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FISCAL IMPACT REPORT

SPONSOR	Ulibarri	ORIGINAL DATE LAST UPDATED	02/05/09 HB		
SHORT TITI	LE Uranium Worker	Health & Safety Data	SB	SJM9	
			ANALYST	Woods	

APPROPRIATION (dollars in thousands)

Appropr	iation	Recurring or Non-Rec	Fund Affected
FY09	FY10		
NFI	NFI		

(Parenthesis () Indicate Expenditure Decreases)

Duplicates, Relates to, Conflicts with, Companion to: NA

SOURCES OF INFORMATION

LFC Files

Responses Received From

Energy, Minerals and Natural Resources Department (EMNRD)

New Mexico Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 9 (SJM9) would encourage the United States Congress to enact amendments to the federal Radiation Exposure Compensation Act (RECA) to extend eligibility to individuals who worked in the uranium industry after January 1, 1972 and to direct federal agencies to compile and report uranium worker health and safety data, to conduct health studies among post-1971 uranium workers and to implement and enforce existing uranium worker health and safety standards.

SJM9 requests that copies of the memorial be transmitted to the New Mexico Congressional Delegation, to the County Commissioners of Bernalillo, Cibola, McKinley, Rio Arriba, San Juan and Valencia counties, to the President of the Navajo Nation, to the speaker of the Navajo Nation Council and to the Governors of the Pueblos of Acoma, Laguna and Zuni.

There is no appropriation attached to this legislation.

SIGNIFICANT ISSUES

DOH indicates that SJM9 is sponsored for the legislative Indian Affairs Committee and the Health and Human Services Committee and, as background, advises that uranium production in

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New Mexico from the 1950s to the 1970s left a legacy of contaminated groundwater, surface water, and soils. The effects of tasteless, odorless radiation were not understood until after miners and users of the contaminated materials became ill; only then were regulations for managing uranium production enacted. DOH additionally notes that:

- SJM9 would encourage the expansion of eligibility for compensation pursuant to the federal Radiation Exposure Compensation Act for persons who worked in the uranium mining, milling and ore hauling industries after January 1, 1972, in order that they might receive the same compensation benefits as by pre-1972 uranium workers.
- The Radiation Exposure Compensation Act (RECA) of 1990, through its establishment of a compensation program resulting from a clearly recognized U.S. government obligation to uranium workers and other radiation survivors, has been a precedent-setting and valuable first step by Congress. However, the provisions of the RECA defining compensation for uranium miners may be inconsistent with current scientific information. Elizabeth Kocher, Program Manager for the Radiation Exposure Screening and Education Program (RESEP) at University of New Mexico indicates that they receive on average 2 to 3 calls a week from former uranium miners who do not qualify for RECA because they began working after January 1, 1972.
- Further, the U.S. DOE's Office of Human Radiation Experiments (OHRE) identifies a series of recommendations for expansion of RECA. These recommendations are included among the set of RECA amendments found in the proposed Radiation Workers Justice Act of 1998.
- The health effects of uranium mining have been studied. There exists relatively strong epidemiological evidence that uranium miners experience an increased risk of lung cancer and non-malignant respiratory disease. The most recent follow-up of the U.S. miners' cohort found nearly a 6-fold increased risk for lung cancer for white miners and a 3-fold increased risk for Navajo miners. (Roscoe RJ. An update of mortality from all causes among white uranium miners from the Colorado Plateau Study Group, American Journal of Industrial Medicine 31: 211-222, 1997; Boyce, JD Jr., et al, A cohort study of uranium millers and miners of Grants, New Mexico, 1979-2005, Journal of Radiological Protection 28:303-325, 2008). It also found nearly a 24-fold increased risk for pneumoconiosis (when compared to the general population), a 3.7-fold increased risk for tuberculosis and a 2.8-fold increased risk for chronic obstructive pulmonary disease. The Navajo miners' cohort had 2.6-fold increased risk for tuberculosis and a 2.6-fold increased risk for "pneumoconioses and other respiratory diseases". (Mapel et al., Ethnic differences in the prevalence of nonmalignant respiratory disease among uranium miners, American Journal of Public Health 87:833-838). Some or all of these nonmalignant respiratory disease excesses are due to silica and other dusts in the mine environment. Other diseases which have been found to be elevated in some studies of uranium miners include: leukemia, non-Hodgkins' lymphoma, malignant melanoma, and kidney and liver cancer. However, a recent analysis of 62,209 uranium miners in 11 studies found no significant evidence that uranium miners had increased risk of a cancer type besides that of lung cancer.

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DOH concludes that SJM 9 proposes to fill the gaps left by RECA and establish a broader scope of compensations opportunities, in keeping with the broader scope of health risks to which workers were exposed.

EMNRD adds that The Radiation Exposure Compensation Act currently only covers persons who worked in the uranium industry between January 1, 1942 and December 31, 1971. SJM 9 requests that the date range be extended to include persons who worked in the domestic uranium industry since January 1, 1972. However, SJM 9 does not state what the new date range should be. This could be interpreted to extend the date range to the present day. It is not clear how allowing claims to be made based on relatively recent exposure dates will affect the ability to determine whether the claims are legitimately connected to uranium.

OTHER SUBSTANTIVE ISSUES

DOH advises that, "Navajo, Acoma, Laguna and Zuni Pueblo members worked in New Mexico mine sites; unremediated contamination resulting from past uranium exploration, mining and milling activities constitutes a continuing threat to the health and well-being of residents living near the mines. Data from the Radiation Exposure Screening and Education Program (RESEP) at the University of New Mexico, which screens former uranium miners for RECA benefits, indicate that participants are largely of racial and ethnic minority status (49% Hispanic, 14% Anglo, 1% African American, and 36% Native American). Up to 77% of RESEP patients screened had symptoms indicative of lung disease (e.g. phlegm, coughing, wheezing, shortness of breath). Further, 17% of RESEP participants with a diagnosis of pulmonary disease also had abnormal renal function tests and 2.6% had a concurrent diagnosis of renal disease (Mulloy, Presentation to SENSOR Silicosis Meeting, 2004). The Navajo Nation contains some of the largest uranium reserves in the world and was heavily mined form the 1940s through the 1980s. This mining resulted in the premature death of hundreds of Navajo miners from occupational lung cancers and non-malignant respiratory diseases. In addition the prevalence of renal insufficiency on the Navajo Nation is even higher than expected, given the greater than 20 percent prevalence of diabetes in the population, raising concern that exposures to uranium may contribute to renal disease."

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

DOH suggests that the "United States Congress would not be encouraged by the New Mexico legislature to enact amendments to the federal Radiation Exposure Compensation Act (RECA) to extend eligibility to individuals who worked in the uranium industry after January 1, 1972 and to direct federal agencies to compile and report uranium worker health and safety data, to conduct health studies among post-1971 uranium workers and to implement and enforce existing uranium worker health and safety standards."

AMENDMENTS

None suggested.

BW/mc