insurance.

The state, municipalities, counties and fire protection districts may use the Mississippi First Responders Health and Safety Trust Fund ("Fund") to provide the benefits required under the Act, with the Commissioner of Insurance administering this Fund. However, while the state, municipalities, counties and fire protections districts may access these funds, they are not required to do so and may choose to provide funding for these benefits by using an alternative method.

Completion of this form shall provide written notice to the Commissioner of Insurance of the entity’s proof of either insurance coverage or other ability to pay the compensation for any eligible first responder that they are responsible for providing said benefits.

Name of Entity

Mailing Address City State Zip Code

Email Address: _____

Phone Number: _____ Fax Number: _____

The above named entity is hereby advising the Commissioner of Insurance that it will not be accessing funds from the Mississippi First Responders Health and Safety Trust Fund to pay for any benefits it may owe to an eligible first responder for calendar year _____.
The entity has obtained the following funds in order to pay said benefits:

_____ Insurance Coverage

- Proof of Insurance must be attached
- Coverage amounts must be included

_____ Self-Funded

- Proof of self-funded plan must be attached
- Coverage amounts must be included

_____ Other Funding Mechanism

- Proof of Funding must be attached
- Coverage amounts must be included

Certification: I certify that the above information is true and complete to the best of my knowledge. I know that any misrepresentations herein may lead to the Mississippi Insurance Department pursuing civil and/or criminal action for the misrepresentation of such information.

Entity Representative Name (Please Print)

Title

Signature

Date

Source: *Miss. Code Ann.* § 25-15-409 (Rev. 2018)

BULLETIN 2023-6
MISSISSIPPI DEPARTMENT OF INSURANCE

FIRST RESPONDER HEALTH AND SAFETY ACT
BEST PRACTICES FOR PREVENTING
FIREFIGHTER CANCER

October 30, 2023

1. PURPOSE

First responders face a significantly higher risk of developing cancer due to exposure to carcinogens encountered in the line of duty. The connection between occupational cancer and first responders is well-established. Smoke from the average house fire contains more than 140 hazardous chemicals, including carcinogens like arsenic and benzene. As a result, studies have indicated that first responders have an increased risk of developing certain types of cancer. A study by the National Institute for Occupational Safety and Health (NIOSH) found that firefighters have a nine percent (9%) higher risk of being diagnosed with cancer and a fourteen percent (14%) risk of dying from cancer than the general population.

In response, the Mississippi Legislature passed the Mississippi First Responders Health and Safety Act (“Act”), which includes a provision directing the Commissioner of Insurance to adopt rules to establish firefighter cancer prevention best practices as it relates to personal protective equipment, decontamination, fire suppression, apparatus and fire stations.

2. BEST PRACTICES

In establishing firefighter cancer prevention best practices, the Commissioner looked to the *Lavender Ribbon Report*ⁱ, as released by the National Volunteer Fire Council and International Association of Fire Chiefs’ Volunteer and Combination Officers Section. This report provided eleven (11) specific actions that a firefighter could take to protect themselves from the risk of occupation cancer. Firefighters are encouraged to read the *Lavender Ribbon Report* in its entirety.

The Best Practices actions are listed below.

- Full personal protective equipment (PPE) must be worn throughout the entire incident, including a self-contained breathing apparatus (SCBA) during salvage and overhaul. The National Fire Protection Association (NFPA) has set forth guidance in NFPA 1971 Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting and NFPA 1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting.
- A second hood should be provided to all entry-certified personnel in the department. Protective hoods are designed to protect a firefighter's head and neck. Use this safety bulletin to drive the point home in your firehouse.

- Following exit from an immediately dangerous to life or health (IDLH) incident and while still on air, you should begin immediate gross decontamination of PPE using soapy water and a brush if weather conditions allow. PPE should then be placed into a sealed plastic bag and placed in an exterior compartment of the apparatus, or, if responding in personally owned vehicles, placed in a large storage tote, thus keeping the off-gassing PPE away from passengers and self.
- While still on scene, the exposed areas of the body (neck, face, arms and hands) should be wiped off immediately using wipes, removing as much soot as possible from exposed areas. Wipes should not be used in lieu of a shower, but can prevent carcinogens from entering the skin immediately.
- Change your clothes and wash them after exposure to products of combustion or other contaminants.
- “Shower within the hour.”
- PPE, especially turnout pants, must be prohibited in areas outside the apparatus floor (i.e., kitchen, sleeping areas, etc.) and should never be in the living quarters.
- Wipes, or soap and water, should also be used to decontaminate and clean apparatus seats, SCBA and interior crew areas regularly, especially after incidents where personnel were exposed to products of combustion. New vehicle enhancements including air filtration systems to remove contaminated particles from vehicles and non-SCBA seats to help prevent contamination from air packs entering the cab may also help minimize risk.
- Get an annual physical, as early detection is key to survival. The American Cancer Society also suggests regular physical activity, limiting alcohol intake, and knowing your family history and potential risks.
- Tobacco products of any variety, including dip and e-cigarettes, should never be used at any time, on or off duty.
- Fully document all fire or chemical exposures on incident reports and personal exposure reports. Documentation is essential to establish clear correlation between a firefighter's work and his/her health. Record-keeping helps others to see the extent of exposure that a firefighter experiences in his/her career.

Studies have also shown that firehouses may also have inherent hazards, including diesel fumes from fire trucks and soot and chemicals carried back from emergency scenes on suits and helmets. The Lymphoma and Leukemia Society (LLS) has provided guidance in this matter and has provided several steps departments can take to reduce exposure in fire stations, including:

- Opening station doors before truck engines are started and keeping them open until after the trucks are turned off;
- Keeping doors to living quarters and offices closed and sealed;
- Regularly checking and maintaining engines;
- Cleaning and maintaining SCBA equipment and other personal protective equipment: and,
- Regularly showering and cleaning clothing after each incident.

3. CONCLUSION

The goal of the Mississippi First Responders Health and Safety Act and this Bulletin is to provide guidance to help protect our first responders, as they serve to protect us. It is the hope that fire fighters and fire stations will take the Best Practices provided in this Bulletin and work to incorporate them into their fire duties, thereby reducing the risk of occupationally caused cancer.

Issued this the 30th day of October, 2023.

MIKE CHANEY
COMMISSIONER OF INSURANCE

¹A copy of the Lavender Ribbon Report may be found at <https://www.nvfc.org/wp-content/uploads/2018/08/Lavender-Ribbon-Report-Final.pdf>