

**Testimony  
Of  
Art Martynuska  
Pennsylvania Professional Fire  
Fighters Association  
before the**

**Joint Senate  
Labor and Industry  
And  
Veterans Affairs  
and Emergency  
Preparedness  
Committees**

**March 29, 2017**

Good morning I'd like to thank Chairs Ward, Vulakovich, Costa and Tartaglione for the opportunity to present some brief testimony on the impact of fire fighter cancer presumption and the impact on workmen compensation insurance.

My name is Art Martynuska and I am the President of the Pennsylvania Professional Fire Fighters Association (PPFFA). The PPFFA is the state affiliate of the International Association of Fire Fighters, (IAFF). The IAFF represents over 300,000 career fire fighters, EMT's and paramedics in the United States and Canada. Our state affiliate organization represents over 10,000 active and retired emergency responders in the Commonwealth. Additionally, I have the honor of being a retired Assistant Fire Chief for the City of Johnstown.

Since the conception of the idea for cancer presumption for Pennsylvania Fire Fighters nearly 30 years ago there has been much vetting, researching and even at times angst about the subject. Based on empirical evidence and data gleaned from several other states, Pennsylvania was the 33<sup>rd</sup> state to adopt cancer presumption legislation, we worked with then Senate Labor and Industry Chair John Gordner to craft fair and equitable legislation that was agreed to by all stakeholders. The bipartisan legislation passed both chambers with nearly unanimous support. Not only once but twice.

Once enacted into law, fire fighters were able to avail themselves of much needed protections for a terrible and dreaded disease that is certainly exasperated by the duties they have undertaken to protect Pennsylvania's residents.

I have had the chance to review over the last several days methodologies and practices used to assess workmen compensation rates for both career and volunteer fire fighters.

In another aspect of my professional career I performed Risk Management services for a large insurance brokerage firm in western Pennsylvania. I would be remiss if I did not mention that understanding the processes for application of the above mentioned programs is a bit daunting.

None the less, it is apparent that the ratings for municipalities are done on a sound actuarial basis with ratings applied by carrier, but ratings for volunteer fire departments are done mainly based on populations served, a rate used by a per carrier multiplier and with factors on experience modifications.

It is our contention that a better method should be employed and better counseling of volunteer fire departments in regards to their options and classifications of personnel.

First, instead of basing rates on populations, it should be singularly based on the census of active fire fighters. In cases where there are no mutual aid agreements rates could equate to purchasing the same real estate twice. The PCRB manual defines the annual loss change determined by the populations from:

- a. The Volunteer Fire Company or Companies home are (or portion thereof)
- b. Any "outside Area" served by the "home Area" company or companies. When an "outside Area" is served by the fire companies from two or more different "Home Areas" the separate populations served by each company shall be determined.

This information is provided to the PCRB on a Volunteer Firemen Exposure Form.

Mistakes on this form could lead to increased premiums.

Secondly, the classification of 944 applies to all volunteer fire fighters. According to the Pennsylvania Compensation Rating Bureau, the definition of "Active volunteers", refers to members of the company who are the roster as available to respond to an alarm.

In combination salaried/volunteer departments the percentage of volunteers is applied to the population being served. Again, we may see overlapping populations being billed possibly innumerable times for the same protection.

Classification of volunteers who do not participate in suppression activities should be segregated away from the general classification of 944 and placed into their own category presumably with a lower hazard classification and lower rate for insurance.

A true census needs to be conducted on the numbers of "active" volunteers to truly gauge the numbers of individuals being exposed to the products of combustion.

I can speak from experience that my own father was a life member of our hometown volunteer fire department for over 50 years and not once did he pick up a hose line or fight a fire.

Currently, there are close to 400 insurance carriers listed to provide workmen compensation insurance in Pennsylvania. Of these there are only six that present with a multiplier higher than SWIF.

Time and space does not allow me to even begin to introduce evidence to this record regarding calculation across the state for this type of coverage.

However, it is the contention of our organization that despite the possible improvements to the system of workmen compensation insurance there has been little significant cost due to cancer claims and the process of litigating claims has ferreted out

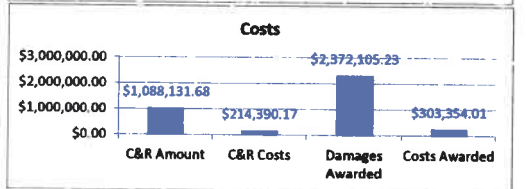
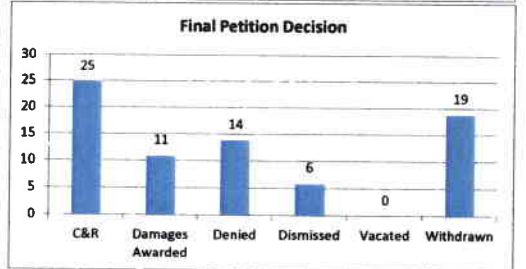
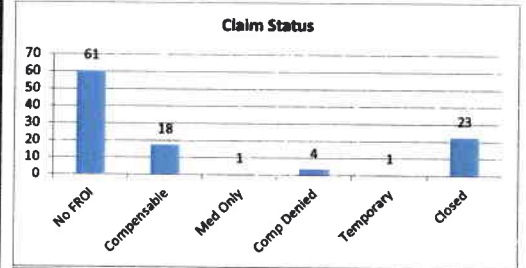
many questions that are attributable to the legislation that was bestowed upon our heroic fire fighters by this body

Thank you

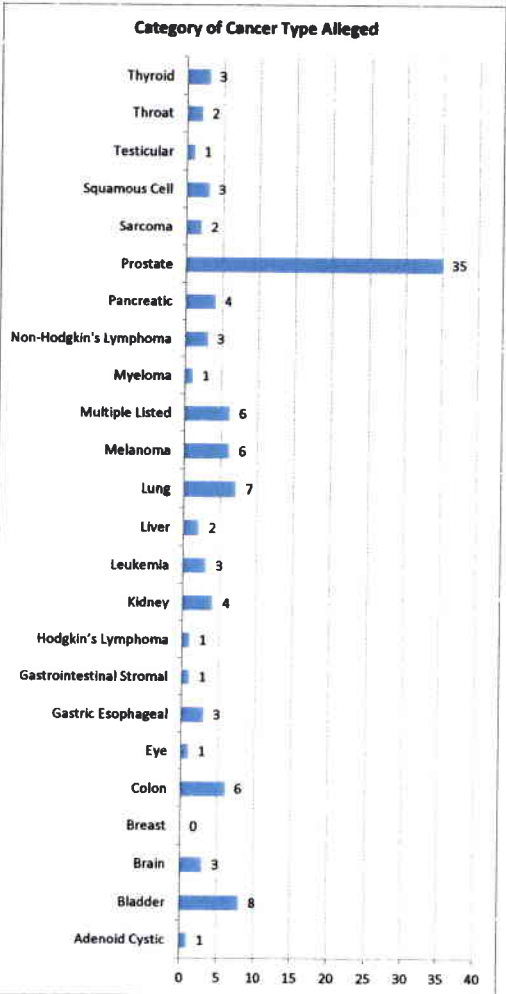
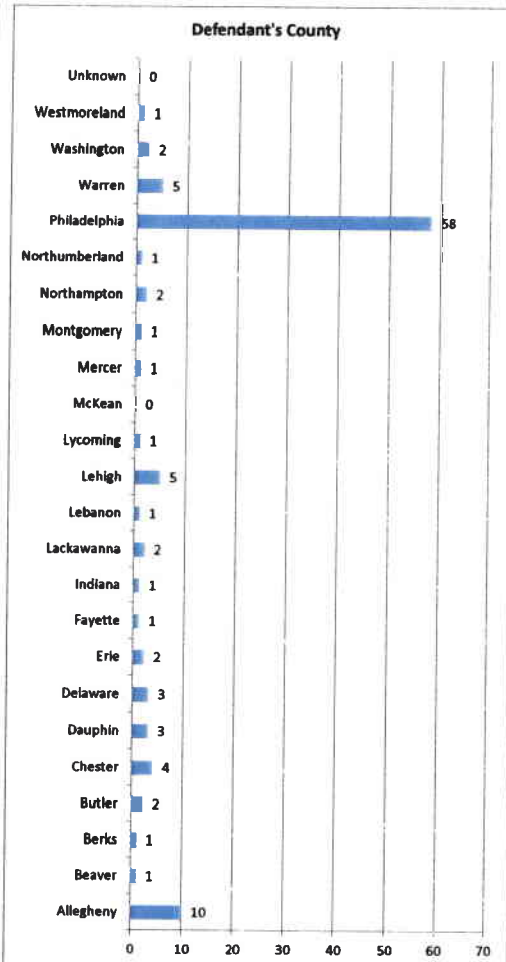
ACT 46 OF 2011 SUMMARY

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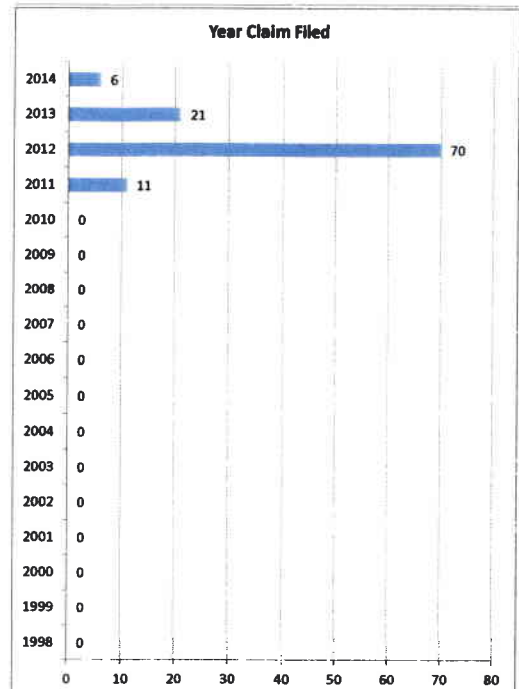
Measure	Amount	Percent	Pre Act 46	Combined	Percent
<b>Number of Unique Claimants</b>	104		11	115	
<b>Number of Unique Claims</b>	108		15	123	
<b>Number of Unique Disputes</b>	117		23	140	
<b>Number of Unique Petitions</b>	152		30	182	
<b>Number of Claims Without Dispute</b>	5		0	5	
<b>Claim Status</b>	<b>108</b>	<b>100.0%</b>	<b>15</b>	<b>123</b>	<b>100.0%</b>
No FROI	61	56.5%	2	63	51.2%
Compensable	18	16.7%	3	21	17.1%
Med Only	1	0.9%	0	1	0.8%
Comp Denied	4	3.7%	3	7	5.7%
Temporary	1	0.9%	1	2	1.6%
Closed	23	21.3%	6	29	23.6%
<b>Dispute Status</b>	<b>117</b>	<b>100.0%</b>	<b>23</b>	<b>140</b>	<b>100.0%</b>
Waiting for Briefs	14	12.0%	1	15	10.7%
In Litigation	17	14.5%	0	17	12.1%
Waiting For Decision	10	8.5%	1	11	7.9%
Closed	76	65.0%	21	97	69.3%
<b>Final Petition Decision</b>	<b>75</b>	<b>100.0%</b>	<b>21</b>	<b>96</b>	<b>100.0%</b>
C&R	25	33.3%	3	28	29.2%
Damages Awarded	11	14.7%	9	20	20.8%
Denied	14	18.7%	1	15	15.6%
Dismissed	6	8.0%	3	9	9.4%
Vacated	0	0.0%	0	0	0.0%
Withdrawn	19	25.3%	5	24	25.0%
<b>Costs</b>	<b>\$3,977,981.09</b>	<b>100.0%</b>	<b>\$1,489,836.12</b>	<b>\$5,467,817.21</b>	<b>100.0%</b>
C&R Amount	\$1,088,131.68	27.4%	\$310,961.71	\$1,399,093.39	25.6%
C&R Costs	\$214,390.17	5.4%	\$70,416.37	\$284,806.54	5.2%
Damages Awarded	\$2,372,105.23	59.6%	\$896,337.41	\$3,268,442.64	59.8%
Costs Awarded	\$303,354.01	7.6%	\$212,120.64	\$515,474.64	9.4%
<b>Average Cost</b>	<b>\$110,499.47</b>		<b>\$124,153.01</b>	<b>\$113,912.86</b>	
C&Rs	\$52,100.87		\$127,126.03	\$60,139.28	
Damages Awarded	\$243,223.57		\$123,162.00	\$189,195.86	
<b>Fire Department</b>	<b>108</b>	<b>100.0%</b>	<b>15</b>	<b>123</b>	<b>100.0%</b>
Paid	86	79.6%	13	99	80.5%
Volunteer	15	13.9%	1	16	13.0%
Mixed	7	6.5%	1	8	6.5%
Unknown	0	0.0%	0	0	0.0%



Defendant's County	108	100.0%	15	123	100.0%
Allegheny	10	9.3%	5	15	12.2%
Beaver	1	0.9%	0	1	0.8%
Berks	1	0.9%	0	1	0.8%
Butler	2	1.9%	0	2	1.6%
Chester	4	3.7%	0	4	3.3%
Dauphin	3	2.8%	0	3	2.4%
Delaware	3	2.8%	0	3	2.4%
Erie	2	1.9%	0	2	1.6%
Fayette	1	0.9%	0	1	0.8%
Indiana	1	0.9%	0	1	0.8%
Lackawanna	2	1.9%	0	2	1.6%
Lebanon	1	0.9%	0	1	0.8%
Lehigh	5	4.6%	0	5	4.1%
Lycoming	1	0.9%	0	1	0.8%
McKean	0	0.0%	1	1	0.8%
Mercer	1	0.9%	0	1	0.8%
Montgomery	1	0.9%	0	1	0.8%
Northampton	2	1.9%	0	2	1.6%
Northumberland	1	0.9%	0	1	0.8%
Philadelphia	58	53.7%	9	67	54.5%
Warren	5	4.6%	0	5	4.1%
Washington	2	1.9%	0	2	1.6%
Westmoreland	1	0.9%	0	1	0.8%
Unknown	0	0.0%	0	0	0.0%
<b>Cancer Alleged</b>	<b>108</b>	<b>100.0%</b>	<b>15</b>	<b>123</b>	<b>100.0%</b>
Adenoid Cystic	1	0.9%	0	1	0.8%
Bladder	8	7.4%	0	8	6.5%
Brain	3	2.8%	0	3	2.4%
Breast	0	0.0%	1	1	0.8%
Colon	6	5.6%	0	6	4.9%
Eye	1	0.9%	0	1	0.8%
Gastric Esophageal	3	2.8%	3	6	4.9%
Gastrointestinal Stromal	1	0.9%	0	1	0.8%
Hodgkin's Lymphoma	1	0.9%	0	1	0.8%
Kidney	4	3.7%	1	5	4.1%
Leukemia	3	2.8%	0	3	2.4%
Liver	2	1.9%	0	2	1.6%
Lung	7	6.5%	5	12	9.8%
Melanoma	6	5.6%	0	6	4.9%
Multiple Listed	6	5.6%	2	8	6.5%
Myeloma	1	0.9%	1	2	1.6%
Non-Hodgkin's Lymphoma	3	2.8%	0	3	2.4%
Pancreatic	4	3.7%	0	4	3.3%
Prostate	35	32.4%	2	37	30.1%
Sarcoma	2	1.9%	0	2	1.6%
Squamous Cell	3	2.8%	0	3	2.4%
Testicular	1	0.9%	0	1	0.8%
Throat	2	1.9%	0	2	1.6%
Thyroid	3	2.8%	0	3	2.4%
Unknown	2	1.9%	0	2	1.6%



Year Claim Filed	108	100.0%	15	123	100.0%
1998	0	0.0%	3	3	2.4%
1999	0	0.0%	0	0	0.0%
2000	0	0.0%	0	0	0.0%
2001	0	0.0%	0	0	0.0%
2002	0	0.0%	1	1	0.8%
2003	0	0.0%	0	0	0.0%
2004	0	0.0%	2	2	1.6%
2005	0	0.0%	0	0	0.0%
2006	0	0.0%	0	0	0.0%
2007	0	0.0%	0	0	0.0%
2008	0	0.0%	1	1	0.8%
2009	0	0.0%	4	4	3.3%
2010	0	0.0%	3	3	2.4%
2011	11	10.2%	1	12	9.8%
2012	70	64.8%	0	70	56.9%
2013	21	19.4%	0	21	17.1%
2014	6	5.6%	0	6	4.9%



Year Injury Occurred	108	100.0%	15	123	100.0%
Prior to 1999	7	6.5%	2	9	7.3%
1999	2	1.9%	0	2	1.6%
2000	6	5.6%	0	6	4.9%
2001	3	2.8%	0	3	2.4%
2002	6	5.6%	2	8	6.5%
2003	9	8.3%	0	9	7.3%
2004	9	8.3%	2	11	8.9%
2005	7	6.5%	1	8	6.5%
2006	6	5.6%	0	6	4.9%
2007	7	6.5%	1	8	6.5%
2008	11	10.2%	1	12	9.8%
2009	8	7.4%	3	11	8.9%
2010	7	6.5%	3	10	8.1%
2011	7	6.5%	0	7	5.7%
2012	9	8.3%	0	9	7.3%
2013	2	1.9%	0	2	1.6%
2014	2	1.9%	0	2	1.6%

