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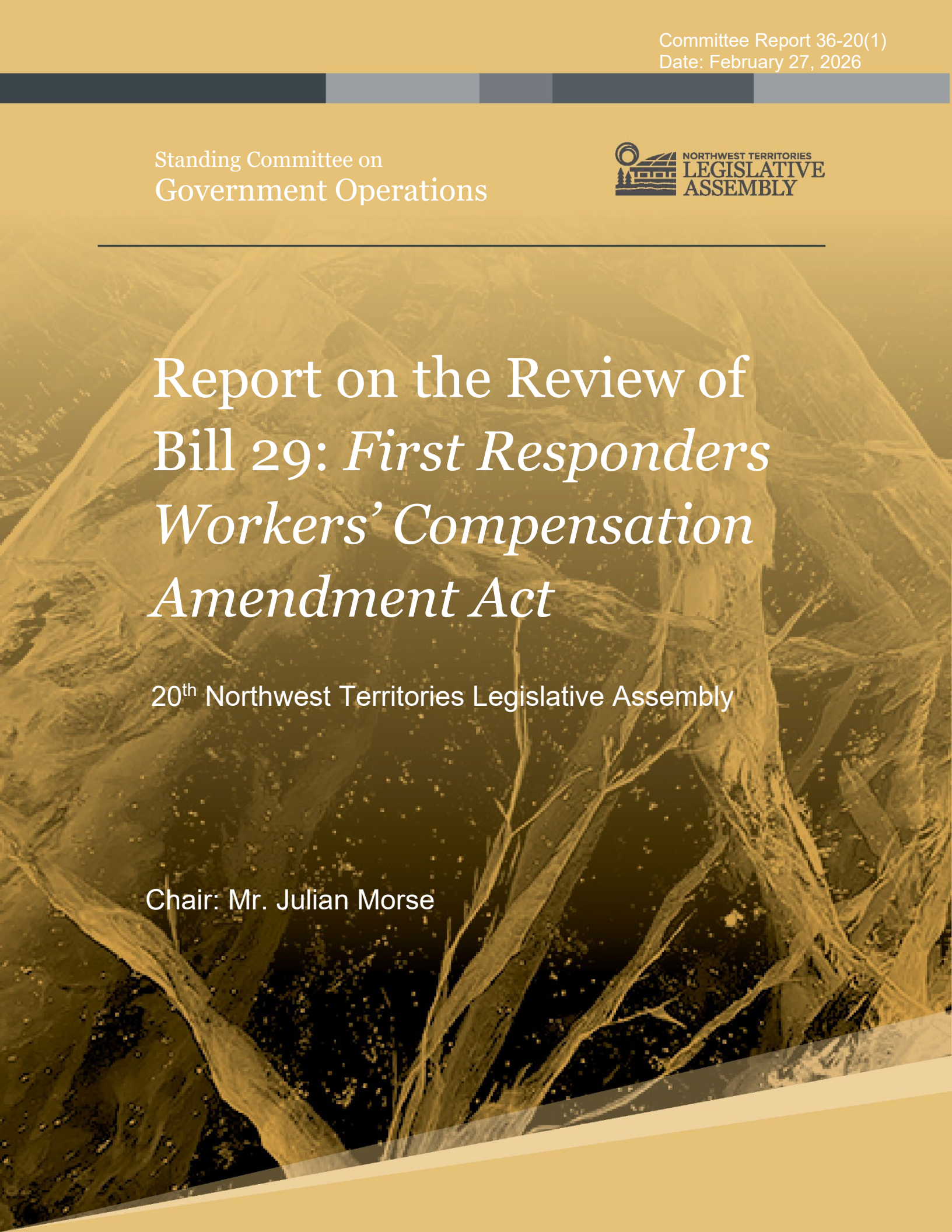
Standing Committee on
Government Operations

NORTHWEST TERRITORIES LEGISLATIVE ASSEMBLY

Report on the Review of Bill 29: *First Responders Workers' Compensation Amendment Act*

20th Northwest Territories Legislative Assembly

Chair: Mr. Julian Morse



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ASSEMBLÉE LÉGISLATIVE

SPEAKER OF THE LEGISLATIVE ASSEMBLY

Mr. Speaker:

Your Standing Committee on Government Operations is pleased to provide its *Report on Bill 29: First Responders Workers' Compensation Amendment Act* and commends it to the House.

Mr. Julian Morse
Chair, Standing Committee on Government Operations

STANDING COMMITTEE ON GOVERNMENT OPERATIONS

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REPORT ON BILL 29: *FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT*

EXECUTIVE SUMMARY

Bill 29: *First Responders Workers' Compensation Amendment Act* is a Private Member's Bill that originally proposed substantial amendments to the *Workers' Compensation Act*, including establishing presumptive coverage for Post-Traumatic Stress Disorder (PTSD) for front-line emergency workers and expanding presumptive coverage for firefighters to include all cancer types and heart-related conditions, subject to a minimum two-year employment requirement. These changes were proposed to take effect on October 27, 2026.

Given the breadth and potential impacts of the Bill, Committee undertook an extended and comprehensive review. This work included engagement with the Bill's sponsor, the Minister Responsible for the Workers' Safety and Compensation Commission, the Minister of Finance, key stakeholders—specifically the International Association of Fire Fighters Local 2890—and the public.

Committee's study focused on the importance of timely and accessible compensation supports for first responders and firefighters who face elevated occupational health risks. Committee examined the operational, financial, and interjurisdictional implications of expanding presumptive coverage, including the potential financial impact on the Government of the Northwest Territories and impacts on the shared workers' compensation governance framework with Nunavut. Committee weighed these factors alongside the need for a consistent, evidence-based approach to presumptive coverage that is informed by national standards while maintaining the integrity of the workers' compensation system.

These considerations informed Committee's four motions to amend Bill 29 to limit presumptive coverage to 23 cancers to be set out in regulations, to separate the eligibility criteria for presumptive coverage of heart disease and heart injury from those for cancer, and to change the coming-into-force date to be 12 months from the date of assent. Committee also presents four recommendations to the Government of the Northwest Territories addressing future work on presumptive coverage and legislative initiatives.

INTRODUCTION AND BACKGROUND

Bill 29: *First Responders Workers' Compensation Amendment Act*[1] (Bill 29) received second reading on May 29, 2025, and was subsequently referred to the Standing Committee on Government Operations (Committee) for review.

Bill 29 is a Private Member's Bill introduced by the MLA for Range Lake. The Bill proposes amendments to the *Workers' Compensation Act* to establish new presumptive coverage for Post-Traumatic Stress Disorder (PTSD) for all front-line or emergency-response workers. In addition, the Bill as originally drafted sought to extend presumptive coverage to all cancer types and to heart injury or heart disease for firefighters, while replacing existing disease latency periods with a minimum of two years' employment. The initial proposed effective date for these changes was October 27, 2026.

Presumptive coverage in worker's compensation refers to a legal provision or policy that automatically assumes certain conditions or illnesses are work-related for specific types of workers. Presumptions simplify the claims process as the WSCC does not require further evidence that the injury or disease arose out of and during the course of employment.

This report summarizes Committee's review of Bill 29, including its engagement with the sponsor of the Bill, the public, and stakeholders. It also highlights Committee's engagement with the Government of the Northwest Territories (Government, or GNWT), including the Minister Responsible for the Workers' Safety and Compensation Commission (WSCC) and the Minister of Finance. This report also describes Committee's efforts to review and strengthen the Bill through four (04) motions to amend Bill 29 listed in Appendix A that were adopted during Committee's clause-by-clause review, and to advance related topics through four (04) recommendations to Government.

COMMITTEE CONSIDERED PUBLIC INPUT

Between June 2025 and January 2026, Committee sought feedback on Bill 29 through a call for public submissions on the Legislative Assembly website and through social media, in addition to targeted engagement with key stakeholders. Committee received six (06) written submissions on Bill 29 from members of the public and union stakeholders. With the exception of one confidential submission, these which can be found in Appendix C.

On June 19, 2025, Committee held a public briefing with the sponsor of the Bill, who was accompanied by the President of International Association of Fire Fighters Local 2890 (Local 2890).[2] Local 2890 provided written submissions comprised of fact sheets on the occupational health implications for firefighters and presumptive coverage legislation improvements. These additional submissions are included in Appendix C.

On June 19, 2025, Committee held a public briefing on Bill 29 with the Minister Responsible for the WSCC.[3] The Minister's presentation on Bill 29 can be found in Appendix B. Additional follow-up correspondence with Government can be found in Appendix D.

Committee extends its gratitude to those who contributed their views during the review of Bill 29. Committee's examination of Bill 29 has been categorized into several themes.

INTERJURISDICTIONAL IMPLICATIONS OF BILL 29

Committee considered it important to situate the proposed changes within the broader Canadian jurisdictional context to ensure that territorial legislation reflects the best available evidence and aligns with national standards for protecting the health of firefighters and first responders.

Presumptive Coverage for Types of Cancer

The Northwest Territories (NWT) currently has the second-lowest number of cancers covered under presumptive workers' compensation laws.[4] Bill 29, as originally drafted, would expand firefighter cancer coverage from the 14 cancers currently listed in the *Workers' Compensation Act* to all cancers.[5] This expansion would provide the most comprehensive cancer coverage for firefighters in Canada. Committee is aware that there are currently 23 cancers covered in various combinations across Canada, with no single jurisdiction covering all 23.[6]

The Minister responsible for the WSCC shared that Bill 29, as presented, would expand coverage to cancers not yet discovered and without consideration of work-related causation. It would also replace the minimum employment periods which range between 05 and 25 years, which have been tested and are considered best practice by compensation boards across Canada, with a single requirement of two years' employment.

Local 2890 shared with Committee that the International Agency for Cancer (IARC) Working Group classified the occupation of firefighting as carcinogenic to humans (Group 1), IARC's highest carcinogenic hazard classification. This is supported by epidemiological studies and mechanistic evidence. The new classification as Group 01 puts firefighting on par with tobacco and benzene as carcinogenic to humans.

Committee received input from the public, including first responders, who emphasized that establishing a causal link between exposure and illness through the non-presumptive WSCC claims process can be a very difficult and complex challenge during a period of significant vulnerability.

In response, Committee acknowledges the precedent that Bill 29 may set and believes that a more inclusionary approach to cancer presumptions should be taken, informed by the overall occupational exposure to carcinogens for firefighters and advancements made by other Canadian jurisdictions. As such, Committee put forward one motion (see Motion 1) to amend Bill 29 to limit the presumptive coverage for firefighters from all cancers to 23 cancers to be set out in regulations. This would still provide the greatest coverage in Canada.

Heart Disease

Committee learned that firefighters face elevated risks of cardiovascular disease, which remains one of the leading causes of line-of-duty deaths in Canada. Sudden cardiac events account for a substantial proportion of firefighter fatalities nationwide, driven by extreme physical exertion, heat stress, and chronic exposure to high-stress environments.

The heart disease presumption initially set out in Bill 29 provides for a minimum employment period of two years. Throughout Canada, only British Columbia provides a firefighter heart disease presumption, limiting coverage to workers employed on or immediately before the date of disablement from heart disease. This timeframe helps to provide a substantive link to work-related causation, where Bill 29 as drafted provides open-ended coverage, including for workers that have retired or ceased working as firefighters.

Heart disease is currently covered by the NWT *Workers' Compensation Act*, but not as a presumption. The WSCC shared that its acceptance rate for firefighter claims is 94%, and the increased cost of coverage and the need for a heart disease presumption could be brought into question. Committee understands this to mean that although nearly all claims

related to heart disease are already accepted, providing presumptive coverage may still result in additional financial costs.

Committee supports the objective of expanding presumptive workers' compensation coverage for firefighters, given the demonstrated correlation between occupational exposures and increased rates of certain diseases and conditions. At the same time, Committee appreciates that this expansion should not outpace linkages to causation established in other jurisdictions. As such, Committee proposed two motions (see Motions 2 and 3) to amend Bill to separate the eligibility criteria for presumptive coverage of heart disease and injury from those for cancer, and to require that a worker be "employed as a firefighter on the date of diagnosis" to qualify for presumptive heart disease and injury coverage.

Heart Injury

Currently, presumptive coverage for heart injury for firefighters under the *Workers' Compensation Act* is limited to cardiac arrest that occurs within 24 hours of attendance at an emergency response. Bill 29 expands the definition of heart injury to cardiac arrest, heat attack, and arrhythmia and, as drafted, grants presumptive coverage for workers after a minimum of two years' employment as a firefighter.

The WSCC presented that work-related heart attack, cardiac arrest, and/or arrhythmia are commonly linked to physical exertion or a demanding work event, not a general employment period. It noted that the requirement for two years of employment would limit coverage for active firefighters who have less than two years of employment. The WSCC's current coverage is consistent with most other jurisdictions with a requirement for the heart injury to have occurred within 24 hours after attendance at an emergency response. British Columbia is the only jurisdiction in Canada that confines coverage to workers employed as a firefighter on or immediately before the date of disablement from heart injury.

Committee supports the objective of expanding presumptive workers' compensation coverage for firefighters, given the demonstrated correlation between occupational exposures and increased rates of certain diseases and conditions. Committee has proposed one motion (see Motion 3) to amend the Bill to require that a worker be "employed as a firefighter on the date of diagnosis" to qualify for presumptive heart disease and injury coverage.

Post-Traumatic Stress Disorder (PTSD)

Coverage for PTSD already exists under the *Workers' Compensation Act*, just not in a presumptive form; Bill 29 would make PTSD coverage presumptive. In both the Act and in Bill 29, PTSD must be medically diagnosed and requires a link to a traumatic event.

The WSCC questioned the need for a new PTSD presumption for firefighters and first responders, noting that the same eligibility criteria already exist in the *Workers' Compensation Act*. It raised concerns that the introduction of the amendment under Bill 29 may trigger an increase in reporting due to enhanced awareness rather than an increase in entitlement.

The NWT and Nunavut are the only jurisdictions in Canada that do not provide presumptive PTSD coverage for first responders. Committee supports the Bill's objective of expanding presumptive PTSD coverage for first responders, given the linkages to causation established in other jurisdictions.

IMPLICATIONS OF BILL 29 ON GOVERNMENT

Financial Impacts

Committee received valuable financial modelling from the Minister Responsible for the WSCC to support its review of Bill 29.

Liability for workers' compensation is usually covered through employer assessment rates. In its study of the Bill, Committee learned that the GNWT is responsible for all presumptive firefighter costs in the NWT. This is the result of a 2019 decision by the WSCC's Governance Council which provided that the full liability for presumptive coverage would be allocated to subclass 81 formed by the Government of the Northwest Territories and the Government of Nunavut.

The Minister Responsible for the WSCC confirmed through actuarial modelling that Bill 29, as presented, will create an estimated immediate insurance liability of $17 million in addition to an annual increase of $750,000 in WSCC insurance premiums. These costs are in addition to the cost of presumptive coverage already in place under the *Worker's Compensation Act*, which in 2025 was $682,000. In total, it is estimated that the GNWT would be responsible for an initial $17 million liability payment due in the first year after Bill 29 comes into force, in addition to $1.432 million in annual employer premiums.

In its review of Bill 29, Committee sought to understand the potential impact of increased presumptive coverage costs on the GNWT, particularly given the territory's current fiscal constraints and limited public resources. This analysis was particularly important to Committee given the unique nature of Private Member's Bills. Private Member's Bills are developed independently of Government and therefore do not receive the same level of support, engagement, or fiscal analysis as government bills. However, Committee did not receive sufficient information from Government to evaluate the Bill's financial implications.

As a result, Committee introduced motions (see Motions 1-3) to amend Bill 29 in order to limit presumptive coverage, which Committee believes will reduce costs to Government and support long-term sustainability.

Government Legislative Initiative Impacts

At second reading debate on Bill 29, the Minister Responsible for the WSCC noted that the WSCC was in the process of preparing a Legislative Proposal on topics similar to those covered by Bill 29, specifically to expand presumptive coverage to 23 cancers and exploring options for PTSD coverage.

It is important to note that Bill 29 arose as a Private Member's Bill to provide an expedient solution to address ongoing requests from firefighters and first responders, and to address what the Bill's sponsor has expressed as the Government's slow pace of progress on this file.[7] During second reading debate, the Minister Responsible for the WSCC noted that Government supports Bill 29.[8] However, he emphasized the importance of following a legislative development process that supports the WSCC's shared governance model with Nunavut. Members of Executive Council abstained from the vote at second reading of Bill 29.

Accordingly, Committee is proposing one motion (see Motion 4) to change the coming-into-force date of the Bill to 12 months from the date of assent. This provides the Government with sufficient time to amend the regulations to implement the changes included in the Bill. It also provides the Government of Nunavut with necessary time to review Bill 29 and determine whether, and how, to incorporate similar provisions into its own *Workers' Compensation Act*. Lastly, the motion provides the WSCC with flexibility to prepare for any resulting administrative or implementation requirements.

Regarding government legislative initiatives, Committee has provided two recommendations (see Recommendation 1 and 2) highlighting the need for Government to be more responsive and efficient in its legislative development processes, and to work

closely with the public and stakeholders when proposing any future changes to the regulations concerning firefighter presumptive coverage.

IMPLICATIONS OF BILL 29 ON NUNAVUT

Committee considered the implications of Bill 29 for the Government of Nunavut. The WSCC is unique in Canada as it is the only workers' compensation body that insures workers across more than one jurisdiction, providing benefits to workers and employers in both territories. In 1999, Nunavut and the NWT entered into the Inter-Governmental Agreement on a Shared Workers' Compensation Board. Both territories benefit economically from the shared Workers' Protection Fund and the efficiencies facilitated by the co-administration of benefits and services. Although the territories share the same foundational legislation, each government may choose to amend it independently.

Committee heard from the Minister Responsible for the WSCC that the adoption of Bill 29 without the immediate or coordinated adoption of parallel legislation in Nunavut would create administrative burdens, including the requirement to separate rate class 81 (the class that bears the coverage for firefighters), system and administrative changes that have yet to be identified, and communication challenges and confusion with stakeholders.

The Nunavut Minister Responsible for the WSCC corresponded with Committee and requested that the NWT Legislative Assembly work with the WSCC on Bill 29 and respect the timelines that have been established to incorporate input from Nunavut, particularly to delay any progress until after Nunavut's October 2025 general election. The Minister noted that continued collaboration is to the benefit of both territories.

Committee notes that one territorial government cannot bind the other. In the past, both territorial governments have worked together closely to coordinate the introduction of amendments to their respective versions of the *Workers' Compensation Act* at roughly the same time. This ensures that no gaps or legislative misalignments are introduced and that neither government is forced to "catch up" to changes made by the other. As Bill 29 is a Private Member's Bill, no parallel legislation was introduced in Nunavut.

As noted previously, Committee therefore proposed one motion (see Motion 04) to change the coming-into-force date to be 12 months from the date of assent, which would provide the Government of Nunavut with the necessary time to review Bill 29 and determine whether, and how, to incorporate similar provisions into its own *Workers'*

Compensation Act. The motion also affords the WSCC flexibility in preparing for any resulting administrative or implementation requirements.

IMPLICATIONS OF BILL 29 ON FIREFIGHTERS AND FIRST RESPONDERS

In July 2022, the International Agency for Research on Cancer (IARC), part of the World Health Organization, classified Firefighting Exposures as a Group 01 Known Human Carcinogen, which is the highest level of recognized carcinogenic risk. Chronic exposure to heat, smoke, and toxicants can put fire fighters at a higher risk for developing cancer.[9]

Committee is aware of several instances of cancer among firefighters in the NWT and notes the growing body of research indicating a correlation between occupational exposures and certain forms of cancer. Committee also heard directly from Local 2890 that many firefighters struggle to meet the demands of their profession while knowing that routine exposure to harmful chemicals may jeopardize their health. It is important that firefighters and their families have confidence that they will be supported if they receive a diagnosis linked to occupational exposure.

Firefighters covered through Bill 29 include paid full-time, part-time, on call, and volunteer firefighters throughout the NWT. This includes those serving in small and remote communities where training and firefighting equipment are often limited. Committee considers this Bill an important measure to ensure firefighters receive the necessary support as they carry out critical public safety responsibilities on behalf of Northerners. The NWT currently lags behind most Canadian jurisdictions in providing presumptive coverage for firefighters.

Committee acknowledges the long-standing requests from local firefighters to strengthen presumptive coverage under the *Workers' Compensation Act*. In response, Committee introduced one motion (see Motion 01) to amend Bill 29 by providing presumptive coverage for 23 firefighter-related cancers to be prescribed in regulation, enabling Government to update the list more efficiently as new evidence emerges. In addition, Committee proposed one motion (see Motion 04) to change the coming-into-force date of the Bill to 12 months after assent, providing stakeholders with certainty that the necessary regulatory amendments will be completed within a reasonable timeframe.

Committee has also provided two recommendations (see Recommendations 01 and 02) for Government to take a more responsive approach to requests from the public and stakeholders for legislative amendments, and to work closely with the public and

stakeholders when proposing any future changes to the regulations concerning firefighter presumptive coverage.

Wildland Firefighter Presumptive Coverage

Although outside the scope of Bill 29, Committee is aware that several other Canadian jurisdictions provide wildland firefighters with presumptive workers' compensation coverage, including British Columbia, Manitoba, Saskatchewan, and Ontario.

Wildland firefighters are left without the same coverage for these health risks as structural firefighters. The number of wildland-urban interface fires has also increased in recent years, causing more wildland firefighters to be exposed to more hazardous fire emissions from the combustion of structural materials. Exposure to trauma and other occupational stressors can lead to psychological health disorders such as PTSD.[10]

Given the increasing rate and intensity of wildfires in the territory and acknowledging the recommendations to address firefighter trauma in the 2023 Wildfire After Action Review,[11] Committee has provided one recommendation (see Recommendation 03) to Government to undertake a review on whether and how to provide additional supports to wildland firefighters in the form of presumptive workers' compensation coverage.

AMENDMENTS

Committee put forward four (04) motions to amend Bill 29. These are included in Appendix A of this report. The sponsor ultimately concurred with each of the 04 motions to amend at the clause-by-clause review, held on February 25, 2026:

1. Defining 23 prescribed types of presumptive firefighter cancers;
2. Defining the employment period for firefighters to qualify for presumptive cancer coverage to two years;
3. Defining the employment period for firefighters to qualify for presumptive heart injury and heart disease coverage to employed at the date of the diagnosis; and
4. Changing the coming-into-force date to be 12 months from the date of assent.

RECOMMENDATIONS

As a result of its review, Committee has the following recommendations for Government:

Recommendation 1: The Standing Committee on Government Operations recommends that the Government of the Northwest Territories improve its responsiveness to public and stakeholder requests for legislative reviews and amendments to ensure its legislation remains modern, reflective of the needs of residents, and aligned with other jurisdictions. Enhanced responsiveness would also reduce reliance on Private Member's Bills, which do not undergo the same comprehensive planning and development processes as government-sponsored legislation.

Recommendation 2: The Standing Committee on Government Operations recommends that the Government of the Northwest Territories conduct detailed public and stakeholder engagement when proposing any future changes to regulations related to firefighter presumptive coverage.

Recommendation 3: The Standing Committee on Government Operations recommends that the Government of the Northwest Territories undertake a review on providing presumptive workers' compensation coverage to wildland firefighters, similar to other jurisdictions in Canada, given that the Northwest Territories is experiencing more frequent and severe wildfires which may have a corresponding effect on the health of wildland firefighters.

Recommendation 4: The Standing Committee on Government Operations recommends that the Government of the Northwest Territories provide a response to this report within 120 days.

CONCLUSION

On February 25, 2026, Committee held a clause-by-clause review of Bill 29. Committee adopted 04 motions to amend the Bill before reporting it to the Legislative Assembly as ready for consideration in Committee of the Whole. This concludes the Standing Committee on Government Operations' review of Bill 29: *First Responders Workers' Compensation Amendment Act*.

ENDNOTES

[1] Bill 26 is available at: https://www.ntlegislativeassembly.ca/sites/default/files/bills-and-legislation/2025-05/Bill%2029%20%28public%20version%29.pdf
[2] Video of the June 19, 2025 public briefing on Bill 29 with the bill's sponsor is available at: https://www.youtube.com/live/7-ECn12QTfc?t=300s
[3] Video of the June 19, 2025 public review of Bill 29 with the Minister Responsible for the Workers Safety and Compensation Commission is available at: https://www.youtube.com/watch?v=pEdrn2KI-DA&list=PLZiv8lTEMg4fTNmF1zA96bckdduh2UTIc&index=13
[4] Association of Workers' Compensation Boards of Canada – Firefighter Presumptions (November 18, 2024)
[5] Firefighters' Presumption Regulations (2010)
[6] WSCC Public Briefing June 19, 2025.
[7] Video of the June 19, 2025 public briefing on Bill 29 with the bill's sponsor is available at: https://www.youtube.com/live/7-ECn12QTfc?t=300s
[8] Minister's debate at second reading of Bill 29 (May 29, 2025).
[9] IAFF: Fire Fighter Cancer Awareness and Prevention
[10] The Canadian Wildfire Network: Significant Gaps Remain in Canada's Presumptive Coverage for Wildland Firefighters (July 2025)
[11] Northwest Territories 2023 Wildfire Response Review

Appendix A:

Motions

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended by deleting proposed paragraph 14.1(1)(a) and substituting the following:

(a) any prescribed type of cancer;

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

Il est proposé que le paragraphe 2(1) du projet de loi 29 soit modifié par suppression de l'alinéa 14.1(1)a) proposé et par substitution de ce qui suit :

a) tout type de cancer prévu par règlement;

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended in proposed subsection 14.1(2) by striking out "a listed disease is presumed**" and substituting "**a listed disease other than heart disease or heart injury is presumed**".**

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

Il est proposé que le paragraphe 2(1) du projet de loi 29 soit modifié au paragraphe 14.1(2) proposé par suppression de «une maladie inscrite est présumée**» et par substitution de «**une maladie inscrite, autre qu'une cardiopathie ou une lésion cardiaque, est présumée**».**

MOTION

FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT

That Bill 29 be amended by adding the following after subclause 2(2):

(3) The following is added after subsection 14.1(3):

Heart disease or injury

(4) Notwithstanding section 14, a listed disease that is heart disease or heart injury is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker

(a) is disabled or impaired by the listed disease; and

(b) is employed as a firefighter on the date of diagnosis.

MOTION

LOI MODIFIANT LA LOI SUR L'INDEMNISATION DES TRAVAILLEURS POUR LES PREMIERS RÉPONDANTS

Il est proposé que le projet de loi 29 soit modifié par adjonction, après le paragraphe 2(2), de ce qui suit :

(3) La même loi est modifiée par adjonction, après le paragraphe 14.1(3), de ce qui suit :

Cardiopathie ou lésion cardiaque

(4) Malgré l'article 14, la maladie inscrite qui est une cardiopathie ou une lésion cardiaque est présumée survenue du fait et au cours de l'emploi d'un travailleur si celui-ci :

a) d'une part, souffre d'une incapacité ou d'une déficience en raison de la maladie inscrite;

b) d'autre part, exerce un emploi de pompier à la date du diagnostic.

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That Bill 29 be amended by deleting clause 4 and substituting the following:

4. This Act comes into force on a day 12 months from the date of assent.

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

Il est proposé que le projet de loi 29 soit modifié par suppression de l'article 4 et par substitution de ce qui suit :

4. La présente loi entre en vigueur 12 mois après la date de sa sanction.

Appendix B:

Presentations

Bill 29
First Responders Workers' Compensation Amendment Act

Presented to SCOGO – June 19, 2025 (preliminary financial data)
Revised – October 3, 2025

Overview

- Presumption/Entitlement
- Cancer Coverage for Firefighters
- Heart Disease Coverage
- Heart Injury Coverage
- PTSD Coverage
- Cost Impacts/Options
- Other Considerations

Why?

- In respect of the legislative process, the WSCC will:
- share jurisdictional and financial analysis, specific to options being reviewed prior to the introduction of Bill 29 and,
- financial analysis specific to Bill 29.

Background

- In 2022, WSCC received a request from the Firefighters Association to:
  - Add 8 cancer presumptions with recommended latency periods.
  - Update/revise latency periods for 4 cancers already covered.
  - Consider a PTSD presumption.

- In 2023, prior to Bill 29, the NT and NU Ministers responsible for the WSCC approved to move forward with development of a Legislative Proposal to expand *WCA* coverage to 23 cancers and PTSD.

What is a Presumption?

How does entitlement work?

- *Workers' Compensation Act (WCA)* Section 10: A worker is entitled to compensation for a personal injury or disease suffered by the worker arising out of and during the course of employment.

How does entitlement work?

Standard 4 Criteria (Policy 03.02 Entitlement):

- 1) Worker: There is a worker within the jurisdiction of the legislation.
- 2) Injury: There is an injury, disease, or death of a worker.
- 3) Arising out of Employment: On the balance of probabilities, there is a medical connection between the injury, disease, or death and the worker's employment.
- 4) During the Course of Employment: The worker's injury, disease, or death happens at a time and place and during activities consistent with the obligations and expectations of the worker's employment.

NT Firefighter Entitlement
10 years

	Registered	Accepted	Denied	Avg/yr
No Time Loss	80	78	2	8
Time Loss	48	44	4	5
Cancer	2	1	1	Less than 1
PTSD	4	3	1	Less than 1
Hearing Loss	2	2	0	Less than 1
Total	**136**	**128**	**8**	**14**

Presumption

- A rule in the *WCA* which requires the WSCC to assume certain facts, unless the contrary is proven on the balance of probabilities.

- Current *WCA*: 14.1(2) a listed disease is presumed to have arisen out of a worker's employment and to have occurred during the course of employment if:
  (a) the worker is disabled or impaired by the listed disease; and
  (b) the worker is or has been a firefighter for the minimum period of employment prescribed in regulations

- Entitlement Criteria 3 (arising out of – medical connection) under entitlement is "presumed".

Current Presumptive Cancer Coverage

- The *WCA* provides presumptive coverage for 14 types of Cancers for firefighters.
- Prescribed in regulations - minimum period of employment ranges between 5 and 25 years.
- There are 23 cancers either covered or under consideration across Canada.
- No jurisdiction currently covers all 23 (Table 1).
- Range of coverage is between 14 and 22 cancer types.

Bill 29 Presumptive Cancer Coverage

- 14.1 (1) (a) any cancer type – for a worker who -
- 14.1 (2) (b) is or has been employed as a firefighter for a minimum of two years

Cancer Research

- There is no comprehensive national data available for firefighter cancer.
- The International Agency for Research on Cancer (IARC) published a report on Occupational Exposure as a Firefighter in 2023.

IARC Conclusions

- Evidence of cancerous occupational exposure for firefighters:
  - Especially mesothelioma (Quebec only), and
  - Bladder cancer (currently covered by *WCA*)

- Also found limited evidence of elevated risk for:
  - Colon cancer
  - Prostate cancer
  - Testicular cancer
  - Malignant melanoma of the skin, and
  - Non-Hodgkins lymphoma
    - These 5 are currently covered by *WCA*

Financial Impacts (Cancer Presumptions)

Assessment Rates

- Liability for firefighter presumptions is covered in employer assessment rates.
- This cost is held specifically in subclass 81.
  - GNWT and GNU
- 2025 GNWT rate is $1.71/$100 Assessable payroll.
- $0.10 is for firefighter presumptive coverage.
- In 2025, cost for FPC is $682K.

Financial Impact (Cancer Presumption)

- Bill 29 would result in a $0.01 rate increase ($68K) +
- Immediate Liability payment of $2.6 million from the GNWT.

- Total $2,668,000 in year change comes into effect.
- $68K annually there after (pending changes in payroll).

Heart Disease

- Bill 29 14.1(1)(b) heart disease including disease of the pericardium or coronary arteries - for worker who – 14.1(2)(b) is or has been employed as a firefighter for a minimum period of two years.

- Currently covered by *WCA*, but not as a presumption.

- Presumptive coverage by only one jurisdiction in Canada but limited to “was employed as a firefighter on or immediately before the date of disablement from the heart disease”.

Financial Impact (Heart Disease Presumption)

- Bill 29 would result in a $0.05 rate increase ($341K) +
- Immediate Liability payment of $10.4 million from the GNWT.
- Total $10,741,000 in year change comes into effect.
- $341K annually there after (pending changes in payroll).

- Limit to in-service definition.
- Rate increase of $0.02 ($137k) +
- Immediate Liability payment of $2.9 million from the GNWT.
- Total $3,037,000 in year change comes into effect.
- $137K annually there after (pending changes in payroll).

Heart Injury

- Bill 29 14.1(1)(c) heart injury including heart attack, cardiac arrest and arrhythmia - for worker who – 14.1(2)(b) is or has been employed as a firefighter for a minimum period of two years.
- Currently covered by *WCA*, limited to within 24 hours after attendance at an emergency response.
- Consistent with other jurisdictions, one exception “was employed as a firefighter on or immediately before the date of disablement from heart injury.”

Financial Impact (Heart Injury)

- Bill 29 would result in a $0.02 rate increase ($137K) +
- Immediate Liability payment of $4 million from the GNWT.

- Total $4,137,000 in year change comes into effect.
- $137K annually there after (pending changes in payroll).

PTSD

- Bill 29 14.2(2) Post-traumatic stress disorder is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker:

  (a) Is disabled or impaired by the disorder;
  (b) Is or has been employed as a front-line or emergency-response worker;
  (c) Was exposed to one or more traumatic events during that employment; and
  (d) Was diagnosed with the disorder by a physician or registered psychologist. (definition as per DSM)

PTSD

- PTSD is covered by the *WCA*.
- Bill 29 PTSD presumption has the same requirements as entitlement (4 standard from slide 6).

PTSD

- Bill 29 14.2(2) Post-traumatic stress disorder is presumed to have arisen out of a worker's (#1 – worker) employment and to have occurred during the course of that employment if the worker:

  (a) Is disabled or impaired by the disorder; (#2 – Injury)

  (b) Is or has been employed as a front-line or emergency-response worker;

  (c) Was exposed to one or more traumatic events during that employment; (#4 – During the course of employment) and

  (d) Was diagnosed with the disorder by a physician or registered psychologist. (definition as per DSM) (#3 Arising out of employment – medical connection)

Financial Impact
PTSD

- Having “presumptive” PTSD coverage shown in legislation could lead to a change in claiming behaviours leading to additional cost.
- Studies have shown nearly 25% of first responders would qualify for a PTSD diagnosis.
- Estimated rate increase between $0.03 ($204K) and $0.08 ($546K) annually.

Summary of Cost
Bill 29

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
All Cancer (2 yr Minimum)	$0.01	$68,000	$2,600,000	$2,668,000	$68,000
Heart Disease	$0.05	$341,000	$10,400,000	$10,741,000	$341,000
Heart Injury	$0.02	$137,000	$4,000,000	$4,137,000	$137,000
PTSD (low estimate)	$0.03	$204,000	$0	$204,000	$204,000
Total	**$0.11**	**$750,000**	**$17,000,000**	**$17,750,000**	**$750,000**
* These costs are in addition to the cost of presumptive coverage already in place under the Act.					

** Costs are specific to liability and rates payable by the GNWT.

Other Cost Scenarios

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
Expand coverage to 23 cancer types (each with set out prescribed employment minimums)	$0.00	$0	$1,100,000	$1,100,000	$0
Inclusion of Wildfire Fighters in cancer presumption (23 cancers each with set out prescribed employment minimums)	$0.03	$205,000	$5,500,000	$5,705,000	$205,000
Inclusion of Wildfire Fighters in cancer presumption (as presented in Bill 29 - all cancers with 2 year prescribed employment minimum)	$0.04	$273,000	$6,300,000	$6,573,000	$273,000
Heart Disease (limited to actively employed)	$0.02	$137,000	$2,900,000	$3,037,000	$137,000
PTSD (high estimate)	$0.08	$546,000	$0	$546,000	$546,000

Other Costing Example

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
Cancer: expand presumption to 23 cancer types (each with set out prescribed employment minimums)	$0.00	$0	$1,100,000	$1,100,000	$0
Heart Disease: maintain current coverage	$0.00	$0	$0	$0	$0
Heart Injury: Update definition and maintain current presumption	$0.00	$0	$0	$0	$0
PTSD: maintain current coverage	$0.00	$0	$0	$0	$0
Total	**$0.00**	**$0**	**$1,100,000**	**$1,100,000**	**$0**

Other Considerations

1) Inter-Governmental Agreement on a Shared Workers' Compensation Board.
2) Consideration of Bill 21 An Act to Amend the Workers' Compensation Act (Change from Pension System to Earning Loss System).
3) Firefighters' Presumption Regulations will also need to be updated.

Questions

Appendix C:

Public Submissions

International Agency for Research on Cancer

World Health Organization

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]		
Cancer site	**Carcinogenic agents with *sufficient evidence* in humans**	**Agents with *limited evidence* in humans**
Lip, oral cavity, and pharynx		
Lip	Hydrochlorothiazide	Solar radiation
Oral cavity	Acetaldehyde associated with consumption of alcoholic beverages Alcoholic beverages Betel quid with tobacco Betel quid without tobacco Human papillomavirus type 16 Tobacco, smokeless Tobacco smoking	Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing Human papillomavirus type 18
Salivary gland	Acetaldehyde associated with consumption of alcoholic beverages X- and Gamma-radiation	Radioiodines, including iodine 131
Pharynx: oropharynx [b]	Human papillomavirus type 16	
Pharynx: tonsil [b]	Human papillomavirus type 16	
Pharynx: nasopharynx [b]	Epstein–Barr virus Formaldehyde Salted fish, Chinese-style Wood dust	Pickled vegetables (traditional Asian)
Pharynx: all combined	Acetaldehyde associated with consumption of alcoholic beverages Alcoholic beverages Betel quid with tobacco Tobacco smoking	Asbestos (all forms) Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing Opium consumption Tobacco smoke, secondhand

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Digestive organs		
Oesophagus	Acetaldehyde associated with consumption of alcoholic beverages Alcoholic beverages Betel quid with tobacco Betel quid without tobacco Tobacco, smokeless Tobacco smoking X- and Gamma-radiation	Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing Dry cleaning Opium consumption Pickled vegetables (traditional Asian) Rubber manufacturing industry Very hot beverages (squamous cell carcinoma)
Stomach	*Helicobacter pylori* (infection with) Rubber manufacturing industry Tobacco smoking X- and Gamma-radiation	Art glass, glass containers and pressed ware (manufacture of) Asbestos (all forms) Automotive gasoline Epstein–Barr virus Lead compounds, inorganic Nitrate or nitrite (ingested) under conditions that result in endogenous nitrosation Opium consumption Pickled vegetables (traditional Asian) Processed meat (consumption of) Salted fish, Chinese-style
Colon	Alcoholic beverages Processed meat (consumption of) Tobacco smoking X- and Gamma-radiation	Asbestos (all forms) Firefighter (occupational exposure as a) Night shift work Red meat (consumption of) *Schistosoma japonicum* (infection with)

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Rectum	Alcoholic beverages Processed meat (consumption of) Tobacco smoking	Asbestos (all forms) Night shift work Red meat (consumption of) *Schistosoma japonicum* (infection with) X- and Gamma-radiation
Anus	Human immunodeficiency virus type 1 (infection with) Human papillomavirus type 16	Human papillomavirus types 18 and 33
Liver	Aflatoxins Alcoholic beverages Estrogen–progestogen oral contraceptives (combined) Hepatitis B virus (chronic infection with) Hepatitis C virus (chronic infection with) Plutonium Thorium-232 and its decay products Tobacco smoking (in smokers and in smokers' children) Vinyl chloride	Androgenic (anabolic) steroids Arsenic and inorganic arsenic compounds Aspartame (hepatocellular carcinoma) Betel quid without tobacco DDT (4,4'-dichlorodiphenyl-trichloroethane) Human immunodeficiency virus type 1 (infection with) *Schistosoma japonicum* (infection with) Trichloroethylene X- and Gamma-radiation
Bile duct	*Clonorchis sinensis* (infection with) 1,2-Dichloropropane *Opisthorchis viverrini* (infection with) Plutonium Thorium-232 and its decay products Tobacco smoking (in smokers)	Androgenic (anabolic) steroids Arsenic and inorganic arsenic compounds Betel quid without tobacco DDT (4,4'-dichlorodiphenyl-trichloroethane) Dichloromethane (methylene chloride) Hepatitis B virus (chronic infection with) Hepatitis C virus (chronic infection with) *Schistosoma japonicum* (infection with) Trichloroethylene X- and Gamma-radiation

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Gall bladder	Thorium-232 and its decay products	
Pancreas	Tobacco, smokeless Tobacco smoking	Alcoholic beverages Opium consumption Red meat (consumption of) Thorium-232 and its decay products X- and Gamma-radiation
Digestive tract, unspecified		Radioiodines, including iodine-131
Respiratory and intrathoracic organs		
Nasal cavity and paranasal sinus	Isopropyl alcohol manufacture using strong acids Leather dust Nickel compounds Radium-226 and its decay products Radium-228 and its decay products Tobacco smoking Wood dust	Carpentry and joinery Chromium(VI) compounds Formaldehyde Textile manufacturing industry (work in)
Larynx	Acetaldehyde associated with consumption of alcoholic beverages Acid mists, strong inorganic Alcoholic beverages Asbestos (all forms) Opium consumption Tobacco smoking	Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing Human papillomavirus types 16 and 18 Rubber manufacturing industry Sulfur mustard Tobacco smoke, secondhand
Lung	Acheson process, occupational exposure associated with Acrylonitrile Aluminium production Arsenic and inorganic arsenic compounds Asbestos (all forms) Beryllium and beryllium compounds Bis(chloromethyl)ether; chloromethyl	Acid mists, strong inorganic Art glass, glass containers and pressed ware (manufacture of) Benzene Biomass fuel (primarily wood), indoor emissions from household combustion of Bitumens, occupational exposure to hard bitumens and their

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
	methyl ether (technical grade) Cadmium and cadmium compounds Chromium(VI) compounds Coal, indoor emissions from household combustion Coal gasification Coal-tar pitch Coke production Engine exhaust, diesel Haematite mining (underground) Iron and steel founding (occupational exposure during) MOPP and other combined chemotherapy including alkylating agents Nickel compounds Opium consumption Outdoor air pollution Outdoor air pollution, particulate matter in Painter (occupational exposure as a) Plutonium Radon-222 and its decay products Rubber manufacturing industry Silica dust, crystalline, in the form of quartz or cristobalite Soot (as found in occupational exposure of chimney sweeps) Sulfur mustard Tobacco smoke, secondhand Tobacco smoking Welding fumes X- and Gamma-radiation	emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their emissions during roofing Carbon electrode manufacture *alpha*-Chlorinated toluenes (benzal chloride, benzotrichloride, benzyl chloride) and benzoyl chloride (combined exposures) Cobalt metal with tungsten carbide Creosotes Diazinon Frying, emissions from high-temperature Hydrazine Non-arsenical insecticides (occupational exposures in spraying and application of) Printing processes (occupational exposures in) Silicon carbide, fibrous 2,3,7,8-Tetrachlorodibenzo-*para*-dioxin Trivalent antimony Uranium, mixture of isotopes
Upper aerodigestive tract		
Upper aerodigestive tract (oral cavity, pharynx, larynx, oesophagus)	Acetaldehyde associated with consumption of alcoholic beverages Alcoholic beverages Tobacco smoking	Bitumens, occupational exposure to hard bitumens and their emissions during mastic asphalt work Bitumens, occupational exposure to oxidized bitumens and their

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
		emissions during roofing
Bone		
Bone	Plutonium Radium-224 and its decay products Radium-226 and its decay products Radium-228 and its decay products X- and Gamma-radiation	Radioiodines, including iodine-131
Skin		
Skin (melanoma)	Polychlorinated biphenyls Solar radiation Ultraviolet-emitting tanning devices	Firefighter (occupational exposure as a) Hydrochlorothiazide Petroleum refining (occupational exposures in)
Skin (malignant non-melanoma)	Arsenic and inorganic arsenic compounds Azathioprine (SCC) Coal-tar distillation Ciclosporin (SCC) Hydrochlorothiazide (SCC) Methoxsalen (8-methoxypsoralen) plus ultraviolet A radiation (SCC) Mineral oils, untreated or mildly treated Shale oils Solar radiation (SCC and BCC) Soot (as found in occupational exposure of chimney sweeps) Voriconazole (SCC) X- and Gamma-radiation (BCC)	Creosotes Human immunodeficiency virus type 1 (infection with) Human papillomavirus types 5 and 8 (in patients with *epidermodysplasia verruciformis*) (SCC) Hydrochlorothiazide (BCC, Merkel cell carcinoma, malignant adnexal skin tumours) Merkel cell polyomavirus (Merkel cell carcinoma) Nitrogen mustard (SCC) Petroleum refining (occupational exposures in) Tacrolimus (SCC) Ultraviolet-emitting tanning devices (SCC)
Mesothelium, endothelium, and soft tissue		
Mesothelium (pleura, peritoneum, and other)	Asbestos (all forms) Erionite Firefighter (occupational exposure as a) Fluoro-edenite fibrous amphibole Painter (occupational exposure as a)	

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Endothelium (Kaposi sarcoma)	Human immunodeficiency virus type 1 (infection with) Kaposi sarcoma herpesvirus	
Soft tissue		Polychlorophenols and their sodium salts (combined exposures) Radioiodines, including iodine-131 2,3,7,8-Tetrachlorodibenzo-*para*-dioxin
Breast		
Breast	Alcoholic beverages Diethylstilbestrol Estrogen–progestogen oral contraceptives (combined) Estrogen–progestogen menopausal therapy (combined) X- and Gamma-radiation	Dieldrin, and aldrin metabolized to dieldrin Digoxin Estrogen therapy, postmenopausal Ethylene oxide Night shift work Polychlorinated biphenyls Tobacco smoking
Female genital organs		
Vulva	Human papillomavirus type 16	Human immunodeficiency virus type 1 (infection with) Human papillomavirus types 18, and 33
Vagina	Diethylstilbestrol (exposure in utero) Human papillomavirus type 16	Human immunodeficiency virus type 1 (infection with)
Uterine cervix	Diethylstilbestrol (exposure in utero) Estrogen–progestogen oral contraceptives (combined) Human immunodeficiency virus type 1 (infection with) Human papillomavirus types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, and 59 Tobacco smoking	Human papillomavirus types 26, 53, 66, 67, 68, 70, 73, and 82
Endometrium	Estrogen therapy, postmenopausal Estrogen–progestogen menopausal therapy (combined)	Diethylstilbestrol

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]		
Cancer site	**Carcinogenic agents with *sufficient evidence* in humans**	**Agents with *limited evidence* in humans**
	Tamoxifen	
Ovary	Asbestos (all forms) Estrogen therapy, postmenopausal Tobacco smoking	Talc [h] X- and Gamma-radiation
Male genital organs		
Penis	Human papillomavirus type 16	Human immunodeficiency virus type 1 (infection with) Human papillomavirus type 18
Prostate		Androgenic (anabolic) steroids Arsenic and inorganic arsenic compounds Cadmium and cadmium compounds Firefighter (occupational exposure as a) Malathion Night shift work Red meat (consumption of) Rubber manufacturing industry Thorium-232 and its decay products X- and Gamma-radiation
Testis		DDT (4,4'-dichlorodiphenyl-trichloroethane) Diethylstilbestrol (exposure in utero) *N*,*N*-Dimethylformamide Firefighter (occupational exposure as a) Perfluorooctanoic acid (PFOA)

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]		
Cancer site	**Carcinogenic agents with *sufficient evidence* in humans**	**Agents with *limited evidence* in humans**
Urinary tract		
Kidney	Tobacco smoking Trichloroethylene X- and Gamma-radiation	Arsenic and inorganic arsenic compounds Automotive gasoline Cadmium and cadmium compounds Perfluorooctanoic acid (PFOA) (renal cell carcinoma) Welding fumes
Renal pelvis and ureter	Aristolochic acid, plants containing Phenacetin Phenacetin, analgesic mixtures containing Tobacco smoking	Aristolochic acid
Urinary bladder	Aluminium production 4-Aminobiphenyl Arsenic and inorganic arsenic compounds Auramine production Automotive gasoline Benzidine Chlornaphazine Cyclophosphamide Firefighter (occupational exposure as a) Magenta production 2-Naphthylamine Opium consumption Painter (occupational exposure as a) Rubber manufacturing industry *Schistosoma haematobium* (infection with) Tobacco smoking *ortho*-Toluidine X- and Gamma-radiation	Acrylonitrile 4-Chloro-*ortho*-toluidine Coal-tar pitch Dry cleaning (occupational exposures in) Engine exhaust, diesel Hairdresser or barber (occupational exposure as a) 2-Mercaptobenzothiazole Outdoor air pollution Pioglitazone Printing processes (occupational exposures in) Soot (as found in occupational exposure of chimney sweeps) Tetrachloroethylene (Perchloroethylene) Textile manufacturing industry (work in)

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Eye, brain, and central nervous system		
Eye	Human immunodeficiency virus type 1 (infection with) Ultraviolet emissions from welding Ultraviolet-emitting tanning devices	Solar radiation
Brain and central nervous system	X- and Gamma-radiation	Radiofrequency electromagnetic fields (glioma and acoustic neuroma)
Endocrine glands		
Thyroid	Radioiodines, including iodine-131 X- and Gamma-radiation	
Lymphoid, haematopoietic, and related tissues [c]		
Childhood leukaemia		
Childhood acute lymphoblastic leukaemia [d]		Automotive gasoline Tobacco smoking (parental)
Childhood acute myeloid leukaemia [d]		Benzene Teniposide Tobacco smoking (parental)
Childhood leukaemia: all combined	Fission products, including strontium-90 Thorium-232 and its decay products X- and Gamma-radiation	Chloramphenicol Magnetic fields, extremely low-frequency Painter (maternal occupational exposure as a) Radioiodines, including iodine-131 Tobacco smoking (parental exposure)

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]		
Cancer site	**Carcinogenic agents with *sufficient evidence* in humans**	**Agents with *limited evidence* in humans**
Lymphoid, haematopoietic, and related tissues (contd) [c]		
Leukaemia		
Acute myeloid leukaemia [e]	Benzene Busulfan Chlorambucil Cyclophosphamide Etoposide in combination with cisplatin and bleomycin Formaldehyde Melphalan MOPP and other combined chemotherapy including alkylating agents Phosphorus-32, as phosphorus Semustine [1-(2-Chloroethyl)-3-(4-methylcyclohexyl)-1-nitrosourea, Methyl-CCNU] Thorium-232 and its decay products Tobacco smoking Treosulfan X- and Gamma-radiation	Bischloroethyl nitrosourea (BCNU) Etoposide Mitoxantrone Teniposide
Other acute non-lymphocytic leukaemia [e]	Benzene Formaldehyde Phosphorus-32, as phosphorus Thorium-232 and its decay products X- and Gamma-radiation	Bischloroethyl nitrosourea (BCNU)
Chronic myeloid leukaemia [e]	Formaldehyde Thorium-232 and its decay products Tobacco smoking X- and Gamma-radiation	Benzene
Acute lymphocytic leukaemia [e]	Phosphorus-32, as phosphorus Thorium-232 and its decay products X- and Gamma-radiation	
Chronic lymphocytic leukaemia [e]		Automotive gasoline Benzene Ethylene oxide

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
Adult T-cell leukaemia/lymphoma (ATLL) [e]	Human T-cell lymphotropic virus type 1 Thorium-232 and its decay products X- and Gamma-radiation	
Leukaemia: all combined	1,3-Butadiene Fission products, including strontium-90 Rubber manufacturing industry Thiotepa	Chloramphenicol Diazinon Nitrogen mustard Petroleum refining (occupational exposures in) Radioiodines, including iodine-131 Radon-222 and its decay products Styrene Tacrolimus
Lymphoma		
Hodgkin lymphoma [f]	Epstein–Barr virus Human immunodeficiency virus type 1 (infection with)	
Primary effusion lymphoma [f]	Kaposi sarcoma herpesvirus	
Non-Hodgkin lymphoma: immunosuppression-related lymphoma (including post-transplant lymphoproliferative disorder)	Epstein–Barr virus Tacrolimus	
Non-Hodgkin lymphoma: Burkitt lymphoma [f, g]	Epstein–Barr virus	Malaria (caused by infection with *Plasmodium falciparum* in holoendemic areas)
Non-Hodgkin lymphoma: extranodal NK/T-cell lymphoma (nasal type) [f, g]	Epstein–Barr virus	
Non-Hodgkin lymphoma: low-grade B-cell mucosa associated lymphoid tissue (MALT) gastric lymphoma [f, g]	*Helicobacter pylori* (infection with)	
Non-Hodgkin lymphoma: all combined [f]	Azathioprine Ciclosporin Hepatitis C virus (chronic infection with) Human immunodeficiency virus type 1 (infection with)	Automotive gasoline Benzene Chlorophenoxy herbicides DDT (4,4'-dichlorodiphenyl-trichloroethane)

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]

Cancer site	Carcinogenic agents with *sufficient evidence* in humans	Agents with *limited evidence* in humans
	Lindane Pentachlorophenol Tacrolimus	Diazinon Dichloromethane (methylene chloride) Ethylene oxide Firefighter (occupational exposure as a) Glyphosate Hepatitis B virus (chronic infection with) Malathion Polychlorinated biphenyls Polychlorophenols and their sodium salts (mixed exposures) 2,3,7,8-Tetrachlorodibenzo-*para*-dioxin Trichloroethylene X- and Gamma-radiation
Multicentric Castleman disease [f]		Kaposi sarcoma herpesvirus
Lymphoma: all combined	1,3-Butadiene Rubber manufacturing industry	Styrene
Multiple myeloma		
Multiple myeloma	1,3-Butadiene Pentachlorophenol	Automotive gasoline Benzene Ethylene oxide Styrene 1,1,1-Trichloroethane X- and Gamma-radiation
Multiple or unspecified sites		
Lymphoepithelioma-like carcinoma (LELC)		Epstein–Barr virus
Multiple sites (unspecified)	Ciclosporin Fission products, including strontium-90 X- and Gamma-radiation (exposure in utero)	Chlorophenoxy herbicides
All cancer sites (combined)	2,3,7,8-Tetrachlorodibenzo-*para*-dioxin	

List of classifications by cancer sites with *sufficient* or *limited evidence* in humans, *IARC Monographs* Volumes 1–138[a]		
Cancer site	**Carcinogenic agents with *sufficient evidence* in humans**	**Agents with *limited evidence* in humans**

Abbreviations

BCC, basal cell carcinoma; SCC, squamous cell carcinoma.

Footnotes

[a] This table does not include factors not covered in the *IARC Monographs*, notably genetic traits, reproductive status, and some nutritional factors.

[b] See also Pharynx: all combined.

[c] For historical purposes, chronic lymphocytic leukaemia has been included with leukaemias rather than as chronic lymphocytic leukaemia/small lymphocytic lymphoma with non-Hodgkin lymphomas.

[d] See also Childhood leukaemia: all combined.

[e] See also Leukaemia: all combined.

[f] See also Lymphoma: all combined.

[g] See also Non-Hodgkin lymphoma: all combined.

[h] The agent “Talc” includes talc containing asbestiform fibres other than asbestos, and talc not containing asbestiform fibres. For talc containing asbestos, see “Asbestos.”

Adapted from Table 4 in Cogliano *et al.* (2011); available from: http://jnci.oxfordjournals.org/content/early/2011/12/11/jnci.djr483.short?rss=1 , and supplemented with new information for more recent *IARC Monographs* evaluations and a more complete description of the evidence for cancers of lymphoid, haematopoietic, and related tissues.

Last update: 21 March 2025

IARC, 25 avenue Tony Garnier 69366 Lyon CEDEX 07, France - Tel: +33 (0)4 72 73 84 85 - Fax: +33 (0)4 72 73 85 75

FACTSHEET #1

Presumptive Legislation Improvements

Amend the Workers' Compensation Act for Fire Fighters to include "All forms of Cancer and lower Employment Period to 2 years"

Lobbyist Group:
British Columbia Professional Fire Fighters' Association

Approving Government Body:
Government of British Columbia

Responsible Ministry:
Minister of Labour, Honourable Jennifer Whiteside,

January 2025

BC Professional Fire Fighters' Association
3891 Main Street, BC, V5V 3P1
604.436.2053
admin@bcpffa.org
BCPFFA.ORG

Affiliated with the International Association of Fire Fighters since 1929

FACTSHEET #1: Presumptive Coverage Legislation Improvements

Executive Summary:

Occupational disease is a leading cause of death among Canadian firefighters.

Firefighters are at a significantly higher risk of developing cancer, with rates of some cancers being 2 to 4 times greater than those in the general population. This increased risk is primarily due to exposure to toxic chemical compounds during and after emergency operations. Harmful combustion products can cling to a firefighter's clothing, skin, and even the interior of the fire apparatus.

On average, 50 to 60 firefighters in Canada die each year from occupational diseases, with about a quarter of these fatalities occurring in British Columbia.

In July 2022, the International Agency for Research on Cancer (IARC), part of the World Health Organization, classified Firefighting Exposures as a Group 1 Known Human Carcinogen, which is the highest level of recognized carcinogenic risk.

The BCPFFA is asking the Provincial Government to action the following proposals,

1. All forms of Cancer and Employment Periods

Proposal: The Provincial Government amend the ***Workers' BC Compensation Act - Firefighters' Occupational Disease Regulation*** by expanding presumptive cancer coverage to,

- ➔ include all forms of cancer sites under *section 140 (1) (b) of the act*;
- ➔ lower the employment period requirements for eligibility to two years *under section 140 (2) (a) of the act.*

This amendment is intended to align with the latest scientific understanding of firefighter-related cancers and current presumptive policies and coverage[1].

It would bring the legislation in line with the International Agency for Research on Cancer's (IARC) comprehensive list of occupational cancers, thereby enhancing coverage for various concerns, such as those affecting the digestive system, female reproductive system, respiratory system, skin, and bones and other areas of concern.[2]

This proposal is detailed in party platform commitment letters: (NDP letter[3] and Conservative letter[4]) that were submitted to BCPFFA on October 15, 2024

[1] Workers Compensation Act
[2] List of Classificaitons of cancer sites, International Agency for Research on Cancer (IARC)
[3] Letter: NDP Leader
[4] Letter: BC Conservative Leader

Revised: February 5, 2025

BC Firefighters Need Your Help – Act Now

Please write to your MLA and copy the following Ministers:
Hon. Jennifer Whiteside, Minister of Labour, LBR.Minister@gov.bc.ca
Hon. David Eby, Premier of British Columbia, Premier@gov.bc.ca

We seek your support as a member of the legislative assembly to improve British Columbia's presumptive coverage by amending the *Workers Compensation Act* *Firefighters' Occupational Disease Regulation* to include all forms of cancer, and lower the required employment period for eligibility to two years to best conform to the current state of science regarding fire fighter cancer;

Also, we seek to ensure toxic substances such as PFAS are removed from the personal protective equipment and suppression foam.

We extend our heartfelt gratitude to everyone supporting the BCPFFA's advocacy for firefighters and their families. We can build a stronger and safer future for our fire service community.

Todd Schierling	|	Brian Catinus
President		Secretary-Treasurer

PER BC PROFESSIONAL FIRE FIGHTERS' ASSOCIATION

Fire Fighter Cancer Awareness and Prevention

TRAINING BRIEF

The Scope of Firefighter Occupational Cancer

DISCUSSION

Fact: Firefighters have a 9% greater risk of being diagnosed with cancer than the general public and a 14% higher risk of dying from occupational cancer than the general public.

Key Points: In a 2006 meta-analysis by Grace LeMasters of 32 firefighter cancer studies, their team found that, compared with the general population, there was a 14% increased risk of leukemia than general public.

NIOSH conducted a study of 30,000 firefighters and occupational cancer. The results were a 9% higher chance of firefighters being diagnosed with cancer than the general public and a 14% higher rate of dying from cancer than the general public.

The importance of annual medical exams cannot be understated.

You can download a medical form from our website that highlights the needed medical tests to be done if you're a firefighter.

Action: Download and print the form. Bring it to your primary care physician. Discuss the risks firefighters have in regards to occupational cancer.

Make the necessary changes.

Firefighter cancer is a looming personal catastrophe for each and every firefighter. Cancer is the most dangerous and unrecognized threat to the health and safety of our nation's firefighters.

Multiple studies have repeatedly demonstrated credible evidence and biologic creditability for statistically higher rates of multiple types of cancers in firefighters compared to the general population, including:

- Testicular cancer (2.02 times greater risk)
- Multiple Myeloma (1.53 times greater risk)
- Non-Hodgkin's lymphoma (1.51 times greater risk)
- Skin cancer (1.39 times greater risk)
- Prostate cancer (1.28 times greater risk)
- Malignant melanoma (1.31 times great risk)
- Brain cancer (1.31 times greater risk)
- Colon cancer (1.21 times great risk)
- Leukemia (1.14 times greater risk)
- Breast cancer in women is 6 times the national average.

Key Studies:

- NIOSH Study
- LeMasters Meta-Analysis
- Nordic Study
- Jalilian Meta-Analysis

Exposures can subsequently have both short and long-term negative health impacts.

In 2017, 78% of the names added to the IAFF Fallen Fire Fighter Memorial Wall of Honor were from cancer.

The number of LODDs from occupational cancer continues to rise but our fire incidents are decreasing. This is alarming.

We need to take the necessary steps to protect ourselves and reduce our exposures.

Fire Fighter Cancer Awareness and Prevention

Carcinogenic Exposures

Fire fighters work in uncontrolled environments. They are exposed to hazards at high levels for varying lengths of time, unlike most other occupations. Even though personal protective equipment (PPE) is required for firefighting activities, they do not completely eliminate the risk of exposure. Exposures can occur in all stages of firefighting, including knockdown and overhaul, and back at the station through contaminated PPE or equipment that may be off-gassing or through diesel exhaust.

Chronic exposure to heat, smoke, and toxicants, whether visible or not, can put fire fighters at a higher risk for developing cancer. Fires release many hazardous substances, which can lead to exposures through the lungs (inhalation); the nose, mouth and throat (ingestion); and contact with skin (dermal).

Some of these chemicals are scientifically proven cancer-causing (carcinogenic) agents. The International Agency for Research on Cancer (IARC) groups carcinogenic agents according to the strength of scientific evidence regarding whether or not an agent can cause cancer. IARC Group 1 carcinogenic agents are those for which there is sufficient scientific evidence that the agent can cause cancer. IARC Group 2A and 2B agents are probable and possible human carcinogens, respectively. Group 2A probable carcinogenic agents are those for which there is some evidence of carcinogenicity in humans, sufficient evidence of carcinogenicity in experimental animals or strong mechanistic evidence that the agent is carcinogenic to humans. Group 2B possible carcinogenic agents are those that only satisfy one of the criteria listed for Group 2A.

IARC GROUP 1 AGENTS

(including but not limited to)

- arsenic
- asbestos
- benzene
- cadmium
- 1,3-butadiene
- diesel engine exhaust
- benzo[a]pyrene
- formaldehyde
- polychlorinated biphenyls (PCBs)
- silica
- soot
- vinyl chloride

IARC GROUP 2A/B AGENTS

(including but not limited to)

- polycyclic aromatic hydrocarbons (PAHs)
- per/poly-fluoroalkyl substances (PFAS)
- dioxins
- creosote
- products of biomass fuel combustion
- shiftwork with circadian disruption

These substances do not just stay at the fire scene, either. They can be transferred from fire sites to PPE and apparatus - back to the firehouse. These chemicals have been found in dust samples from engine bays, duty offices, and dormitories; or from diesel exhaust from the apparatus when the diesel exhaust extractors are not used correctly.

Despite great work to decrease exposures, fire fighters continue to be exposed to high levels of carcinogens in smoke due to uncontrolled and hazardous environments. Fire fighters are often exposed to carcinogen/toxin levels that are many times higher than the recommended Occupational Safety and Health Administration (OSHA) limits.

With new building materials, plastics, flame retardants and technology, combustion products have become even more chemically complex. Unfortunately, recognition of toxic/carcinogenic materials often lags several years behind the institution of new products. For this reason (and many others) the correct use of PPE, thorough decontamination and personal hygiene practices are the best defense in combatting the dangers of exposures that can affect fire fighters.

Fire Fighter Cancer Awareness and Prevention

Smoke Exposure

What Are Fire Fighters Exposed To?

The composition of smoke depends on the nature of the burning fuel and the conditions of combustion. No matter what the conditions are, all smoke and combustion products are toxic and can lead to occupational diseases and cancers.

There are over 265 known carcinogens in a typical residential structure fire.[1] If you are smelling the smoke or diesel exhaust while on an active fire ground, then you are being exposed to carcinogenic materials.

It is important to wear your self-containing breathing apparatus (SCBA) when responding to calls and through overhaul as these are some of the chemicals you may be exposed to when responding to most structural fires:

1. **Arsenic:** Heavy metal commonly found in smoke. Used to produce chromated copper arsenate, a wood preservative.
2. **Asbestos:** Naturally occurring minerals used in fireproofing and insulation. Primarily in buildings and building materials before 1989. Legacy asbestos is a common concern.
3. **Ash/Soot:** Incomplete burning of organic matter. Typically, black or grey powdery substance.
4. **Benzene:** Found in crude oil, gasoline, motor vehicle exhaust, tobacco smoke and wood smoke. Used to make plastics; primary component of PVC combustion.
5. **1,3 Butadiene:** Found in wildland fires, rubber, wood burning, cigarette smoke.
6. **Cadmium:** A type of metal used in the production of batteries, plastics and other industrial processes. Can be found in diesel exhaust.
7. **Diesel Exhaust:** Diesel exhaust comprises of a complex mixture of both particulate matter and gaseous substances, including diesel particulate matter, polyaromatic hydrocarbons (PAHs) and volatile organic compounds (VOCs).
8. **Dioxins:** Formed during combustion processes: waste incineration, fuels (e.g., wood, coal, oil) plastic materials containing Polybrominated diphenyl ethers (PBDEs).
9. **Flame Retardants:** Added to consumer products, including upholstery furniture and mattresses.
10. **Formaldehyde:** Used in resins, adhesives for pressed wood products, particle board, furniture. Preservative in some medical labs and consumer products.
11. **Polychlorinated biphenyls (PCB):** Used as a flame retardant in electronic equipment, insulation, oil-based paint, caulking, fluorescent light bulbs, plastics, floor finish. No longer produced, but still found in consumer products.
12. **Per- and Poly-fluoroalkyl Substances (PFAS):** Used as a water, stain and grease repellent in consumer products; ingredients in some firefighting foams (AFFF) applied to liquid fuel fires.

13. **Polycyclic Aromatic Hydrocarbons (PAHs):** A group of over 100 chemicals formed during incomplete burning of coal, oil and gas, garbage or other organic substances like tobacco. Encountered on most fire grounds during fires and overhaul and cleaning of equipment, clothing and skin.
14. **Trichloroethylene:** It is used mainly as a solvent to remove grease from metal parts, but it is also an ingredient in adhesives, paint removers, typewriter correction fluids and spot removers.
15. **Various Gases:** Nitrogen Oxides, Hydrogen Sulfide, Carbon Dioxide, Carbon Monoxide, Hydrogen Cyanide, Ammonia.

Many of these chemicals can result in the development of occupational cancer:

Carcinogen	Cancer
Arsenic	Kidney, liver, prostate
Asbestos	Lung, mesothelioma
Benzene	Multiple myeloma, non-Hodgkin's lymphoma
Cadmium	Lung, prostate, kidney, pancreatic, bladder, breast
Diesel Exhaust	Lung, bladder, esophageal
Dioxins	Breast, lung, bronchus, trachea, larynx, prostate, multipole myeloma, bladder
Flame Retardants	Breast, non Hodgkin's lymphoma, thyroid
Formaldehyde	Nasopharynx, leukemia
Polychlorinated biphenyls	Non-Hodgkin's lymphoma, lung, soft-tissue sarcoma
Per- and Poly-fluoroalkyl Substances (PFAS)	Testicular, non-Hodgkin's lymphoma, prostate
Trichloroethylene	Kidney, liver, non-Hodgkin's lymphoma
Vinyl chloride	Liver
1,3-butadiene	Non-Hodgkin's lymphoma, leukemia

Source:

1. Lyon, F. (2006). IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Preamble. Retrieved from: http://monographs.iarc.fr/ENG/Preamble/CurrentPreamble.pdf.

JANUARY **Is Fire Fighter Cancer Awareness Month**

IARC Firefighting Exposure Reclassification

After thoroughly reviewing the available scientific literature, the International Agency for Cancer (IARC) Working Group classified the occupation of firefighting as carcinogenic to humans (Group 1), IARC's highest carcinogenic hazard classification. This is supported by epidemiological studies and mechanistic evidence. Fire fighter exposures are definitively linked to five main characteristics of carcinogenesis:

- **Genotoxicity:** DNA damage, gene mutation, etc.
- **Induced epigenetic alterations:** DNA methylation, microRNA expression
- **Induced oxidative stress:** oxidative damage to macromolecules
- **Induced chronic inflammation:** altered cytokine/chemokine production, elevated white blood cells
- **Modulates receptor-medicated effects: r**eceptor in/activation (e.g., aryl hydrocarbon receptor and related enzyme P450 cytochrome)

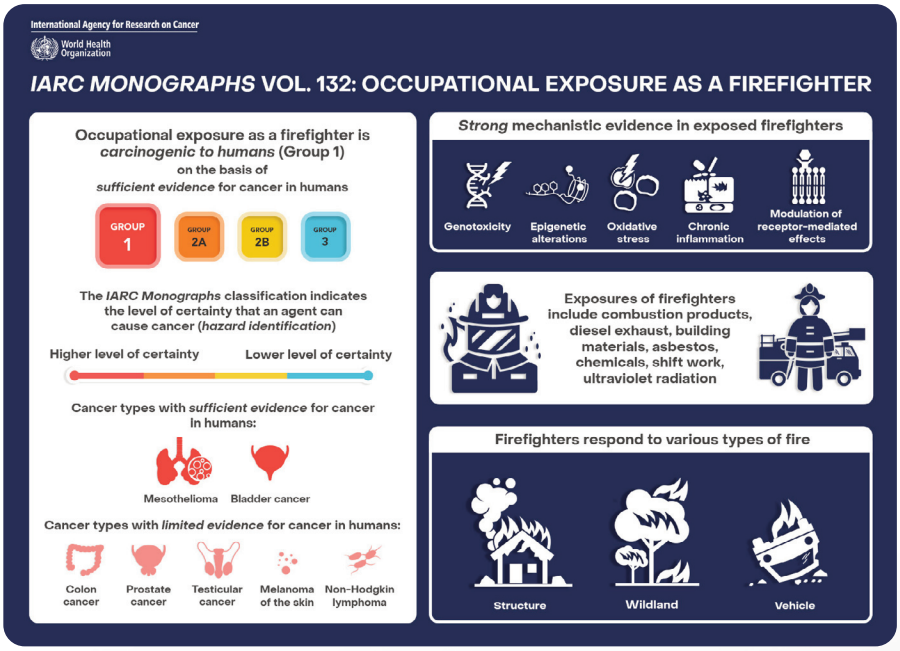
Previously, IARC had classified fire fighter occupational exposure as Group 2B, possibly carcinogenic to humans. The new classification as Group 1 puts firefighting on par with tobacco and benzene as *carcinogenic to humans*.

There are four different categories classified by the IARC monographs:

Group 1: The agent is *carcinogenic to humans*. This category is used when there is *sufficient* evidence for cancer in humans. In other words, there is convincing evidence that the agent causes cancer in humans.

Group 2A: This category includes agents with a range of evidence regarding cancer in humans and in experimental animals. At one extreme of the range are agents with positive but not conclusive evidence regarding cancer in humans. The agent is *probably carcinogenic to humans*.

Group 2B: The agent *is possibly carcinogenic to humans*.
This category is used when there is *limited* evidence for cancer in humans and less-than-sufficient evidence for cancer in experimental animals. It may also be used when the evidence regarding cancer in humans does not permit a conclusion to be drawn.



Group 3: The agent is *not classifiable as to its carcinogenicity to humans*.

The IARC working group, made up of 25 international experts, found that "occupational exposure as a fire fighter causes cancer." The IARC found sufficient evidence for cancer in humans for mesothelioma and bladder cancer, and limited evidence for several other cancers, including colon and prostate cancer.

The classification, announced in Lyon, France, on July 1, marks a dramatic shift in IARC's position on fire fighter occupational cancer. This designation will likely have a major impact on the fight against cancer in the fire service, from ongoing medical research to presumptive laws. .

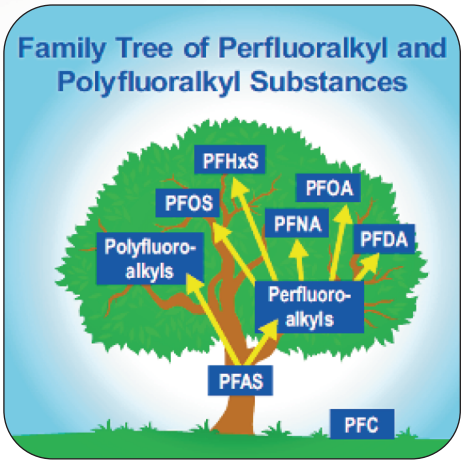
Sources:

- International Agency for Research on Cancer. Volume 132: Occupational exposure as a firefighter. Lyon, France; June 7–14, 2022. *IARC Monogr Identif Carcinog Hazards Hum* (in press).
- Demers P, DeMarini D, Fent K, Glass D, Hansen J, Adetona O, et al.
- Carcinogenicity of occupational exposure as a firefighter
- *Lancet Oncol*, Published online 30 June 2022; https://doi.org/10.1016/S1470-2045(22)00390-4

JANUARY **Is Fire Fighter Cancer Awareness Month**

PFAS and the Fire Service

What are PFAS?

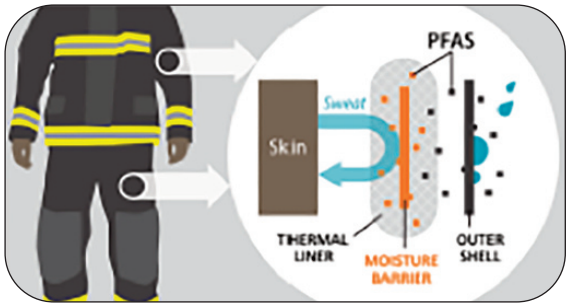


PFAS, or per and polyfluoroalkyl substances, is a large family of manufactured chemicals that have been used in industry and consumer products worldwide since the 1950s.

PFAS do not occur naturally and are found in people, wildlife, and fish all over the world. PFAS are highly persistent and will stay in the body for a long time. PFAS do not breakdown easily in the environment, and are toxic to the environment, animals, and humans.

How can I be exposed to PFAS?

Fire fighters face an occupational exposure to PFAS through firefighting, training, and daily interactions with flame-suppressing foams (AFFF) and turnout gear.[1] Although some types of PFAS are no longer used, many products may still contain PFAS, including food packaging materials, nonstick cookware, stain-resistant carpet treatments, water-resistant clothing, cleaning products, paints, varnishes and sealants, some cosmetics, as well as AFFF firefighting foam and turnout gear.



How is my exposure measured?

Exposures are measured through blood serum levels. PFAS compounds penetrate the skin on both animals and humans.[2] Dermal exposure may result in local and systemic toxicity.

Recent studies show that increases in blood serum levels of PFOA can be measured around six hours post dermal exposure to PFOA (C8),[1] demonstrating that skin is likely a significant route of exposure.

How can PFAS affect your health?

Scientists are still learning about the health effects of exposures to mixtures of PFAS. Scientific studies suggest that certain PFAS may affect different systems in the body. Human research studies suggest that high levels of certain PFAS may lead to increased cholesterol levels; changes in liver enzymes; decreased vaccine response in children; increased risk of high blood pressure or preeclampsia in pregnant women; small decreases in infant birth weights; and increased risk of kidney, non-Hodgkin lymphoma, ovarian, prostate, and testicular cancers.

How can I reduce my exposure to PFAS?

In addition to occupational exposures, PFAS are present at low levels in some food products and in the environment (air, water, soil, etc.). While you cannot prevent PFAS exposure altogether, you can take steps to reduce your risk of exposure and support additional research that looks into PFAS chemicals:

PFAS in Turnout Gear

- Turnout gear should NOT be taken into firehouse living areas.
- When transporting gear in personal vehicles, it should be in a sealed container or bag, and preferably NOT transported in the passenger compartment.
- Apparatus cabs should be cleaned regularly and after every fire.
- Wash your hands after handling turnout gear.

(Continued on Page 2)

How can I reduce my exposure to PFAS? (continued from Page 1)

- Legacy turnout gear should be replaced as new PFAS-free technologies become available.
- Do not wear turnout gear on responses where this level of protection is not necessary.*

PFAS From the Fireground

- Limit use of PFAS-containing firefighting foams.
- Do not wear turnout gear for physical fitness.
- Where possible, wear gloves when handling PPE. If not, wash your hands after handling.
- When transporting in a car, put PPE in a bag or container.
- When cleaning apparatus, PPE locker room, or app bays – DO NOT use an air hose or leaf blower.
- Use a shop vacuum with a HEPA filter to vacuum the floor or wet mop to limit the exposure to dust that is shed from PPE.
- Use a damp towel to wipe down other surfaces in apparatus.
- Dispose of PFAS-containing gear and AFFF appropriately to limit further environmental contamination.
- Shower within the hour after every exposure to occupational exposures.

Other Exposures

- If your drinking water contains PFAS above the EPA Lifetime Health Advisory (0.004 parts per trillion [ppt] for PFOA, 0.02 ppt for PFOS, 10 ppt for GenX chemicals, and 2,000 ppt for PFBS), consider using an alternative or treated water source.
- Read consumer product labels and avoid using those with PFAS.
- Limit personal exposure to PFAS from consumer products.

*Wearing all PPE and SCBA during firefighting, overhaul, and while working in smoke is still the best first line of defense when it comes to limiting exposures to fireground contaminants. Following any exposure to the products of combustion, all PPE should be cleaned in accordance with NFPA 1851 to reduce cross-contamination and further exposure.

Where can I find more information on PFAS?

The IAFF and the Metropolitan Fire Chiefs Association (Metro Chiefs) issued a joint safety advisory on the adverse health risks from PFAS in fire fighter turnout gear. Learn more here: iaff.org/PFAS.

Sources:

1. Graham F. Peaslee, John T. Wilkinson, Sean R. McGuinness, Meghanne Tighe, Nicholas Caterisano, Seryeong Lee, Alec Gonzales, Matthew Roddy, Simon Mills, and Krystle Mitchell Environmental Science & Technology Letters 2020(8), 594-599 DOI: 10.1021/acs.estlett.0c00410.
2. Franko J, Meade BJ, Frasch H, Barbero A, Anderson SE [2012]. Dermal Penetration Potential of Perfluorooctanoic Acid (PFOA) in Human and Mouse Skin. J Toxicol Environ Health 75(1):50-62.
3. Jennifer Franko, B. J. Meade, H. Frederick Frasch, Ana M. Barbero & Stacey E. Anderson (2012) Dermal Penetration Potential of Perfluorooctanoic Acid (PFOA) in Human and Mouse Skin, Journal of Toxicology and Environmental Health, Part A, 75:1, 50-62, DOI:10.1080/15287394.2011.615108.

JANUARY **Is Fire Fighter Cancer Awareness Month**

Female Fire Fighters and Cancer

Fire fighters face a greater risk of being diagnosed with occupational cancer than the general public, and this includes female fire fighters. Scientific studies on cancer and fire fighters have centered around male fire fighters due to the small percentage of female fire fighters in the workforce. However, female fire fighters are being diagnosed with different cancers than their male colleagues, and more research is needed to fully evaluate these differences.

Studies that have evaluated cancer risk among female fire fighters suggest that, like their male coworkers, they may be at an elevated risk for overall cancer incidence.[1] These studies also suggest that female fire fighters may be at an elevated risk for breast,[1] cervical, thyroid,[2] and bladder cancers.[1] Genetic and environmental factors are believed to play a role in breast cancer risk, but inheritance accounts for only 10% of breast cancers.[3]

Reproductive cancers are also of interest because elevated incidence and mortality may be associated with exposures to endocrine-disrupting chemicals in the fire fighter population. Endocrine-disrupting chemicals could result in elevated incidence and mortality for reproductive cancers among female fire fighters as well. With the potential that these chemicals could affect female fire fighters, further research needs to be done to gain a better understanding of these health concerns.

Female fire fighters have an increased risk of developing certain cancers, and some are being diagnosed at higher rates compared to female non-fire fighters:

- Cervical Cancer: 4 times higher risk[1]
- Breast Cancer: Half of all cases[1, 7]
- Thyroid Cancer: 3 times higher risk[2, 4, 7]
- Brain Cancer: 2.54 times higher risk[4]
- Bladder Cancer[4]
- Ovarian Cancer[5, 6, 7]
- Melanoma: 1.68 times higher risk[4]

Some of these numbers are alarming; however, these studies have very small sample sizes due to the low number of female fire fighters in the workforce. More studies need to be done, and some are currently underway.

Sources:

1. Daniels, R. D., Kubale, T. L., Yiin, J. H., Dahm, M. M., Hales, T. R., Baris, D., . . . Pinkerton, L. E. (2014). Mortality and cancer incidence in a pooled cohort of US firefighters from San Francisco, Chicago and Philadelphia (1950-2009). Occupational and Environmental Medicine, 71(6), 388-97. doi:10.1136/oemed-2013-101662
2. Ma, F., Fleming, L. E., Lee, D. J., Trapido, E., & Gerace, T. A. (2006). Cancer incidence in Florida professional firefighters, 1981 to 1999. Journal of Occupational and Environmental Medicine, 48(9), 883-88.
3. American Cancer Society. Breast Cancer Facts & Figures 2019-2020. Atlanta, Ga: American Cancer Society; 2019.
4. Lee DJ, Koru-Sengul T, Hernandez MN, Caban-Martinez AJ, McClure LA, Mackinnon JA, Kobetz EN. Cancer risk among career male and female Florida firefighters: Evidence from the Florida Firefighter Cancer Registry (1981-2014). Am J Ind Med. 2020 Apr;63(4):285-299. doi: 10.1002/ajim.23086. Epub 2020 Jan 12. PMID: 31930542.
5. U.S. Fire Administration (USFA). March 2019. Emerging Health and Safety Issues Among Women in the Fire Service. https://www.usfa.fema.gov/downloads/pdf/publications/emerging_health_safety_issues_women_fire_service.pdf
6. Maronpot RR. Ovarian toxicity and carcinogenicity in eight recent National Toxicology Program studies. Environ Health Perspect. 1987 Aug;73:125-30. doi: 10.1289/ehp.8773125. PMID: 3665857; PMCID: PMC1474570.
7. Ma, F., Fleming, L. E., Lee, D. J., Trapido, E., Gerace, T. A., Lai, H., & Lai, S. (2005). Mortality in Florida professional firefighters, 1972 to 1999. American Journal of Industrial Medicine, 47(6), 509-17.

CITY OF YELLOWKNIFE
OFFICE OF THE MAYOR

June 20, 2025

Julian Morse
Member of the Legislative Assembly
Chair Standing Committee on Government Operations
Government of the Northwest Territories
P.O. Box 1320
Yellowknife, NT X1A 2L9

EMAIL: Julian_morse@ntassembly.ca

Dear Mr. Morse,

RE: Call for Feedback and Invitation to Brief Committee on Bill 29: *First Responders Workers' Compensation Amendment Act*

Thank you for your letter dated June 13, 2025, inviting the City of Yellowknife to provide feedback and participate in a public hearing regarding Bill 29: *First Responders Workers' Compensation Amendment Act*.

The City of Yellowknife is proud to support our firefighters and all first responders who serve our community. We recognize the importance of ensuring that these individuals receive the care and compensation they deserve, particularly in relation to the risks associated with their work.

While we are supportive of the intent behind Bill 29, we note that the potential financial liabilities and administrative responsibilities associated with the proposed amendments to the *Workers' Compensation Act* do not impact the jurisdiction of the City. As such, the City has no additional input to contribute to the Committee's deliberations at this time.

We appreciate the opportunity to be considered as a stakeholder and thank the Committee for its work.

Sincerely,

Ben Hendriksen
Mayor

cc: Stephen Van Dine, City Manager

DM#797760

From: mike cross <crossmi@icloud.com>
Date: January 6, 2026 at 13:58:28 EST
To: mike cross <crossmi@icloud.com>
Subject: WSCC Assembly letter

To the Members of the Bill 29 Operations Committee Northwest Territories Legislative Assembly,

I am writing to request your oversight and review regarding the application and impact of Workers' Safety and Compensation Commission (WSCC) pension transition practices, as they relate to permanently injured workers, and in particular to first responders deemed unemployable due to occupational injury.

My workplace injury occurred in 2018. I served for ten years as a **Critical Care Flight Paramedic and Operations Manager based in Yellowknife**, roles that involved sustained exposure to high-acuity, high-risk, and traumatic operational environments. My injury is the result of cumulative occupational trauma sustained in the course of this service.

Following long-term treatment and assessment, including a comprehensive evaluation conducted by CAMH, I was formally deemed to have reached Maximum Medical Recovery (MMR) and to be unemployable as a result of work-related PTSD. Based on this determination, my claim was transferred from disability benefits to the WSCC Pensions Department.

Upon this transition, my income was reduced by approximately 80%. This reduction has rendered my pension insufficient to meet basic living needs and has resulted in significant hardship. I am the provider for myself and my 11-year-oldson. The current pension amount does not allow me to maintain stable housing, meet essential expenses, or provide a basic level of security for my child.

Of particular concern is that **my long-term treating medical team was not consulted prior to or during this transition**, nor were they engaged regarding the functional, psychological, or financial consequences of the pension calculation. This occurred despite the well-established relationship between financial instability and the worsening of PTSD symptoms. Since the reduction, my symptoms have significantly intensified.

While my case is personal, I believe it raises broader questions about the intent and implementation of WSCC pension provisions under the legislative framework overseen by this Assembly. Specifically:

- Whether current pension transition practices adequately protect workers who have been medically deemed unemployable
- Whether sufficient safeguards exist to prevent undue hardship when disability benefits convert to pensions
- Whether consultation with treating medical professionals should be mandatory prior to income reductions that may affect health outcomes

- Whether the system, as currently applied, aligns with the legislative intent of fairness, worker protection, and rehabilitation

As a former first responder who sustained a permanent, service-related injury, I do not believe it was the intent of the Legislature that injured workers be pushed into poverty or experience medical deterioration as a result of administrative transitions.

I respectfully request that the Bill 29 Operations Committee consider reviewing WSCC pension transition practices, particularly as they apply to permanently injured and unemployable workers, and assess whether legislative or policy clarification is required to ensure that outcomes align with the spirit and purpose of the Act.

I would welcome the opportunity to provide further information, documentation, or testimony should it assist the Committee in its work.

Thank you for your time, consideration, and continued commitment to the welfare of workers in the Northwest Territories.

Respectfully submitted, Michael
James Cross Yellowknife, NT
WSCC Claim Number: 2018-0360

From: Brodie Grykuliak
To: DST_LEG_Committees
Subject: Support for Bill 29
Date: January 14, 2026 16:37:40

Dear Members of the Government Operations Committee,

I am writing to express my strong support for Bill 29: the First Responders Workers' Compensation Amendment Act.

I am a frontline firefighter and paramedic working in the Northwest Territories. The expansion of presumptive workers' compensation coverage for PTSD, heart disease, and occupational cancers is not only necessary, but long overdue for those of us working daily in high-risk emergency environments.

Canadian data consistently shows that first responders experience significantly higher rates of psychological injury than the general population. According to Statistics Canada and peer-reviewed Canadian research, approximately one in four public safety personnel screen positive for symptoms consistent with PTSD, compared to roughly one in ten in the general population. Firefighters and paramedics are among the most affected groups due to repeated exposure to traumatic incidents.

Similarly, firefighters face elevated risks of cardiovascular disease, which remains one of the leading causes of line-of-duty deaths in Canada. Sudden cardiac events account for a substantial proportion of firefighter fatalities nationwide, driven by extreme physical exertion, heat stress, and chronic exposure to high-stress environments.

With respect to cancer, multiple Canadian and international studies have demonstrated increased incidence of several cancers among firefighters, including leukemia, non-Hodgkin lymphoma, prostate cancer, and colorectal cancer, linked to long-term exposure to combustion by-products and carcinogens. Most Canadian provinces have already recognized this risk through expanded presumptive cancer coverage for firefighters.

At present, workers' compensation frameworks that require first responders to individually "prove" causation for these conditions create unnecessary barriers, delays, and stress—often at a time when members are already physically or psychologically unwell. Presumptive legislation shifts the focus from adversarial processes to timely care, recovery, and dignity.

The Northwest Territories relies heavily on its emergency services workforce, often operating in remote, resource-limited, and high-risk conditions. Ensuring modern, evidence-based workers' compensation protections is essential not only for the wellbeing of first responders and their families, but also for recruitment, retention, and long-term system sustainability.

I respectfully urge the Committee to support Bill 29 and ensure that the NWT aligns with best practices already established across Canada. Supporting this legislation sends a clear message that the health impacts of first responder work are recognized, understood, and taken seriously.

Thank you for your time and for considering the perspective of those working on the front lines every day.

Sincerely,

Brodie Grykuliak

Firefighter / Paramedic

From: Christopher Shaver
To: DST_LEG_Committees
Subject: Bill C29 Survey
Date: January 14, 2026 20:38:43

Dear Government Operations Committee,

I am a volunteer firefighter and Emergency Medical Responder with the Hay River Fire Department. I have served notably during the 2024 and 2025 wildfires, working 12-18 hour shifts in and around Enterprise, Hay River, and Kátł'odeeche First Nation, resulting in significant exposure to smoke and toxins.

As someone managing chronic cancer throughout my adult life, my condition deteriorated severely in the past year—following these fire events—bringing me perilously close to fatality with the majority of 2025 spent in hospital. Establishing a scientific causal link between this exposure and my pre-existing illness's progression, versus other life factors, poses a substantial challenge. I imagine that connecting various illnesses and establishing a route cause and responsibility for such will be one of the largest and most complex hurdles when managing such cases. I have no idea how my illness and the fires may or may not be related but I can provide a valuable primary account of how one is treated through employment, healthcare, insurance, and social systems.

I have been denied long-term disability benefits through my primary employer's insurance due to having a pre-existing condition, exacerbating financial hardship and stress at a time of profound vulnerability. This has necessitated legal consultations and navigation of medical billing, rare pharmaceutical procurement, and travel expenses that could exceed hundreds of thousands of dollars. Such financial/legal burdens, compounded by physical debilitation, have prompted considerations of bankruptcy or Medical Assistance in Dying to safeguard my home and family from the compounding of financial difficulty that can seem insurmountable at times.

The recovery process is also a critical time when fighting such illnesses. Going from a skill set and job that is largely labour intensive to trying to find employment that entails lighter manageable duties is daunting but necessary. Social support, training or bridging programs to keep one gainfully employed is crucial to a positive outcome.

I am prepared to provide detailed documentation on how critical illness disrupts daily life and the complexities of securing care amid these systemic obstacles. Your dedication on presumptive workers' compensation for first responders in the Northwest Territories, or other supportive resources, would be invaluable to the service and personnel providing them.

Best regards, Christopher Shaver Volunteer Firefighter, Hay River Fire Department 867 875 8312

26-102 ST

Hay River NT

X0E 0R9

January 30, 2026

Mr. Julian Morse, MLA, Chair
Standing Committee on Government Operations
NWT Legislative Assembly
By email only Committees@ntassembly.ca and julian_morse@ntassembly.ca

Dear Mr. Morse,

Re: Bill 29: First Responders Workers' Compensation Amendment Act – Input

Thank you to the Committee for the opportunity to provide feedback and input into this Private Member's Bill.

The UNW acknowledges and appreciates that this Bill came about through in-depth consultation with the IAFF Local 2890 and a presentation was made by the Local 2890 President, which I attended.

Listening to the workers is a critical, as people who are directly affected by workplace hazards have inside knowledge and understanding of the dangers to their lives and livelihoods. We saw from the turnout of Yellowknife firefighters – which is not a large group of workers, so the members in the room clearly indicated a strong percentage representation – that it is of great concern to them. Providing the IAFF Local President with an opportunity to share his overarching knowledge of the subject matter and what he is hearing from the members is an important component of any consultation on legislation that directly affects workers.

The UNW is disappointed that we were not also consulted in advance, as our union represents airport firefighters and wildland firefighters, as well as many of the "front-line or emergency-response workers" that would be affected by section 3 of this Bill.

For more context: in the last round of collective bargaining with the GNWT (in 2023), the UNW proposed sending a joint letter to lobby the federal government to enact the "25 and out" early retirement pension initiative. Unfortunately, the GNWT was not interested in supporting this initiative that would have cost them nothing, even after a detailed and heartfelt presentation from one of our airport firefighters. After continued lobbying by labour unions across Canda, these changes were finally brought forward in the Federal Budget Bill in October 2025. It is encouraging to see that despite GNWT reluctance to support front line workers with the "25

Suite 400 - 4910 53 Street
Yellowknife, NT X1A 1V2
Toll Free: 1-877-906-4447
email: hq@unw.ca

and out" initiative, the Legislative Assembly is looking at additional related protections for these types of workers.

It is confusing however, to see another Private Member's Bill coming forward while a huge overhaul of the applicable Act was underway. As a stakeholder, it is preferable to work with the government as a whole on major Bill amendments, as it reduces redundancy – especially in situations where the union may support and oppose elements of both competing bills. Having said this, we acknowledge that *Bill 21 - An Act to Amend the Workers Compensation Act (WSCC)* received assent in October 2025, so a new bill is required for any further changes.

The UNW firmly supports changes to the WSCC Act that expand the list of conditions and diseases for firefighters (s. 2), recognise the prevalence and seriousness of PTSD in front line first responders (s. 3), and offer presumptive coverage for these workers.

I would also like to strongly suggest that more research be conducted by the committee to support including wildland firefighters in section 2 of the Bill. Wildland firefighters face different fire conditions, but are exposed to carcinogens and chemicals for much longer and more concentrated periods of time than structural firefighters. We recognize that official data on the long term health effects of wildland firefighting is an emerging area of study, but as scientists predict that fire seasons are expected to continue increasing in length and intensity due to climate change it is important to recognize that wildland firefighters face similar hazards, just in different ways (see **Appendix A**).

I know of at least two Yellowknife firefighters who died of cancer, and in the UNW we regularly see first responder members who are severely and adversely affected by dangers in the workplace such as violence trauma, health hazards, and so much more.

Again, thank you for this opportunity to provide insight and input into the important changes being brought forward in this Bill.

Sincerely,

Gayla Thunstrom
UNW President

Appendix A:

Below are just a few of many resources available on the increasing intensity of wildfire seasons and the health impacts on wildland firefighters.

Attached:

Canadian Climate Institute
FACT SHEET Climate Change and Wildfires - June 2025
(page 2 includes information about health impacts of wildfires)

Public Health Ontario
FAQ – Wildfires and Health Effects

Kathleen Navarro, PhD, MPH
Working in Smoke: Wildfire Impacts on the Health of Firefighters and Outdoor Workers and Mitigation Strategies

Links:

Government of Canada
Wildfire Smoke and Your Health

North American Space Agency (NASA)
Wildfires and Climate Change

Appendix D:

Committee Correspondence

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Minister Responsible for the Workers' Safety and Compensation Commission
Minista Munariyalik Havaktiit Aanniaqtailinginni Akiliuhirnikkullu Katimayiingit
Ministre responsable de la Commission de la sécurité au travail et de l'indemnisation des accidents du travail

Honourable Julian Morse, Chair
Standing Committee on Government Operations
P.O. Box 1320
Yellowknife, Northwest Territories
X1A 2L9

June 24, 2025

Dear Mr. Morse:

Re: Bill 29 – *First Responders Workers' Compensation Amendment Act* (Private Member's Public Bill)

We have now had an opportunity to review Bill 29, the *First Responders Workers Compensation Amendment Act,* which is being advanced in the Northwest Territories Legislative Assembly as a private member's public Bill. The Government of Nunavut is pleased to support firefighters, and front-line and emergency-response workers that are the worthy subject of the Bill.

As you may be aware, the Workers' Safety and Compensation Commission had been in the process of developing a similar Bill in collaboration with both Nunavut and the Northwest Territories.

In 1999, Nunavut and the Northwest Territories entered into the Inter-Governmental Agreement on a Shared Workers' Compensation Board; the agreement remains in force, with some amendments, to this day. What is now the Workers' Safety and Compensation Commission of the Northwest Territories and Nunavut (WSCC) is a unique inter-jurisdictional institution providing benefits to workers and employers in both territories. Both territories benefit economically from the shared Workers' Protection Fund and from the efficiencies facilitated by the co-administration of benefits and services.

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While there are no doubt challenges in coordinating legislative initiatives simultaneously in two territories, these challenges have been successfully navigated on various occasions over the last decades. As an example, the existing *Workers' Compensation Act* in each territory was passed by the respective legislative assemblies collaboratively in 2007 and incorporate provisions to facilitate the ongoing shared administration of workers' compensation. Although some minor differences are unavoidable the territories have successfully maintained mirrored legislation since division in 1999. As the legislation diverges the benefits of shared administration are likely to slowly erode; continued cooperation is to our mutual benefit.

An election will take place in Nunavut in October of 2025 returning the 7th Nunavut Legislature. There is not time for the current Legislative Assembly to consider whether Bill 29, in its current form is the correct fit for Nunavut. There may indeed be amendments to the proposed legislation that would serve both territories.

Under the circumstances, we request that the Northwest Territories Legislative Assembly work with the WSCC on this Bill and respect the timelines that have been established to incorporate input from Nunavut. While it may take some time, the last 25 years is evidence that collaboration is both possible and to the benefit of both territories.

Yours Truly,

Honourable David Akeeagok
Minister Responsible for the Workers' Safety and Compensation Commission, Nunavut

Cc: Vince McKay, Minister Responsible for WSCC
Kieron Testart, MLA Range Lake
Glen Rutland, Clerk of the Northwest Territories Legislative Assembly
Stephen Innuksuk, Clerk of the Legislative Assembly of Nunavut

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867-975-5095

NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY
TERRITOIRES DU NORD-OUEST
ASSEMBLÉE LÉGISLATIVE

July 21, 2025

KIERON TESTART
MEMBER OF THE LEGISLATIVE ASSEMBLY FOR RANGE LAKE

Request for Comment Concerning the Government of Nunavut's Position on Bill 29: First Responders Workers' Compensation Amendment Act

The Standing Committee on Government Operations (Committee) is in receipt of a letter dated June 24, 2025 from the Honourable David Akeeagok, Minister Responsible for the Workers' Safety and Compensation Commission (WSCC) in Nunavut concerning Bill 29, First Responders Workers' Compensation Amendment Act ("the Bill"). Committee notes that you and the Honourable Vince McKay, Minister Responsible for the WSCC, also received a copy of the letter.

Through this letter, the Government of Nunavut notes that the WSCC had been in the process of developing similar legislation in collaboration with both territories, and that there is not time for Nunavut's 6th Legislative Assembly to consider and provide input on Bill 29 before the next territorial election in October 2025. The letter concludes by requesting "that the Northwest Territories Legislative Assembly work with the WSCC on this Bill and respect the timelines that have been established to incorporate input from Nunavut."

Committee considered this letter at a recent meeting. As it considers the next steps in its review of the Bill, Committee would appreciate hearing from you to understand your perspective in response to this letter, either through a written response or by attending a future meeting of the Committee. If you have any thoughts that you would like to share on this topic, or on any other feedback that Committee has received in the course of its review of the Bill, please don't hesitate to contact the Committee.

…/2

Thank you for your consideration. Committee looks forward to receiving your response as it continues its review of Bill 29.

Julian Morse, Chair
Standing Committee on
Government Operations

c. Members of the Legislative Assembly
Committee Members, Standing Committee on Government Operations
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations

Kieron Testart
MLA for Range Lake
LEGISLATIVE ASSEMBLY NWT

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WWW.NTASSEMBLY.CA/FR

July 24th, 2025

Julian Morse
Chair
Standing Committee on Government Operations
Northwest Territories Legislative Assembly
4570 48 St, Yellowknife, NT
X1A 3A5

Dear Chairman Morse,

Thank you for your recent correspondence regarding Bill 29: First Responders Workers' Compensation Amendment Act. I recognize the shared legislative framework for Workers' Compensation between the NWT and Nunavut—a matter addressed in Bill 29, which I will discuss further below.

I welcome the committee's invitation to provide feedback; however, doing so presents a challenge, as I am neither a member of the Nunavut Legislature nor authorized to represent the interests of Nunavummiut. As a Member of the Northwest Territories Legislative Assembly, I can only speak to this issue in my capacity as the representative for the constituency of Range Lake. While I am able to provide my own comments in response to Minister Akeeagok's letter, I want to be clear that I do so not to criticize the Government of Nunavut or its duly elected Members of the Legislative Assembly. I hold deep respect for all legislative institutions—with particular regard for the Legislative Assembly of Nunavut—given its historical connection to the Northwest Territories and to the Indigenous Peoples who have called these lands home since time immemorial.

I acknowledge that Minister Akeeagok, on behalf of the Government of Nunavut, has requested that Bill 29 not proceed until such time as Nunavut feels comfortable with the proposal. As your letter indicates, Minister Akeeagok's specific request is that the NWT Legislature "work with the WSCC" and "respect the timelines that have been established."

In response, I would first clarify that the Northwest Territories Legislative Assembly is not sponsoring Bill 29. The authority to pass laws within our jurisdiction rests with our Legislative Assembly—and it is the prerogative of individual members to introduce such legislation, as permitted under the Assembly's rules for private members' bills. Apart from a handful of narrow subject matters where bills emerge from caucus (i.e., the Elections and Plebiscites Act), the Assembly does not act in concert on legislative matters. Therefore, it is inappropriate to request that the institution act collectively in this matter respecting Bill 29.

Secondly, I am not aware of any formal timelines that have been established for the development of similar legislation by the WSCC. The WSCC, when presenting to committee, endorsed the principle of this Bill, if not its exact provisions. I acknowledge that Minister McKay provided me with a proposed work plan from the WSCC on May 21, 2024, but I am unaware of any public engagement or policy development that has occurred since then. The WSCC website does not indicate any public consultation on proposed changes to presumptive coverage of which I am aware. Without access to supplementary information, it is therefore not possible to consider any "established timelines," as none have been clearly communicated either to me as the sponsor of the Bill or to the committee reviewing it.

Thirdly, the Assembly and its members do not work directly with the WSCC. As an independent, arms-length agency, there is no avenue for formal collaboration with the WSCC outside of engagement through the responsible Minister or through evidence gathered by committee. As mentioned previously, both the Minister and the WSCC have endorsed the principle of Bill 29. I am therefore not aware of any further collaboration required at this time, apart from the Bill review process currently before the House. The WSCC has already made its views known to the committee, including commentary on operational impacts. I do not see how additional collaboration would be necessary to realize the principle of Bill 29.

In summary, there exists no procedural or political impediment preventing the Government of Nunavut from providing commentary or recommendations to the committee regarding Bill 29. Furthermore, the Bill explicitly provides Nunavut with one year to develop its own legislation before any changes to presumptive coverage come into force. As the subject matter experts on this issue, the WSCC is well positioned to provide policy advice to the Government of Nunavut, and it is highly unlikely that such advice would differ significantly from the evidence already presented to the committee. I see no reason why Minister Akeeagok would be unable to provide feedback before October 27, 2025, given these circumstances.

First responders have been clear in their desire to see no further delays in realizing progressive improvements to Workers' Compensation in the NWT. NWT workers and first responders should not be deprived of access to presumptive coverage due to the inter-jurisdictional nature of our Workers' Compensation system. This is precisely why Bill 29 respects the unique structure of our shared system, with a clear provision allowing Nunavut time to make its own decisions.

To abandon this effort now or to introduce further delays risks undermining public trust in our government and denying first responders access to coverage that is already available in most other provinces and territories—coverage that has been promised for over a decade.

As the sponsor of this Bill, I remain open to considering any recommendations or amendments brought forward by the committee, including those based on evidence from the WSCC and the governments of both the NWT and Nunavut. I note that I have not yet received any such feedback, but I have made my commitment to collaboration clear to both Minister McKay and the Chair of the WSCC.

I trust this satisfies the committee's request for comment. I would be pleased to appear in person to discuss Bill 29 further or to provide additional written responses to any questions or concerns the committee may have.

Sincerely,

Kieron Testart, MLA Range Lake

P.O. Box 1320 | Yellowknife | Northwest Territories | XIA 2L9 | Telephone (867) 767-9143 ext. 12150 | Fax: 867-873-0276
C. P. 1320 | Yellowknife | Territoires du Nord-Ouest | XIA 2L9 | Téléphone : (867) 767-9143 ext. 12150 | Télécopieur : 867-873-0276

Kîci Okimänähk Mämawapowin • Beba ʔełígíth ʔeła Déłtth'ı Kų́é • Ek'ètehtsodǫ Łegehdì Kǫ̀ • K'áowe gogha ełek'éterewe ke łénakedé
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NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY
TERRITOIRES DU NORD-OUEST
ASSEMBLÉE LÉGISLATIVE

September 05, 2025

Honourable David Akeeagok
Minister Responsible for the Workers' Safety & Compensation Commission
Government of Nunavut
Dakeeagok6@gov.nu.ca

Dear Minister Akeeagok:

Response to June 24 Letter Concerning Bill 29: First Responders Workers' Compensation Amendment Act

The Standing Committee on Government Operations (Committee) sincerely thanks you for your letter dated June 24 outlining the Government of Nunavut's position on Bill 29: First Responders Workers' Compensation Amendment Act (Bill 29), and the request that the Northwest Territories Legislative Assembly work with the Workers' Safety and Compensation Commission (WSCC) on the bill and allow time for input from Nunavut.

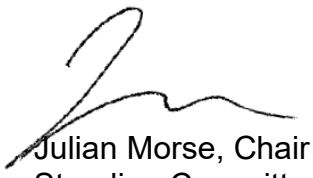
Committee carefully considered your letter at a recent meeting as part of a larger discussion of the next steps in its review of Bill 29. Committee recognizes that the timing of the upcoming territorial election in Nunavut precludes you or the Government of Nunavut from providing comment or proposing amendments to the bill at this time.

Committee has decided to continue its review of Bill 29, keeping the established timelines for the review of legislation set out in the rules of the Legislative Assembly in mind. Committee is not in a position to predict the outcome of this bill as it remains actively under study.

…/2

Committee is certainly mindful of the mutual benefits offered by cooperation and continued collaboration on developing the workers' compensation regime in both territories. The information-sharing between Committee as it studies Bill 21 and the Standing Committee on Legislation in the Legislative Assembly of Nunavut as it studies Bill 57 demonstrates this well. Committee hopes to continue this productive relationship going forward.

Sincerely,



Julian Morse, Chair
Standing Committee on
Government Operations

c. Members of the Legislative Assembly, Northwest Territories
Minister Responsible for WSCC, Northwest Territories
Chief of Staff
Senior Envoy to the Government of Canada
Secretary to Cabinet/Deputy Minister, Executive & Indigenous Affairs
Clerk of the Legislative Assembly, Northwest Territories
Clerk of the Legislative Assembly, Nunavut
Committee Members, Standing Committee on Government Operations
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations

NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY
TERRITOIRES DU NORD-OUEST
ASSEMBLÉE LÉGISLATIVE

September 05, 2025

HONOURABLE CAROLINE WAWZONEK
MINISTER OF FINANCE

Request for Comment on Bill 29: First Responders Workers' Compensation Amendment Act

The Standing Committee on Government Operations (Committee) has been reviewing Bill 29: First Responders Workers' Compensation Amendment Act (Bill 29). Bill 29 would expand existing presumptive cancer coverage and provide presumptive coverage of heart disease for firefighters, and would provide coverage of Posttraumatic Stress Disorder (PTSD) for front-line and emergency-response workers. As part of its review, Committee received a briefing from the Minister Responsible for the Workers' Safety and Compensation Commission (WSCC) and WSCC officials on June 19.

At that briefing and in subsequent correspondence, the Minister and the WSCC noted that the liability and financial costs of expanding presumptive coverage as set out in Bill 29 would be borne by the Government of the Northwest Territories. Preliminary estimates provided by the Minister and the WSCC to Committee on June 19 indicate that the adoption of Bill 29 as currently drafted would entail a liability payment of $14.4 million payable by the Government of the Northwest Territories (GNWT) upon the amendments to the *Workers' Compensation Act* coming into force in October 2026 as well as an ongoing rate increase of $0.10, resulting in an estimated annual cost of $682 thousand.

Committee recognizes that this represents a significant increase from current assessment payments for firefighters, which Committee staff estimate at costing $748 thousand annually. Accordingly, Committee is seeking input from the Department of Finance as to the financial viability of the measures contained in Bill 29 and any impacts the adoption of Bill 29 would have on the GNWT's budget. The attached presentation delivered by the Minister Responsible for the WSCC on June 19 includes a preliminary costing breakdown of the provisions of Bill 29.

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P.O. Box 1320 | Yellowknife | Northwest Territories | XIA 2L9 | Tel: 867-767-9130 | Fax: 867-920-4735
C. P. 1320 | Yellowknife | Territoires du Nord-Ouest | XIA 2L9 | Tel.: 867-767-9130 | Telecopieur: 867-920-4735

Committee thanks the Minister of Finance for her time and consideration, and looks forward to her response as it continues to review Bill 29.

Julian Morse, Chair
Standing Committee on
Government Operations

Attachment

c. Members of the Legislative Assembly
Minister Responsible for the Workers' Safety & Compensation Commission
Chief of Staff
Senior Envoy to the Government of Canada
Secretary to Cabinet/Deputy Minister, Executive & Indigenous Affairs
Secretary to the Financial Management Board/Deputy Minister, Finance
Committee Members, Standing Committee on Government Operations
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations

October 06, 2025

JULIAN MORSE
CHAIRPERSON
STANDING COMMITTEE ON GOVERNMENT OPERATIONS

Follow-up to the September 5 Follow-up to the Briefing on
Bill 29: First Responders Workers' Compensation Amendment Act

The Workers' Safety and Compensation Commission (WSCC) would like to thank the Standing Committee on Government Operations for the opportunity to present and respond to Bill 29, First Responders Workers' Compensation Amendment Act.

During the presentation, the Minister offered to provide additional information in writing on the below topics. I can confirm the update information below can be disclosed to the public.

1. Can the WSCC provide its background analysis and policy work related to the expansion of presumptive coverage listed in Bill 29?

In parallel to the development of Bill 29, the WSCC was developing a legislative proposal based on direction from the ministers responsible for the WSCC in the Northwest Territories and Nunavut. WSCC's legislative proposal focused on:

- expanding the types of cancers for presumptive firefighter coverage to include all cancers currently presumptively covered by other Canadian jurisdictions (23 types); and
- exploring options for presumptive PTSD coverage.

In addition, the WSCC looked at expanding the language used for presumptive coverage for cardiac events as our cardiac event coverage is restricted to cardiac arrest, which requires the heart to stop. The Yukon is the only other jurisdiction where presumptive cardiac event coverage is limited to cardiac arrest. The predominant language used in other jurisdictions is heart injury or heart attack. BC is the only jurisdiction that includes heart disease in their presumptive coverage.

All cardiac event coverage is tied to an emergency response that took place within the 24hr period before the cardiac event, with the exception of BC, which states that the firefighter must be employed as a firefighter at the time of the cardiac event, or immediately before it.

…/2

No jurisdiction has presumptive cardiac event coverage structured like Bill 29, which removes the probable causation of the cardiac event to firefighting work. The only requirements are that the individual must be disabled or impaired due to the cardiac event and must have completed a minimum employment period of two years as a firefighter. There is no requirement that those two years be served during or immediately prior to the cardiac event.

Attached for reference is a copy of the interjurisdictional analysis related to cardiac injury and presumptive PTSD coverage.

2. Can the WSCC provide its analysis on providing presumptive coverage for all types of firefighter cancer, including what that would mean for assessment rates and what the impact would be on the GNWT? Please note that the New Democratic Party in British Columbia committed to expanding firefighter presumptive coverage as a campaign promise in 2024, and it may be helpful for the WSCC to reach out to its provincial colleagues in WorkSafeBC on any related policy work.

The WSCC has connected with counterparts at WorksafeBC, who confirmed that there has been no movement from the NDP on their campaign promise to expand firefighter presumptive coverage.

A full cost analysis on providing presumptive coverage for all types of cancer, including what that would mean for assessment rates and financial impacts on the GNWT are provided in the attached presentation provided to the Committee on June 19, 2025, and updated October 3, 2025.

A summary from that presentation is provided below:

Bill 29

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
All Cancer (2 yr Minimum)	$0.01	$68,000	$2,600,000	$2,668,000	$68,000
Heart Disease	$0.05	$341,000	$10,400,000	$10,741,000	$341,000
Heart Injury	$0.02	$137,000	$4,000,000	$4,137,000	$137,000
PTSD (low estimate)	$0.03	$204,000	$0	$204,000	$204,000
Total	**$0.11**	**$750,000**	**$17,000,000**	**$17,750,000**	**$750,000**
* These costs are in addition to the cost presumptive coverage already in place under the Act.					

For clarity, the GNWT would see an ongoing rate increase of $0.11 per $100 of assessable payroll ($750,000 based on 2025 payroll) applied annually as well as a one-time liability payment of $17 million. The liability payment and ongoing assessment costs for the GNWT will be dependent on the definitive version of Bill 29, actuarial analysis of that Bill, as well as assessable payroll and assessment rates at the time of calculations.

3. Committee understands that the WSCC reviewed discussion papers on the topic of presumptive cancer coverage for wildland firefighters, and this was mentioned briefly during the meeting. Can the WSCC provide any relevant research and analysis related to wildland firefighter presumptive coverage, or provide more supplemental information concerning the financial implications of extending this coverage to them?

Presumptive coverage for wildland firefighters is currently available from BC, MB, SK, and ON.

The estimated cost to the GNWT to expand current presumptive cancer coverage to wildland firefighters would be a rate increase of $0.03 per $100 of assessable payroll ($205,000 based on 2025 payroll) applied annually as well as a one-time liability payment of $5.5 million.

4. The legislative foundation of the workers' compensation regimes in the Northwest Territories and Nunavut is mirrored, with no substantial legislative differences between the two jurisdictions. Bill 29 would introduce such differences, and the Minister has previously indicated that parallel legislation cannot be put forward in Nunavut before 2026. As one territorial legislature cannot bind the other, there is no procedural obligation for Nunavut to implement the same changes proposed in Bill 29. Can the Minister confirm that the adoption of Bill 29 without the immediate or coordinated adoption of parallel legislation in Nunavut would not create untenable administrative burdens for the WSCC?

Administrative burdens are expected, and they include, but are not limited to:

- The requirement to separate rate class 81, which is the class that bears the coverage for firefighters;
- System and administrative changes that have yet to be identified; and
- Communication challenges and confusion with stakeholders in Nunavut and the NWT.

…/4

5. Can the WSCC provide justification for the statement, whether in legislation, regulations, or policy, that liability funding is required (in the case of this subclass, from the GNWT) to ensure the sustainability of the Workers' Protection Fund and cover retroactive claims that the WSCC expects to be made in the first year following the adoption of Bill 29?

Establishing the Rate or Basis for Assessments is set out in the *Workers' Compensation Act* under section 70.

> 70(1) The Governance Council shall each year establish and publish the rate or basis for calculating the assessments to be paid by employers.
>
> 70(2) For greater certainty, the rate or basis for calculating the assessments to be paid by employers may include (a) a rate based on an employer's payroll; (b) a rate based on a system of classification of employers or hazards of employment established by the Governance Council; (c) a rate based on any other factor considered appropriate by the Governance Council; (d) a specific sum; and (e) any other basis considered appropriate by the Governance Council.

In 2019, the Governance Council provided that the full liability for presumptive coverage would be allocated to subclass 81 which is formed by the Government of the Northwest Territories and the Government of Nunavut.

As Bill 29 is specific to the *Northwest Territories Workers' Compensation Act,* it will create an estimated immediate insurance liability of $17 million which cannot be amortized according to International Financial Reporting Standards (IFRS) 17.This cost must be borne by the GNWT. Under IFRS 9, the payment can be spread over the remaining term of the 20th Legislative Assembly. Hence, amortize the payment and interest as if the funds had been invested into the Workers' Protection Fund. Details would need to be worked out to satisfy IFRS 9 requirements, which may include a formal payment agreement.

6. Can the WSCC provide further information on how it anticipates achieving the funding goal of 125% funding from the current level of 114%, especially in the event that Bill 29 is adopted?

Based on the WSCC's funded position of 102% in 2018, the Governance Council made the decision in 2019, under the policy 10.05 Funding Strategy, to direct a flat rate increase of $0.20, effective in 2020. The intention, as per the policy, was to return the funded position to the target rate of 125% over 15 years. This action improved the WSCC funded position from 102% in 2018 to 114% in 2021. Following a steep market decline in 2022, the funded position fell back to 104% but improved to 114% by the end of 2024. Based on analysis by the WSCC's external actuary, the expected return to the 125% target funded position is estimated to be achievable within the 15-year recovery window.

As the immediate insurance liability related to Bill 29 will be covered by the GNWT, the negative impact on the WSCC's funded position will be mitigated.

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Summary of Concerns with Bill 29

Several concerns have been identified with Bill 29 as drafted. I have provided an overview of these concerns for Committee's information below.

A) Cancer Coverage

- Bill 29 as presented, would expand coverage to all types of cancer and limit the minimum employment period to two years. This would include cancers not yet discovered without consideration of work-related causation.

- Elimination of minimum employment periods attributed by compensation boards across Canada (which range between 5 and 25 years). These employment periods have been tested and are considered best practice.

- The cost to the GNWT for cancer coverage set out under Bill 29 is a one-time liability payment of $2.6 million and a rate increase to the GNWT of $0.01 per $100 of assessable payroll.

B) Heart Disease

- Heart disease is the second leading cause of death in Canada. The heart disease presumption set out in Bill 29 provides for a minimum employment period of two years making coverage very broad. Only one jurisdiction in Canada provides this type of presumption, but their Act specifically limits coverage to workers employed as firefighters on or immediately before the date of disablement from heart disease which provides a more substantive link to work-related causation.

- Due to the broad coverage for heart disease set out in Bill 29, the cost to the GNWT is a one-time liability payment of $10.4 million and a rate increase to the GNWT of $0.05 per $100 of assessable payroll.

- Heart disease is currently covered by the Workers' Compensation Act, but not as a presumption. With WSCC's 94% acceptance rate for Firefighter Claims, and the increased cost of coverage, the need for a heart disease presumption could be brought into question.

C) Heart Injury

- Bill 29 changes the current presumption for heart injury. It removes the requirement for the heart injury to have occurred within 24 hours after attendance at an emergency response and replaces it with a minimum of two years of employment.

- A work-related heart attack, cardiac arrest, and/or arrhythmia is commonly linked to physical exertion or a demanding work event not a general employment period. The requirement for a minimum of two years of employment would limit coverage for active firefighters with less than two years of employment.

…/6

- The cost to the GNWT for heart injury coverage as set out under Bill 29 is a one-time liability payment of $4 million and a rate increase to the GNWT of $0.02 per $100 of assessable payroll.

D) PTSD

- As presented, Bill 29 provides the same coverage as existing PTSD coverage under the *Workers' Compensation Act*. As per Bill 29, the worker must be exposed to one or more traumatic events during employment, and a diagnosis of PTSD is required. PTSD under the *Worker's Compensation Act*, and under Bill 29, must be medically diagnosed as per the Diagnostic and Statistical Manual of Mental Disorders (DSM) which requires a link to a traumatic event.

- The necessity for creating a new PTSD presumption for Firefighters and First Responders which requires the same entitlement criteria currently within the *Workers' Compensation Act* is not clear.

- Introduction of the amendment under Bill 29 may trigger an increase in reporting due to increased awareness rather than an increase in entitlement. This amendment will not trigger a one-time liability payment but could trigger a rate increase between $0.03 and $0.08 per $100 of assessable payroll.

WSCC Legislative Proposal

As mentioned above, prior to the introduction of Bill 29, the WSCC was developing a legislative proposal focused on expanding the types of cancers for presumptive firefighter coverage to include 23 types of cancers currently presumptively covered by other Canadian jurisdictions and exploring options for presumptive PTSD coverage. For Committee's awareness, below are key points that WSCC was beginning to consider in the early stages of developing their legislative proposal:

- Expanding presumptive cancer coverage for firefighters to include all 23 types of cancers currently presumptively covered by other Canadian jurisdictions (attachment: Cancer Coverage by Jurisdiction) with minimum employment periods (ranging between 5 and 25 years as set out in best practices of other jurisdictions). This would present a one-time GNWT liability payment of $1.1 million cost and no rate increase.

- No changes to heart disease as it is currently covered by the *Workers' Compensation Act*.

- Updating the heart injury definition to include heart attack, cardiac arrest and arrythmia. The existing presumption criteria would remain as is within 24 hours after attendance at an emergency response.

…/7

- No conclusions on PTSD coverage were complete prior to the introduction of Bill 29. That said, jurisdictional comparisons support the WSCC's position that the current coverage in the *Workers' Compensation Act (WCA),* is in alignment with most PTSD presumption criteria set out in other jurisdictions and in Bill 29.

For additional information the following appendices have been attached:

1) SCOGO Presentation – Revised October 3, 2025
2) Actuarial Analysis – TELUS Health
3) Cancer Coverage by Jurisdiction
4) Cardiac Arrest Coverage by Jurisdiction
5) PTSD Coverage by Jurisdiction
6) Policy 10.05 Funding Strategy
7) Firefighters' Presumption Regulations – Schedule of Minimum Work Periods

Should the committee have any further questions please do not hesitate to contact me.

Vince McKay
Minister Responsible for Workers' Safety
and Compensation Commission

Attachments

c. Members of the Legislative Assembly
Chief of Staff
Senior Envoy to the Government of Canada
Secretary to Cabinet/Deputy Minister, Executive and Indigenous Affairs
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations
Committee Members, Standing Government Operations

Bill 29
First Responders Workers' Compensation Amendment Act

Presented to SCOGO – June 19, 2025 (preliminary financial data)
Revised – October 3, 2025

Overview

- Presumption/Entitlement
- Cancer Coverage for Firefighters
- Heart Disease Coverage
- Heart Injury Coverage
- PTSD Coverage
- Cost Impacts/Options
- Other Considerations

Why?

- In respect of the legislative process, the WSCC will:
- share jurisdictional and financial analysis, specific to options being reviewed prior to the introduction of Bill 29 and,
- financial analysis specific to Bill 29.

Background

- In 2022, WSCC received a request from the Firefighters Association to:
  - Add 8 cancer presumptions with recommended latency periods.
  - Update/revise latency periods for 4 cancers already covered.
  - Consider a PTSD presumption.

- In 2023, prior to Bill 29, the NT and NU Ministers responsible for the WSCC approved to move forward with development of a Legislative Proposal to expand *WCA* coverage to 23 cancers and PTSD.

What is a Presumption?

How does entitlement work?

- *Workers' Compensation Act (WCA)* Section 10: A worker is entitled to compensation for a personal injury or disease suffered by the worker arising out of and during the course of employment.

How does entitlement work?

Standard 4 Criteria (Policy 03.02 Entitlement):

- 1) Worker: There is a worker within the jurisdiction of the legislation.
- 2) Injury: There is an injury, disease, or death of a worker.
- 3) Arising out of Employment: On the balance of probabilities, there is a medical connection between the injury, disease, or death and the worker's employment.
- 4) During the Course of Employment: The worker's injury, disease, or death happens at a time and place and during activities consistent with the obligations and expectations of the worker's employment.

NT Firefighter Entitlement
10 years

	Registered	Accepted	Denied	Avg/yr
No Time Loss	80	78	2	8
Time Loss	48	44	4	5
Cancer	2	1	1	Less than 1
PTSD	4	3	1	Less than 1
Hearing Loss	2	2	0	Less than 1
Total	**136**	**128**	**8**	**14**

Presumption

- A rule in the *WCA* which requires the WSCC to assume certain facts, unless the contrary is proven on the balance of probabilities.

- Current *WCA*: 14.1(2) a listed disease is presumed to have arisen out of a worker's employment and to have occurred during the course of employment if:
  (a) the worker is disabled or impaired by the listed disease; and
  (b) the worker is or has been a firefighter for the minimum period of employment prescribed in regulations

- Entitlement Criteria 3 (arising out of – medical connection) under entitlement is "presumed".

Current Presumptive Cancer Coverage

- The *WCA* provides presumptive coverage for 14 types of Cancers for firefighters.
- Prescribed in regulations - minimum period of employment ranges between 5 and 25 years.
- There are 23 cancers either covered or under consideration across Canada.
- No jurisdiction currently covers all 23 (Table 1).
- Range of coverage is between 14 and 22 cancer types.

Bill 29 Presumptive Cancer Coverage

- 14.1 (1) (a) any cancer type – for a worker who -
- 14.1 (2) (b) is or has been employed as a firefighter for a minimum of two years

Cancer Research

- There is no comprehensive national data available for firefighter cancer.
- The International Agency for Research on Cancer (IARC) published a report on Occupational Exposure as a Firefighter in 2023.

IARC Conclusions

- Evidence of cancerous occupational exposure for firefighters:
  - Especially mesothelioma (Quebec only), and
  - Bladder cancer (currently covered by *WCA*)

- Also found limited evidence of elevated risk for:
  - Colon cancer
  - Prostate cancer
  - Testicular cancer
  - Malignant melanoma of the skin, and
  - Non-Hodgkins lymphoma
    - These 5 are currently covered by *WCA*

Financial Impacts (Cancer Presumptions)

Assessment Rates

- Liability for firefighter presumptions is covered in employer assessment rates.
- This cost is held specifically in subclass 81.
  - GNWT and GNU
- 2025 GNWT rate is $1.71/$100 Assessable payroll.
- $0.10 is for firefighter presumptive coverage.
- In 2025, cost for FPC is $682K.

Financial Impact (Cancer Presumption)

- Bill 29 would result in a $0.01 rate increase ($68K) +
- Immediate Liability payment of $2.6 million from the GNWT.

- Total $2,668,000 in year change comes into effect.
- $68K annually there after (pending changes in payroll).

Heart Disease

- Bill 29 14.1(1)(b) heart disease including disease of the pericardium or coronary arteries - for worker who – 14.1(2)(b) is or has been employed as a firefighter for a minimum period of two years.

- Currently covered by *WCA*, but not as a presumption.

- Presumptive coverage by only one jurisdiction in Canada but limited to “was employed as a firefighter on or immediately before the date of disablement from the heart disease”.

Financial Impact (Heart Disease Presumption)

- Bill 29 would result in a $0.05 rate increase ($341K) +
- Immediate Liability payment of $10.4 million from the GNWT.
- Total $10,741,000 in year change comes into effect.
- $341K annually there after (pending changes in payroll).

- Limit to in-service definition.
- Rate increase of $0.02 ($137k) +
- Immediate Liability payment of $2.9 million from the GNWT.
- Total $3,037,000 in year change comes into effect.
- $137K annually there after (pending changes in payroll).

Heart Injury

- Bill 29 14.1(1)(c) heart injury including heart attack, cardiac arrest and arrhythmia - for worker who – 14.1(2)(b) is or has been employed as a firefighter for a minimum period of two years.
- Currently covered by *WCA*, limited to within 24 hours after attendance at an emergency response.
- Consistent with other jurisdictions, one exception “was employed as a firefighter on or immediately before the date of disablement from heart injury.”

Financial Impact (Heart Injury)

- Bill 29 would result in a $0.02 rate increase ($137K) +
- Immediate Liability payment of $4 million from the GNWT.

- Total $4,137,000 in year change comes into effect.
- $137K annually there after (pending changes in payroll).

PTSD

- Bill 29 14.2(2) Post-traumatic stress disorder is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker:

  (a) Is disabled or impaired by the disorder;
  (b) Is or has been employed as a front-line or emergency-response worker;
  (c) Was exposed to one or more traumatic events during that employment; and
  (d) Was diagnosed with the disorder by a physician or registered psychologist. (definition as per DSM)

PTSD

- PTSD is covered by the *WCA*.
- Bill 29 PTSD presumption has the same requirements as entitlement (4 standard from slide 6).

PTSD

- Bill 29 14.2(2) Post-traumatic stress disorder is presumed to have arisen out of a worker's (#1 – worker) employment and to have occurred during the course of that employment if the worker:

  (a) Is disabled or impaired by the disorder; (#2 – Injury)

  (b) Is or has been employed as a front-line or emergency-response worker;

  (c) Was exposed to one or more traumatic events during that employment; (#4 – During the course of employment) and

  (d) Was diagnosed with the disorder by a physician or registered psychologist. (definition as per DSM) (#3 Arising out of employment – medical connection)

Financial Impact
PTSD

- Having “presumptive” PTSD coverage shown in legislation could lead to a change in claiming behaviours leading to additional cost.
- Studies have shown nearly 25% of first responders would qualify for a PTSD diagnosis.
- Estimated rate increase between $0.03 ($204K) and $0.08 ($546K) annually.

Summary of Cost
Bill 29

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
All Cancer (2 yr Minimum)	$0.01	$68,000	$2,600,000	$2,668,000	$68,000
Heart Disease	$0.05	$341,000	$10,400,000	$10,741,000	$341,000
Heart Injury	$0.02	$137,000	$4,000,000	$4,137,000	$137,000
PTSD (low estimate)	$0.03	$204,000	$0	$204,000	$204,000
Total	**$0.11**	**$750,000**	**$17,000,000**	**$17,750,000**	**$750,000**
* These costs are in addition to the cost of presumptive coverage already in place under the Act.					

** Costs are specific to liability and rates payable by the GNWT.

Other Cost Scenarios

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
Expand coverage to 23 cancer types (each with set out prescribed employment minimums)	$0.00	$0	$1,100,000	$1,100,000	$0
Inclusion of Wildfire Fighters in cancer presumption (23 cancers each with set out prescribed employment minimums)	$0.03	$205,000	$5,500,000	$5,705,000	$205,000
Inclusion of Wildfire Fighters in cancer presumption (as presented in Bill 29 - all cancers with 2 year prescribed employment minimum)	$0.04	$273,000	$6,300,000	$6,573,000	$273,000
Heart Disease (limited to actively employed)	$0.02	$137,000	$2,900,000	$3,037,000	$137,000
PTSD (high estimate)	$0.08	$546,000	$0	$546,000	$546,000

Other Costing Example

	Rate Increase	Annual Cost Increase	Liability Payment	Total Year 1	Total Year 2 +
Cancer: expand presumption to 23 cancer types (each with set out prescribed employment minimums)	$0.00	$0	$1,100,000	$1,100,000	$0
Heart Disease: maintain current coverage	$0.00	$0	$0	$0	$0
Heart Injury: Update definition and maintain current presumption	$0.00	$0	$0	$0	$0
PTSD: maintain current coverage	$0.00	$0	$0	$0	$0
Total	**$0.00**	**$0**	**$1,100,000**	**$1,100,000**	**$0**

Other Considerations

1) Inter-Governmental Agreement on a Shared Workers' Compensation Board.
2) Consideration of Bill 21 An Act to Amend the Workers' Compensation Act (Change from Pension System to Earning Loss System).
3) Firefighters' Presumption Regulations will also need to be updated.

Questions

TELUS Health

TELUS Health
40 Crowther Lane, Suite 300
Fredericton, New Brunswick
Canada E3C 0J1
telus.com
506-458-9081 Telephone
1-866-621-2139 Facsimile

September 18, 2025

Ms. Susan Abernethy
Vice President, Legal and Compliance
Workers' Safety & Compensation Commission
Centre Square Tower, 5th Floor
5022 49 Street
Box 8888, Yellowknife, NT X1A 2R3

Dear Susan:

Re: Estimated Financial Impact of Bill 29

Further to your request, we have completed estimates of the financial impact of the expansion of coverage put forth in **Bill 29 – *First Responders Workers' Compensation Amendment Act*** ("Bill 29") that has received second reading on May 29, 2025 in the Northwest Territories Legislative Assembly. As per your request, we have drafted this letter with the purpose of providing the Workers' Safety and Compensation Commission ("WSCC") with information to help estimate Bill 29's impact on the assessment rates and/or liabilities, without focusing on the other risks and considerations brought about by the proposed expansion of coverage.

Background

The *Workers' Compensation Act*, SNWT 2007 c.21 and the *Workers' Compensation Act*, SNU 2007, c.15 ("the Acts") provide presumptive coverage to firefighters, as defined in the Acts, who develop cardiac arrest within 24 hours of an emergency response or certain cancers under section 14.1. The benefits are based on the presumption that the disease is work related. 14 cancers are currently included in this section.

Bill 29 is a private members' public bill before the Legislative Assembly of the Northwest Territories that has introduced substantial improvements to presumptive coverage for first responders in that territory as summarized below:

- List of covered cancers would be expanded from 14 to instead include all cancers,
- The stipulation that only cardiac arrest occurring within 24 hours of an emergency response are covered would be removed, and covered heart injury would be expanded beyond cardiac arrest to include heart attack and arrhythmia,
- Heart disease would be covered, and that coverage would apply regardless of age,
- Current coverage requires a minimum exposure or service dependent on the cancer. This minimum would be reduced to two years, and
- Post Traumatic Stress Disorder ("PTSD") would be covered for selected first responder occupations

Note that all Canadian Workers' Compensation Boards ("WCBs") have cancer coverage for firefighters, with varying lists of which cancers are considered work-related presumptively. In total, 23 different cancers are listed by at least one WCB. These cancers require that a minimum number of years of service are required for the cancer to be presumed to be due to their exposure at work. The exposure requirement varies by cancer but is generally 15 or 20 years for the majority. Also note that it is common for presumptive firefighter coverage of cardiac arrest or heart injury to require that the injury occur within 24 hours of an emergency response. Moreover, only British Columbia current covers heart disease, and that is only while the firefighter is active duty.

The WSCC currently covers PTSD claims provided they meet the definition of disability under the Acts. Bill 29 proposes amendments to the *Workers' Compensation Act*, SNWT 2007 c.21 to presumptively cover PTSD for "front-line or emergency response worker"s defined in the bill as continuing-care assistant, correctional officer, sheriff, emergency-response dispatcher, firefighter, nurse, paramedic, police officer or member of a search and rescue organization.

The proposed expansion of coverage would result in an increase in anticipated new injury rates as well as an immediate liability impact, as discussed further below.

General Comments

Risk assessments of this nature do not lend themselves to precise quantitative estimates. The best that can be achieved is to develop a reasonable estimate of expected experience with respect to claims incidence and cost severity. **The actual experience of firefighters and other first responders in the Northwest Territories could vary materially from the results presented in this letter.** In this cost impact analysis, the potential number of claims for certain cancers is so small that even a small variation relative to expected would have a high percentage impact. Given the limited data available, the range of potential future outcomes is broader than for a typical actuarial valuation based on a long history of cost experience and participation data.

Since the cancer incidence associated with the cancers already covered under the Acts and under consideration for coverage tends to be much higher at advanced ages, it is expected that most of the claims will occur after the firefighter is retired. As a result, the calculation of the liability is carried out by allowing for a pro-rated portion of the expected total future costs based on actual assumed service rendered at the valuation date over the expected total service until retirement.

A costing of this nature presents numerous unique challenges. First off, it is difficult to find relevant, credible data on which to base cost projections. Secondly, given the low frequency and high complexity of PTSD claims filed to date with the WSCC and other jurisdictions, it is difficult to define precisely the reference point for measuring the increase in claims under the proposed amendments. Finally, the actual interpretation and administration of the proposed amendments could differ markedly from its original intentions with potentially significant cost effects. It is not possible to predict such things in advance. As a result, the precision of any analysis is limited.

The risk of expanding coverage is primarily a legal or operational issue and is not necessarily driven by adopting a clear policy outlining what the legislation covers. Rather, legislative interpretations and appeal decisions on the intent of the Acts always present a risk, whether a specific policy exists or not.

Furthermore, a significantly higher incidence of PTSD injuries is a risk that has the potential to result in more claims filed than elsewhere even if the amendments in Bill 29 are strictly applied as they are currently written. Introduction of the proposed amendment may trigger changes that result in a higher number of claims filed than experienced in the past or that otherwise would have been filed in absence of the amendment. The latter point is a function of awareness rather than entitlement and therefore it is a risk that is present regardless of the amendment. However, this risk could be more meaningful if the incidence of PTSD among the covered occupations is materially higher in the Northwest Territories than in other jurisdictions that have adopted a similar change in the past.

While incidence rates related to heart disease and injury are more readily available, the risks noted above regarding stress claims, in particular those related to PTSD, around changing behaviors are still relevant for the coverage expansion under Bill 29 in this area.

Unfortunately, neither the incidence of cancer, heart injury and PTSD claims in the Northwest Territories nor the potential impact of the proposed amendment on claiming patterns can be assessed accurately at this time. The scenarios examined in this report are intended to give the WSCC an appreciation of these potential risks.

Actuarial valuations of this nature do not lend themselves to precise quantitative estimates. ***The best that can be achieved is an assessment of the potential risk under plausible scenarios,*** supported by past experience. **The actual experience could vary materially from the results presented.**

In conducting our cost analysis, we also used publicly available information from the various workers' compensation boards across Canada concerning the injury frequency, and number of lost-time injuries in a given year, including those related to stress and PTSD in particular.

Data

The data used for the results related to expansion of presumptive firefighter coverage presented in this letter are the same as used for the December 31, 2024 valuation, and are not detailed here. The covered population for other occupations covered for presumptive PTSD was gathered from various publicly available sources, or in some cases, estimated.

Assumptions

Assumptions are required for both economic and demographic factors. The economic factors are the same as those used for the December 31, 2024 funding valuation. With respect to demographic assumptions, the factors that need to be considered are mortality from all causes, cancer incidence rates, cancer survival rates, potential added cancer risk for firefighters and the proportion of firefighters with a spouse at death. The cancer incidence, recovery and mortality rates used in the analysis have been obtained from the Global Cancer Observatory from The International Agency for Research on Cancer (IARC), an agency of the World Health Organization (https://gco.iarc.fr/) ("GLOBOCAN 2020").

This represents an update as compared to the GLOBOCAN 2012 rates used in the December 31, 2024 valuation. For more detail on the other assumptions used, please see our December 31, 2024 valuation report.

Rate Impact

Historically, the cost of presumptive firefighter coverage has been paid exclusively by the employers in Subclass 81 (Government and Public Utilities). Given the proposed expansion of coverage is only for covered employees in the Northwest Territories, our estimates of the additional rate required for annual coverage below are assuming that only the Government of the Northwest Territories would be responsible for the incremental costs associated with Bill 29.

At the request of the WSCC, we have provided several scenarios of cost impact:

Table 1 – Rate impact for GNWT of selected coverage expansion scenarios

Description of Scenario	Additional Rate for Annual Coverage
All additional cancers, 2 yr svc requirement (firefighters)	$0.01
Heart disease at all ages (firefighters)	$0.05
Heart disease solely to retirement (firefighters)	$0.02
Heart injury (firefighters)	$0.02
PTSD (first responders – low estimate)	$0.03
PTSD (first responders – high estimate)	$0.08
Total Bill 29 (as written, including PTSD low/high estimate)	$0.11 / $0.16

Note that the rate impacts depicted in Table 1 are per $100 of assessable payroll for the Government of the Northwest Territories. These additional rate amounts are incremental and additive in that if both all cancers and heart disease at all ages were to be covered, the total extra rate would be estimated to be $0.06.

Liability and Funding Level Impact

Certain aspects of the proposed expansion of coverage under Bill 29 come with an immediate increase in liability, along with a corresponding reduction in the funding level of the WSCC when measured under a funding basis as detailed in Table 2 below. The liability for presumptive coverage for firefighters is related to exposure to date, and thus must be immediately recognized.

Similar to the rate impact, the amounts in Table 2 are incremental and if multiple expansion scenarios detailed are ultimately passed via Bill 29, the total impact is additive:

Table 2 – Liability and funding impact of selected coverage expansion scenarios

Description of scenario	Immediate Increase in Liability (IFRS 4 basis)	Funding Level (IFRS 4)
All Cancers (2 year svc requirement)	$2,600,000	113.5%
Heart Disease at all ages (firefighters)	$10,400,000	111.8%
Heart Disease solely to retirement (firefighters)	$2,900,000	113.4%
Heart injury (firefighters)	$4,000,000	113.2%
PTSD (first responders)	n/a	114.0%
Bill 29 (total)	$17,000,000	110.5%

Note that two scenarios related to heart disease have been included in Tables 1 and 2, and the ultimate impact of Bill 29 would therefore only reflect one, depending on how it is written. The total in Table 2 reflects the existing wording of the bill.

The target average rate charged by the WSCC to the employers of the Northwest Territories and Nunavut currently includes a provision intended to return the WSCC to its target funding level. The expansion of coverage contemplated in Bill 29 could result in an increase in the period of time the existing provision is required.

Closing Comments

We have provided a summary of the cost associated with an expansion of presumptive coverage as proposed in Bill 29.

There is a material cost to changing the coverage for first responders in the Northwest Territories. Careful consideration must be given to weighing the benefits of covering more diseases and how the additional costs will impact the assessment rate charged annually, and who will pay for the additional costs.

It is important to note that analyses of this nature do not lend themselves to precise quantitative estimates. The actual experience could vary materially from the results presented. In this analysis, for some diseases, the potential number of claims is so small that even a small variation relative to expected would have a high percentage impact. Furthermore, if the current front-line or emergency response worker population is significantly different or the actual distribution by age does not reflect the assumptions in this analysis, the results could be materially different from those presented here.

In my opinion, the actuarial factors used in this letter are appropriate for the purposes of the calculations described herein, and the report has been prepared in accordance with accepted actuarial practice.

TELUS Health

Finally, as requested by the WSCC, our findings outlined herein have focused on the financial impacts of Bill 29; there are additional operational and reputational impacts that must also be considered, but are outside the scope of our findings.

We trust that meets your requirements. However, please do not hesitate to contact us should you wish to discuss this further.

Yours Truly,

Jeff Queen, FCIA
Principal
TELUS Health

Table 1: Firefighters' Presumptive Cancer Coverage by Jurisdiction

Cancer Coverage	AB	BC	MB	NB	NL	NS	NT/ NU	ON	PE	QC	SK	YT
Primary leukemia												
Primary site bladder cancer												
Primary site brain cancer												
Primary site colorectal cancer (includes colon c.)												
Primary site esophageal cancer												
Primary site kidney cancer												
Primary site lung cancer (in non-smokers)												
Primary site testicular cancer												
Primary site ureter cancer												
Primary non-Hodgkins lymphoma												
Multiple myeloma												
Primary site prostate cancer												
Primary site skin cancer												
Primary site breast cancer												
Primary site cervical cancer												
Primary site ovarian cancer												
Primary site penile cancer												
Primary site pancreatic cancer												
Primary site thyroid cancer												
Primary site *Laryngeal* cancer												
Non-pulmonary mesothelioma												
Primary site mesothelioma												
Primary site soft tissue sarcoma												
Types of cancer covered	**20**	**18**	**19**	**10**	**19**	**19**	**14**	**19**	**19**	**16**	**22**	**19**

Dark shaded = types of cancers in the process of being added to the presumptive cancer list
Yellow shaded = public consultation completed, and board is discussing next steps; decision around recommending legislative changes pending

Cardiac Arrest – IJ Review

Legislation	Policy	Comments
Yukon WCA 94 (5) If a worker who is or has been a full-time firefighter, a part-time firefighter, a volunteer firefighter or a wildland forest firefighter suffers a cardiac arrest at any time after June 30, 2011, that occurs within 24 hours after their attendance at an emergency response in the performance of their duties in that capacity, the cardiac arrest is presumed to be a work-related injury unless the contrary is shown. Yukon WCA		
BC WCA **Firefighters: presumptions respecting heart injury and heart disease** **139** (1)In this section: **"heart disease"** includes disease of the pericardium or coronary arteries; **"heart injury"** includes heart attack, cardiac arrest or arrhythmia. (2)Subject to subsection (4), if a worker (a)is disabled as a result of a heart disease, and (b)was employed as a firefighter on or immediately before the date of disablement from the heart disease,	n/a	no 24-hour window for heart injury

the heart disease must be presumed to be due to the nature of the worker's employment as a firefighter unless the contrary is proved. (3)Subject to subsection (4), if a worker (a)is disabled as a result of a heart injury, and (b)was employed as a firefighter on or immediately before the date of disablement from the heart injury, the heart injury must be presumed to have arisen out of and in the course of the worker's employment as a firefighter unless the contrary is proved. (4)The presumptions in subsections (2) and (3) apply only to a worker who (a)has been regularly exposed, throughout the worker's employment as a firefighter, to the hazards of a fire scene, and (b)is first disabled as a result of the heart disease or heart injury, as applicable, on or after May 29, 2014. WCA BC		
Alberta WCA Presumption re firefighters 24.1 (7) If a worker who is a full-time firefighter or part-time firefighter suffers a myocardial infarction within 24 hours after being dispatched or attending at an emergency response, whichever is later, the myocardial infarction shall be presumed to have arisen out of and	n/a	

occurred during the course of employment as a full-time firefighter or part-time firefighter unless the contrary is proven. (7.1) If a worker who is a paramedic suffers a myocardial infarction within 24 hours after being dispatched or attending at an emergency response, whichever is later, the myocardial infarction RSA 2000 Section 24.2 Chapter W-15 WORKERS' COMPENSATION ACT 39 shall be presumed to have arisen out of and occurred during the course of employment as a paramedic unless the contrary is proven. WCA		
Saskatchewan Saskatchewan WCA 28(1)(b) "listed disease" means: xxiii) an injury to the heart that manifests within 24 hours after attendance at an emergency response. (2) Subject to subsection (3) and unless the contrary is proven, if a worker who is or has been a firefighter suffers a listed disease, that disease is presumed to be an occupational disease, the dominant cause of which is the employment as a firefighter. SK WCA	POL 16/2024 Injuries - Firefighters Cardiac Injury 8. If a firefighter suffers a cardiac injury that manifests within 24 hours after attendance at an emergency response: a. It is presumed to be an occupational disease, unless the contrary is shown, and b. No minimum period of employment will be required. POL 16/2024) Policy manual - Policy & Procedure Manual	No definition of cardiac injury provided
Manitoba WCA: Presumption re heart injury — firefighters and OFC personnel 4(5.6) If a worker who is a full-time, part-time or wildfire firefighter or a member of OFC personnel suffers an injury to the heart within 24 hours after attendance at an emergency response, the injury must be		The Workers Compensation Act was amended on January 1, 2024 to include wildfire firefighters under the firefighter cancer presumption and the firefighter heart injury presumption. The Minimum Periods of Employment

presumed to be an accident arising out of and in the course of the employment, unless the contrary is proven "OFC personnel" means personnel of the office of the fire commissioner Manitoba WCA		and Non-Smoking -- Firefighters and OFC Personnel Regulation was also amended to apply to wildfire firefighters. These presumptions apply to wildfire firefighters whose accidents occur on or after January 1, 2024.
Ontario **Presumptions re: firefighters, etc.** **Heart injury** **15.1** (1) If a worker is prescribed under clause (8) (a) and sustains an injury to the heart in circumstances prescribed under clause (8) (c), the injury is presumed to be a personal injury arising out of and in the course of the worker's employment as a firefighter or fire investigator, unless the contrary is shown. 2007, c. 3, s. 2. (8) The Lieutenant Governor in Council may make regulations, (a) prescribing firefighters, fire investigators, or classes of firefighters or fire investigators, as workers to whom subsection (1), (4), (4.1) or (4.3) applies; (c) prescribing circumstances in which an injury to the heart is sustained for the purposes of subsection (1); Ontario WCA	Policy 15-03-12 Heart Injuries in Firefighters and Fire Investigators **Presumption criteria** To qualify for the presumption, a worker must meet all the following criteria: • The worker must be or must have been a firefighter or fire investigator, • The worker must have sustained a heart injury on or after January 1, 1960, and • The worker must have sustained the heart injury while, or within 24 hours of ○ attending a fire scene in the performance of the worker's duties as a firefighter or fire investigator, or ○ actively participating in a training exercise that is related to the worker's duties as a firefighter or fire investigator and that involves a simulated fire emergency. A fire scene or a simulated fire emergency requires the presence of combustion or burning materials giving rise to smoke and/or flames.	This policy applies to all decisions made on or after July 18, 2024.

New Brunswick 5(1)A firefighter or former firefighter or his or her dependants are entitled to compensation or benefits in accordance with this Act if (a) the firefighter is disabled by or dies from a heart attack that occurs within 24 hours after attendance at an emergency response scene in his or her capacity as a firefighter, or Firefighters' Compensation Act (no definition of 'heart attack')	Entitlement under the *FC Act* may exist, then, when there is disablement or death resulting from: • A heart attack, within 24 hours of attendance at an emergency response scene in the capacity of a firefighter; or • One of the diseases prescribed by the Regulation when the requirements are met. Policy 21-116	
Newfoundland / Labrador 108 (e) "listed disease" means (xx) an injury to the heart that manifests within 24 hours after attendance at an emergency response; **Presumption** **109.** (1) Where a worker who is or has been a firefighter or a volunteer firefighter is diagnosed with a listed disease and is as a result disabled or the worker's death caused by a listed disease, (a) the listed disease is presumed to be due to the nature of the worker's employment as a firefighter or volunteer firefighter unless there is evidence to the contrary; and	n/a	

(b) the worker or dependents are entitled to compensation as if the listed disease were an injury and the date of disablement were the date of injury. NL WCA		
Nova Scotia **Prescribed diseases and minimum periods** **2** The diseases and corresponding minimum periods of employment or volunteer work set out in the following table are prescribed for the purposes of subsections 35A(2) and (3) of the *Workers' Compensation Act*: Heart attack (myocardial infarction) that occurs within 24 hours after attendance at an emergency response scene in the worker's capacity as a firefighter Firefighters Compensation Regulations	n/a	
Prince Edward Island Presumption, heart injury to fire inspector or firefighter (4.5) Where a worker who is a fire inspector or a firefighter suffers a heart attack, cardiac arrest or heart arrhythmia within 24 hours of responding to an emergency call or dispatch, it is presumed that personal injury by accident arising out of and in the course of employment has been caused to the worker, unless the contrary is shown.	Not addressed in POL-65, Occupational Disease, last updated July 30, 2021.	

PEI Act		
Quebec None 29. A worker is presumed to be suffering from an occupational disease if he is suffering from a disease determined by regulation and if, on the day he receives the diagnosis of the disease, he meets the special conditions prescribed by regulation in relation to the disease. ACT RESPECTING INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES	None	Regulations respecting occupational diseases of firefighters do not include heart injuries or PTSD. Regulation respecting occupational diseases

PTSD Breakdown by Province/Territory

	PTSD Diagnosis only	PTSD Diagnosis and traumatic event at work	Selected Occupations eligible for Presumptive PTSD Coverage	All insured Workers eligible for Presumptive PTSD coverage	PTSD Diagnosis	Date of enactment of legislation	Other Psychological Injuries
AB					Physician or psychologist	Dec 10, 2012	Presumptive coverage extends to psychological injuries as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (diagnosis and traumatic event/s required)
BC					Psychologist or psychiatrist	2018**	Presumptive coverage applies to all mental disorders described in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. (all other requirements apply)
MB					Physician or psychologist	Jan 1, 2016	Presumption only applies to PTSD
NB					Psychologist or psychiatrist	June 28, 2016	Presumption only applies to PTSD; all traumatic mental stress claims, except claims eligible for PTD presumption, require a traumatic event/s and are adjudicated through the regular claims process.
NL					Psychologist or psychiatrist	July 1, 2019	Presumption only applies to PTSD
NT/NU*					n/a	------	
NS					Psychologist or psychiatrist	Oct 27, 2018	Presumption only applies to PTSD
ON					Psychologist or psychiatrist	Apr 6, 2016	Presumption only applies to PTSD in first responders; traumatic mental stress claims of all insured workers require a traumatic even/s and are adjudicated through the regular claims process (Policy 15-03-02).

PE					Psychologist or psychiatrist	June 2, 2018	Presumptive coverage applies to trauma- and stressor-related disorders, including PTSD (requires exposure to a traumatic event or events and a diagnosis in accordance with DSM)
QC					n/a	Oct 6, 2021	Presumption only applies to PTSD
SK					Psychologist or psychiatrist	Nov 2016	Presumptive coverage extends to psychological injuries as described in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (diagnosis and traumatic event/s required)
YK					Psychologist or psychiatrist	2017 (first responders) July 1, 2022 (all workers)	Presumption only applies to PTSD

* NT/NU currently do not have presumptive PTSD coverage.

** The list of eligible occupations was expanded in 2019 and 2024.

FUNDING STRATEGY

POLICY STATEMENT

The Governance Council of the Workers' Safety and Compensation Commission (WSCC) ensures the proper stewardship of the Workers' Protection Fund (the Fund). To ensure the financial stability of the Fund and the needs of both workers and employers, the Governance Council is required to maintain the desired ratio of assets to liabilities. This policy outlines the WSCC's funding strategy to ensure the long-term financial security and stability of the WSCC and the Fund.

DEFINITIONS

Assessment Rate:	Financial compensation paid by employers to cover the administrative costs of the WSCC, the cost of compensation to injured workers or their dependants, as well as payment of pensions, medical aid, and rehabilitation.
Funding Ratio:	Total assets over total liabilities.
Provisional Assessment Rate:	The rate employers would pay if there was only one rate for all employers, and the rate the WSCC uses as a starting point when setting individual subclass rates to ensure the financial stability of the Workers' Protection Fund.
Workers' Protection Fund:	"…is one indivisible fund for the purposes of paying compensation and determining assets and liabilities." (per ss. 67(2) of the *Workers' Compensation Act(s)*).

POLICY

General

The WSCC's funding strategy aims to maintain a balance between the provision of quality benefits to injured workers while maintaining stable and affordable employer assessment rates. The WSCC's long-term goal is to remain fully funded with a target funding ratio of 125%, which includes the Operating Reserve (20%) and the Catastrophe Reserve (5%).

FUNDING STRATEGY

Calculation of Funded Position

The WSCC determines its funded position by calculating the ratio of total assets over total liabilities. The WSCC uses a long-term approach in valuing its assets and liabilities for the purpose of calculating the funded position, which may differ from that required under International Financial Reporting Standards (IFRS).

Setting the Provisional Assessment Rate

The WSCC, in collaboration with an external actuary, examines the sub-components of the required level of revenue to set the target Provisional Assessment Rate. The sub-components are:

1. Cost of Future Injuries: the lifetime claims payments for injuries anticipated to occur during the year. This estimate is based on the actuarial analysis of past experiences and may include a range of expected costs within which actual costs normally fall.
2. Non-claims Operating Costs: the WSCC's anticipated operating expenses not associated with claims management.
3. Required Reserve Contribution(s): the contribution to WSCC reserves that change according to current reserve levels.

Each year the WSCC, in collaboration with the external actuary, determines the expected costs of new claims and non-claims operating expenses on a best estimate basis to establish the Provisional Assessment Rate to sufficiently cover these costs. The Governance Council approves and sets the Provisional Assessment Rate, which guides the external actuary in the annual calculation of actual assessment rates for each employer rate group or subclass.

If the costs associated with new claims and/or non-claims operating expenses are expected to be higher or lower than previously anticipated, the Governance Council has the discretion to adjust the Provisional Assessment Rate in order to preserve existing funding levels prior to the WSCC's funding level falling outside of the range of 105%-135%.

Workers' Safety & Compensation Commission

FUNDING STRATEGY

Reserves

Reserves protect the WSCC from uncertainties and ensure the WSCC's funded position is effectively maintained. Each reserve serves a specific purpose and comprises the portion of the WSCC's assets that are in excess of the amount required to totally fund the WSCC's liabilities. The WSCC reserves include:

- Catastrophe Reserve: mitigates the potential impact to the WSCC's funding ratio in the event of a catastrophic event;
- Operating Reserve: mitigates the impact of adverse changes in claim costs and investments; and,
- Capital Replacement Reserve: provides the WSCC with long-term capital funding for emergent needs.

Reserve funds are an important segment of the WSCC's funding strategy. Some factors that impact the WSCC's funding strategy and make funding reserves necessary include, but are not limited to:

- the absence of external catastrophe insurance;
- potential year to year volatility in the number and severity of workplace injuries, diseases, and deaths;
- potential year to year volatility in investment earnings;
- the high proportion of employers whose operations in the Northwest Territories and Nunavut are temporary in nature; and,
- the importance of natural resources to the northern economy, which may affect WSCC assets through global economic demand.

Catastrophe Reserve

The Catastrophe Reserve target is established at 5% of the total liabilities. Funds can be transferred from the Operating Reserve to address shortfalls in the Catastrophe Reserve. Such transfers cannot leave the Operating Reserve in a shortfall position, which is defined as below 5% of total liabilities. Should the Catastrophe Reserve decline below 4% of total liabilities, a flat rate increase over 15 years will be applied to employer assessment rates to return the Catastrophe Reserve to the target rate of 5% of total liabilities.

FUNDING STRATEGY

Operating Reserve

The Operating Reserve target is set at 20% of the total liabilities. The WSCC takes the following action when the funded ratio (excluding the Catastrophe Reserve capped at 5%) declines to the following levels:

- Below 105%: a flat rate increase over 15 years is put into place to return the Operating Reserve to the target rate of 20% of total liabilities.
- Below 95%: a flat rate increase over 10 years is put into place to return the Operating Reserve to the target rate of 20% of total liabilities.

The lone exception to the above flat rate recoveries is if the WSCC funded ratio deteriorates to below 95% during the 15-year recovery period originally triggered at the 105% level. In these circumstances, a 10-year flat rate recovery is initiated.

Should the WSCC funded ratio (excluding the Catastrophe Reserve capped at 5%) exceed 135% for two successive years, a one-time adjustment may be actioned by the Governance Council to return the funded ratio back to 135%. The one-time adjustment is limited to a maximum of 100% of the annual assessment revenue for the second successive year.

Capital Replacement Reserve

The Capital Replacement Reserve is funded annually through a Governance Council approved lump sum budgetary allocation.

Investments

The WSCC's investment strategy is set out in Policy 10.02, Workers' Protection Fund Investments.

LEGISLATIVE AUTHORITIES

Northwest Territories *Workers' Compensation Act:*	Sections 67(2); 67(3); 67(4); 83(2)
Nunavut *Workers' Compensation Act:*	Sections 67(2); 67(3); 67(4); 83(2)

Workers' Safety & Compensation Commission

FUNDING STRATEGY

POLICY RELATED DOCUMENTS

Policy 00.04	Year's Maximum Insurable Remuneration
Policy 02.01	Employer Assessments
Policy 10.02	Workers' Protection Fund Investments

HISTORY

Policy 10.05 (Dec 04/18)	Funding Strategy
Policy 10.05 (Mar 04/14)	Funding Strategy
Policy 10.05 (Sept 14/11)	Funding Strategy

_____

Chairperson

Firefighters' Presumption Regulations Schedule

Current Presumptive Disease and Minimum Work Periods for Firefighters

The listed disease is presumed to have arisen out of and during the course of a firefighters' employment if the firefighter is disabled or impaired by the listed disease and has worked for the minimum period of employment.

Listed Disease	Prescribed Period of Employment
Cardiac arrest within 24 hours after attendance at an emergency response	none
Multiple myeloma	15 years
Primary leukemia	5 years
Primary non-Hodgkin's lymphoma	20 years
Primary site bladder cancer	15 years
Primary site brain cancer	10 years
Primary site breast cancer	10 years
Primary site colorectal cancer	15 years
Primary site esophageal cancer	25 years
Primary site kidney cancer	20 years
Primary site lung cancer	15 years
Primary site prostate cancer	15 years
Primary site skin cancer (including primary epithelioma)	15 years
Primary site testicular cancer	20 years
Primary site ureter cancer	15 years

February 18, 2026

KIERON TESTART
MEMBER OF THE LEGISLATIVE ASSEMBLY FOR RANGE LAKE

Bill 29: *First Responders Workers' Compensation Amendment Act*

The Standing Committee on Government Operations (Committee) is reviewing Bill 29: *First Responders Workers' Compensation Amendment Act.*

Committee has prepared four amendments to the bill that do the following:

- Define the number and types of cancer covered in regulations rather than in the *Workers' Compensation Act*, with the intent to expand presumptive coverage to the 23 types of cancer that are covered throughout other Canadian jurisdictions;

- Separate heart disease and heart injury from the presumptive coverage eligibility criteria that would now only apply to cancer;

- Create separate presumptive coverage eligibility criteria for heart disease and heart injury; and

- Replace the coming-into-force date from October 27, 2026 to a day or days to be fixed by order of the Commissioner.

The draft amendments are attached for your review. They are accompanied by an annotated copy of the English text of Bill 29 prepared by Committee staff indicating how the proposed amendments would be incorporated into an amended Bill 29.

Committee understands that the first three amendments are drafted in line with proposals you'd previously considered. The fourth amendment intends to provide the Government with greater flexibility to coordinate with the Government of Nunavut to maintain the legislative alignment of the workers' compensation regimes in each territory.

…/2

Committee welcomes your feedback on these proposed amendments, and looks forward to completing its review of the bill. If you intend to concur with the amendments, Committee staff would be pleased to schedule a clause-by-clause review of the bill at a mutually convenient time during the February–March 2026 sitting.

Julian Morse, Chair
Standing Committee on
Government Operations

Attachment

c. Committee Members, Standing Committee on Government Operations
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations

BILL 29
FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT

(with proposed amendments)

The Commissioner of the Northwest Territories, by and with the advice and consent of the Legislative Assembly, enacts as follows:

1. The *Workers' Compensation Act* is amended by this Act.

2. (1) Subsections 14.1(1) and (2) are repealed and the following is substituted:

(1) In this section, "listed disease" means any of the following diseases:
(a) ~~any cancer type;~~any prescribed type of cancer;
(b) heart disease including disease of the pericardium or coronary arteries;
(c) heart injury including heart attack, cardiac arrest and arrhythmia.

(1.1) In this section and in section 14.2, "firefighter" means a worker who
(a) is engaged in fighting fires as a full-time, part-time or volunteer member of a fire department; and
(b) does not exclusively fight forest fires.

(2) Notwithstanding section 14 and subject to subsection (3), a listed disease other than heart disease or heart injury is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker
(a) is disabled or impaired by the listed disease; and
(b) is or has been employed as a firefighter for a minimum period of two years.

(2) Subsection 14.1(3) is amended by striking out "Where the listed disease is" **and substituting** "If a worker is diagnosed with"**.**

(3) The following is added after subsection 14.1(3):

(4) Notwithstanding section 14, a listed disease that is heart disease or heart injury is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker
(a) is disabled or impaired by the listed disease; and
(b) is employed as a firefighter on the date of the diagnosis.

3. The following is added after section 14.1:

14.2. (1) In this section,

"front-line or emergency-response worker" means a continuing-care assistant, correctional officer, sheriff, emergency-response dispatcher, firefighter, nurse, paramedic, police officer or member of a search and rescue organization; (*travailleur de première ligne ou intervenant d'urgence*)

"post-traumatic stress disorder" means Posttraumatic Stress Disorder as that condition is described in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association. (*trouble de stress post-traumatique*)

(2) Notwithstanding section 14 and subject to subsection (3), post-traumatic stress disorder is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker

(a) is disabled or impaired by the disorder;
(b) is or has been employed as a front-line or emergency-response worker;
(c) was exposed to one or more traumatic events during that employment; and
(d) was diagnosed with the disorder by a physician or registered psychologist.

(3) The presumption in subsection (2) does not apply if it is shown that the worker's post-traumatic stress disorder was caused by a decision or action of the worker's employer relating to the worker's employment, including a decision to

(a) change the work to be performed by the worker or their working conditions;
(b) discipline the worker; or
(c) terminate the worker's employment.

COMMENCEMENT

4. ~~This Act comes into force October 27, 2026.~~ This Act or any provision of this Act comes into force on a day or days to be fixed by order of the Commissioner.

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended by deleting proposed paragraph 14.1(1)(a) and substituting the following:

(a) any prescribed type of cancer;

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended in proposed subsection 14.1(2) by striking out "a listed disease is presumed**" and substituting "**a listed disease other than heart disease or heart injury is presumed**".**

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

MOTION

FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT

That Bill 29 be amended by adding the following after subclause 2(2):

(3) The following is added after subsection 14.1(3):

Heart disease or injury

(4) Notwithstanding section 14, a listed disease that is heart disease or heart injury is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker

(a) is disabled or impaired by the listed disease; and

(b) is employed as a firefighter on the date of diagnosis.

MOTION

LOI MODIFIANT LA LOI SUR L'INDEMNISATION DES TRAVAILLEURS POUR LES PREMIERS RÉPONDANTS

Q: Is there a minimum period of employment similar to proposed 14.1(2)?

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That Bill 29 be amended by deleting clause 4 and substituting the following:

4. This Act or any provision of this Act comes into force on a day or days to be fixed by order of the Commissioner.

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

From:	Kieron Testart
To:	Larissa LeMouel
Cc:	Angus Wilson; Denny Rodgers; Jane Weyallon Armstrong; Julian Morse; Kate Reid; Larissa LeMouel; Obed Duru; Richard Edjericon; Robert Hawkins; Tasha Bergman; Taylor Pagotto
Subject:	Re: 2026-02-18 SCOGO to Kieron Testart, MLA, Range Lake - Bill 29: First Responders Workers' Compensation Amendment Act
Date:	February 18, 2026 18:19:26

Dear Chair Morse,

Thank you for your correspondence and the committee's thorough review of Bill 29. I will concur with the amendments 1-3, however I am not yet prepared to concur with the committee's proposed amendment to the coming into force date.

I am entirely sympathetic to the unique, shared jurisdiction of the WSCC regime between Nunavut and NWT. That is why the bill as originally drafted would have allowed 12 months for Nunavut to consider changing its scheme to mirror the changes in the NWT. The proposed amendment does not create the same certainty for first responders of when the benefits of Bill 29 would begin. Furthermore, without clear support from the GNWT, leaving the date open allows for the government to thwart the bill by not bringing it into force at all. One final point—there is no requirement for Nunavut to implement similar legislation in their jurisdiction and the proposed employer fees and liability payments associated with Bill 29 will not change based on Nunavut. While not desirable, it is entirely possible (and legal) for the NWT and Nunavut to have different WSCC schemes and still be governed by a single commission. Therefore, while Nunavut's role in the WSCC is important for consideration, it should not be the primary determining factor when considering the implementation date of Bill 29.

I am very open to discussing a new coming into force date with the committee that address the concerns raised about implementation in both jurisdictions, but I feel strongly (as do Bill 29 stakeholders) that a clear coming into force date is required. I would propose amending the date to provide 12 months from ascent, or something similar, as an alternative.

Yours,

Kieron Testart

Sent from my Bell Samsung device over Canada's largest network.

NORTHWEST TERRITORIES
LEGISLATIVE ASSEMBLY
TERRITOIRES DU NORD-OUEST
ASSEMBLÉE LÉGISLATIVE

February 25, 2026

KIERON TESTART
MEMBER OF THE LEGISLATIVE ASSEMBLY FOR RANGE LAKE

Amendment to Bill 29: *First Responders Workers' Compensation Amendment Act*

Thank you for your email of February 18 in response to a letter from the Standing Committee on Government Operations (Committee) with proposed amendments to Bill 29: *First Responders Workers' Compensation Amendment Act.*

Committee notes your response indicating your intent to concur with the first three amendment motions. Committee also notes your objection to the fourth amendment motion proposing a coming-into-force date to be determined by the Commissioner, and your position that a clear coming-into-force date for Bill 29 is required.

Committee discussed your response at a meeting and has agreed to your counterproposal of a coming-into-force provision 12 months from the date of assent. Please find a new proposed amendment motion attached for your review, along with translated versions of the other three amendment motions.

Committee has scheduled the clause-by-clause review of Bill 29 to take place on Wednesday, February 25, 2026 at the rise of the House, and looks forward to your participation and concluding its review of the bill.

Julian Morse, Chair
Standing Committee on
Government Operations

Attachment.

c. Committee Members, Standing Committee on Government Operations
Clerk, Standing Committee on Government Operations
Advisor, Standing Committee on Government Operations

MOTION

FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended by deleting proposed paragraph 14.1(1)(a) and substituting the following:

(a) any prescribed type of cancer;

MOTION

LOI MODIFIANT LA LOI SUR L'INDEMNISATION DES TRAVAILLEURS POUR LES PREMIERS RÉPONDANTS

Il est proposé que le paragraphe 2(1) du projet de loi 29 soit modifié par suppression de l'alinéa 14.1(1)a) proposé et par substitution de ce qui suit :

a) tout type de cancer prévu par règlement;

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That subclause 2(1) of Bill 29 be amended in proposed subsection 14.1(2) by striking out "a listed disease is presumed**" and substituting "**a listed disease other than heart disease or heart injury is presumed**".**

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

Il est proposé que le paragraphe 2(1) du projet de loi 29 soit modifié au paragraphe 14.1(2) proposé par suppression de «une maladie inscrite est présumée**» et par substitution de «**une maladie inscrite, autre qu'une cardiopathie ou une lésion cardiaque, est présumée**».**

MOTION

FIRST RESPONDERS WORKERS' COMPENSATION AMENDMENT ACT

That Bill 29 be amended by adding the following after subclause 2(2):

(3) The following is added after subsection 14.1(3):

Heart disease or injury

(4) Notwithstanding section 14, a listed disease that is heart disease or heart injury is presumed to have arisen out of a worker's employment and to have occurred during the course of that employment if the worker

(a) is disabled or impaired by the listed disease; and

(b) is employed as a firefighter on the date of diagnosis.

MOTION

LOI MODIFIANT LA LOI SUR L'INDEMNISATION DES TRAVAILLEURS POUR LES PREMIERS RÉPONDANTS

Il est proposé que le projet de loi 29 soit modifié par adjonction, après le paragraphe 2(2), de ce qui suit :

(3) La même loi est modifiée par adjonction, après le paragraphe 14.1(3), de ce qui suit :

Cardiopathie ou lésion cardiaque

(4) Malgré l'article 14, la maladie inscrite qui est une cardiopathie ou une lésion cardiaque est présumée survenue du fait et au cours de l'emploi d'un travailleur si celui-ci :

a) d'une part, souffre d'une incapacité ou d'une déficience en raison de la maladie inscrite;

b) d'autre part, exerce un emploi de pompier à la date du diagnostic.

MOTION

FIRST RESPONDERS
WORKERS' COMPENSATION
AMENDMENT ACT

That Bill 29 be amended by deleting clause 4 and substituting the following:

4. This Act comes into force on a day 12 months from the date of assent.

MOTION

LOI MODIFIANT LA LOI SUR
L'INDEMNISATION DES TRAVAILLEURS
POUR LES PREMIERS RÉPONDANTS

Il est proposé que le projet de loi 29 soit modifié par suppression de l'article 4 et par substitution de ce qui suit :

4. La présente loi entre en vigueur 12 mois après la date de sa sanction.