



Medical Evaluation

Task Force

***Mega Issue
Responses***

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The IAFC has always considered health and safety to be one of the most important areas of concern for all fire chiefs and has initiated, or participated in, a long list of programs related to health and safety. The establishment of this Medical Evaluation Task Force is a reflection of the importance that IAFC attaches to the responsibility of protecting our most valuable resource – our personnel.

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BACKGROUND

In early 2010, Chief Jack Parow, 2010- 2011 IAFC President, established a Medical Evaluation Task Force. The purpose behind the creation of the Task Force was to develop a plan for fire departments across North America to use with the goal in mind of providing medical exams for career and volunteer firefighters.

Based on the research and data, reported by the Medical Task Force in 2010, it was verified that if every firefighter in North America had an annual medical exam it would drastically reduce the number of potentially life-threatening illnesses and adverse health effects. It was also verified that a healthier firefighter would be more productive and less prone to sickness, injury, and career-ending illnesses. In turn, fire service organizations will become more productive and reduce cost in the areas of lost time, health care, and workers' compensation.

According to the National Cancer Institute (NCI), cancer costs are predicted to reach at least \$158 billion in the United States by 2020. Cancer is the second most common cause of death in the United States exceeded only by heart disease. Yet, the cost of cancer has quickly escalated and now far exceeds that of heart disease. Therefore, annual medical cost to the fire service will only grow without immediate action.

Statistically, the Task Force found that the results of a well-managed wellness program were verifiable including, but not limited to, reduction of health care costs by 20 to 55 percent, decrease in short-term sick leave by as much as 32 percent, and a savings of between \$2 and \$6 for every \$1 invested in fire service wellness programs. These programs were also shown to reduce workers compensation and disability claims by as much as 30 percent.

A new study by the Task Force revealed that fire departments with well-managed IAFF/IAFC Wellness programs are reaping substantial savings in workers' compensation claims and costs.

Figure 1: *Changes in workers' compensation cost for three large metropolitan fire departments*

Incurred Medical Costs 1996 vs. 2009		
Comparison of Three Departments	Total Incurred Costs	Incurred Costs /Total # of Claim
Dept 1 - Non WFI Compliant	167%	108%
Dept 2 - WFI Compliant	0%	10%
Dept 3 - WFI Compliant	-35%	-69%

Figures do not include backfill costs

ACTION STATEMENT

In August 2010, the IAFC Board of Directors approved the expansion of the current Medical Evaluation Task Force to address the six action items listed below to insure that a Fire Service specific medical program be developed to include:

1. Support for a Fire Service Physician/Medical Provider Association
2. Fire Service-Wide Specific Medical Exam Protocols
3. Implementation Protocols
4. Funding Sources
5. Confidentiality/HIPAA Compliant Medical Evaluations
6. Secured Data Collection/Evaluation

It is not the goal of the Medical Task Force to dictate how organizations will achieve the goal of annual medical examinations for firefighters, but rather to research and develop ideas to support and encourage organizations to utilize all available resources, including partnerships with other entities both inside and outside the Fire Service.

Support for a Fire Service Physician Association

Mission

This physician group would act as a consulting entity with a two-part focus. The first will be as a consultant to the IAFC Medical Exam Task Force to develop those points listed below and secondly, a resource for departments and fire department physicians to ask questions about Fire Service medicals.

Physician Group

Ten to fifteen physicians with extensive Fire Service knowledge/experience to act as subject matter experts.

Focus Areas

The Task Force's recommended focus areas for this physician group:

FIRE SERVICE-WIDE SPECIFIC MEDICAL EXAM PROTOCOLS

1. CONTENT OF PHYSICALS

Clarification of the medical exam elements within NFPA-1582 Chapter 7 and Chapter 2 of the IAFF/IAFC Wellness Fitness Initiative (WFI) - [see Appendix A](#)
(Double click on paperclip to see chapter)

2. RESULTS AND DETERMINATION OF FIT FOR DUTY

How to classify the results of the physicals; establishing thresholds for return to duty and entry into a treatment program while still remaining on duty

PHYSICIAN SUPPORT

1. PHYSICIAN DISCUSSION FORUM

Provider resources created on the new IAFC website (Linkedin type format)

2. PROVIDERS LIST IN DIFFERENT GEOGRAPHIC AREAS

Provider resources that are currently designed to provide physicals similar to firefighter physicals

Although the WFI and NFPA 1582 medical examinations mirror each other, the difference lies in application. NFPA 1582 is generally guided by standards where the WFI is regarded as an overall health promotion program.

Implementation Protocols

The Implementation Chapter 9 of IAFF/IAFC Wellness Fitness Initiative (WFI) Manual http://www.iafc.org/files/healthWell_WFI3rdEdition.pdf contains downloadable files, which can assist in the creation of a fire specific medical evaluation program.

Checklist

DESIGN PHASE

- Obtain the Wellness and Fitness Initiative (WFI)
- Establish a Project Team – *Sample Flow Chart* *Sample Meeting Guidelines*
- Identify and Compare Elements – *Sample Comparison Worksheet*
- Mission Statement, Goals, and Objectives – *Sample Considerations - Goals & Objectives*
- Identify Alternative Approaches for Each Objective – *Sample Alternative Approaches*
- Develop a Budget – *Time-Line Budget & Charts*
- Determine Available Funding – *Sample Needs Survey* *Sample Grant*
- Develop a Budget Justification – *See WFI Chapter 6 – Cost justification*
- Prepare a Strategic Plan – *Sample Strategic Plan Agenda*

AGREEMENT PHASE

- Review the Strategic Plan
- Submit the Strategic Plan for Adoption
- Implement the Strategic Plan – *Sample MOU* *Sample Request for Proposal (RFP)*
- Internal Education/Marketing – *Sample Communication Plan*

IMPLEMENTATION AND MAINTENANCE

- Organize Implementation Teams – *Sample Team Meeting Agenda*
- Develop an Implementation Strategy – *Sample Action Plan Worksheet*
- Monitor Progress – *Sample Pre-Program Survey*
- Collect Data – *See WFI Chapter 7 – Data Collection*
- Review and Update the Plan Regularly – *Sample 1-Year Post Survey*

WFI STEP-BY-STEP OVERVIEW

- Outline – *Sample Large Dept. Re-Org Budget Request*

Figure 2: Implementation checklist from Chapter 8 of WFI Manual

Confidentiality/HIPAA Compliant Medical Evaluations

What is HIPAA?

HIPAA (Health Insurance Portability and Accountability Act) is a legislative process containing privacy regulations requiring that access to patient information be limited to only those authorized, and that only the information necessary for a task be available to them. Personal health information/[medical records](#) must be protected and kept confidential.

ADMINISTRATIVE SAFEGUARDS – *policies and procedures designed to show how a department will comply with the act*

- Departments must adopt a written set of privacy procedures and designate a privacy officer to be responsible for developing and implementing all required policies and procedures.
- The policies and procedures must reference management oversight and organizational buy-in to compliance with the documented security controls.
- Procedures should clearly identify employees or classes of employees who will have access to *Electronic Protected Health Information* (EPHI). Access to EPHI must be restricted to only those employees who have approval by the fire department physician.
- The procedures must address access authorization, establishment, modification, and termination.
- Departments must show that an appropriate ongoing training program regarding the handling of [Protected Health Information](#) (PHI) is provided to employees performing health plan administrative functions.
- Departments that out-source some of their processes to a third party must ensure that their vendors also comply with HIPAA requirements. Departments typically gain this assurance through clauses in the contracts stating that the vendor will meet the same data protection requirements that apply to the department. The department shall also determine if the vendor further out-sources any data handling functions to other vendors and ensure/monitor whether appropriate contracts and controls are in place.
- A contingency plan shall be in place for responding to emergencies. Departments are responsible for backing up their data and having disaster recovery procedures in place. The plan should document data priority and failure analysis, testing activities, and change control procedures.
- Internal audits shall be conducted, to insure HIPAA, compliance by reviewing operations with the goal of identifying potential security violations. Policies and procedures shall specifically document the scope, frequency, and procedures of audits. Audits should be both routine and event-based.
- Procedures shall document instructions for addressing and responding to security breaches that are identified during either the audit or the normal course of operations.

PHYSICAL AND TECHNICAL SAFEGUARDS – *controlling access to computer systems and enabling covered entities to protect communications containing PHI transmitted electronically over open networks from being intercepted by anyone other than the intended recipients so as to protect against inappropriate access to protected data*

- Documented risk analysis and risk management programs shall be required. The department shall carefully consider the risks of their operations as they implement systems to comply with the act. The act's security requirements are a minimum standard and places responsibility on departments to take all reasonable precautions necessary to prevent PHI from being used for non-health purposes.
- Access to equipment containing health information should be carefully controlled and monitored.
- Access controls of equipment shall consist of facility security plans, maintenance records, and visitor sign-in.
- Access to hardware and software must be limited to properly authorized individuals.

- Equipment that is retired must be disposed of properly to ensure that PHI is not compromised via protocols that shall govern the introduction and removal of hardware and software from the network.
- Proper workstation use policies and procedures shall be required.
- Workstations shall be removed from high traffic areas and monitors shall not be viewable by the public.
- All contractors, agents, and/or vendors shall be fully trained on physical access responsibilities.
- Information that flows over open networks shall require some form of encryption and shall be utilized on systems housing PHI to protect it from intrusion. If closed systems/networks are utilized, existing access controls are considered sufficient and encryption is optional.
- Each authorized entity is responsible for ensuring that the data within their systems has not been changed/erased in an unauthorized manner.
- Data corroboration, including the use of check sum, double-keying, message authentication, and digital signature may be used to ensure data integrity.
- Departments must also authenticate companies/vendors with which they communicate. Authentication consists of corroborating that an entity is who it claims to be. Examples of corroboration include password systems, telephone callback, and/or token systems.
- Departments shall make documentation of their HIPAA practices available to the government to determine compliance.
- In addition to policies/procedures and access records, information technology documentation should also include a written record of all configuration settings on the components of the network as these components are complex, configurable, and always changing.

Secured Data Collection/Evaluation

There are still many questions that must be addressed before implementation of an in-house medical program.

Policy Questions:

- How will medical results/data be documented?
- Can there be a standardized format used by all Fire Service health care providers?
- How will medical records/data be secured to assure members of confidentiality?
- What State or Federal codes will be adopted, and/or recognized, regarding who has access to medical records/data?
- Should a department centralize medical, occupational health, disability, and fitness services to consolidate record/data information so as to provide better security/confidentiality of those records/data?

Background:

The unauthorized release of personal details, which may be recorded as part of a medical or fitness evaluation could cause legal and personal problems, for the employee or for the

employer and or the department physician. [The Occupational Safety and Health Act](#) (OSHA), the [Americans with Disabilities Act](#) (ADA) and [NFPA 1582 & 1583](#) all address confidentiality issues and give guidance to employers and employees.

Key Considerations:

Federal laws mandate how occupational health and fitness records/data are protected/secured.

- [OSHA](#): 29CFR 1910.1020 - specifically 1910.1020(e)(1)(i) and (ii)
- [HIPAA](#): 164.304, 164.306, 164.308, 164.314, 164.504, and 164.524
- [ADA](#): “all medical information be maintained in separate files from other personnel information”
- [NFPA 1582](#): 4.1.11, 4.1.13, 4.1.14, 4.2.1, A.4.1.13 , and Annex B

Summary of Issues and Options:

Confidentiality of all medical and fitness records/data from mandatory health and fitness assessments is critical to the success of a Fire Service Occupational Health and Fitness program. Members need to feel assured that the information provided in any occupational health and fitness program will not be inappropriately shared. No fire department supervisor or manager should have access to medical/fitness records without the express written consent of the member.

Current or future budgetary constraints can affect the Occupational Health and Fitness program. Therefore, it is important that record keeping/storage guidelines be set forth to protect the confidentiality of current and/or archived medical/fitness records.

Funding Sources

Affordable Care Act

NATIONAL PREVENTION, HEALTH PROMOTION, AND PUBLIC HEALTH COUNCIL

A pursuit to include Fire Service annual medical into the National Prevention, Health Promotion, and Public Health Council's work on the Affordable Care Act seems to be the most cost effective mean of providing annual medicals to all Fire Service personnel.

Joining this group, whose goal is to focus on prevention, will offer an opportunity to not only improve the health of Fire Service personnel, but also help to reduce health care costs and improve quality of care. By concentrating on the underlying drivers of chronic disease, the Affordable Care Act helps to shift the nation from today's "sick-care" system to an actual "health care" system that encourages health and well-being, while maintaining state-of-the-art medicine, which is also the goal of the IAFC.

Overview

The Surgeon General serves as chair of the Council. Just as prevention is the foundation of the public health system, prevention is also the foundation of her work to improve the nation's health.

Council members are cabinet secretaries, chairs, directors, or administrators of federal departments. Such high profile involvement demonstrates an unprecedented commitment to prevention and wellness in the U.S. health care system.

By including officials from across the federal government, the Council benefits from a wide variety of perspectives and inter-agency collaboration. In addition, it will receive input from an Advisory Group on Prevention, Health Promotion, and Integrative and Public Health Council as well as other public stakeholders. **The IAFC needs to be included in this group.**

Why does the IAFC need to become part of the Council?

THE COUNCIL WILL MEET PERIODICALLY TO:

- Develop a National Prevention and Health Promotion Strategy
- Review its progress and issue an Annual Status Report, the first was submitted July 2010: <http://www.hhs.gov/news/reports/nationalprevention2010report.pdf>
- Incorporate input from the public and other relevant stakeholders
- Provide direction and input on the draft strategy
- Monitor implementation

THE COUNCIL WILL:

- Provide coordination and leadership to ensure that the government is focused on priority initiatives that will improve prevention, wellness, and health promotion practices
- Make recommendations—with continual public input—to the President and Congress concerning the nation’s most pressing health issues and on changes to federal policy that will promote health and achieve public health goals, including reducing tobacco use, sedentary behavior, and poor nutrition

MEMBERS

The President signed an Executive Order creating the National Prevention, Health Promotion, and Public Health Council within the Department of Health and Human Services comprising of these members:

- [Vice Admiral Regina M. Benjamin MD, MBA, USPHS](#), Surgeon General, Council Chair
- [Secretary Kathleen Sebelius](#), Department of Health and Human Services
- [Secretary Tom Vilsack](#), Department of Agriculture
- [Secretary Arne Duncan](#), Department of Education
- [Chairman Jon Leibowitz](#), Federal Trade Commission
- [Secretary Ray LaHood](#), Department of Transportation
- [Secretary Hilda L. Solis](#), Department of Labor
- [Secretary Janet A. Napolitano](#), Department of Homeland Security
- [Administrator Lisa P. Jackson](#), Department of Environmental Protection Agency
- [Director R. Gil Kerlikowske](#), Office of National Drug Control Policy
- [Director Melody Barnes](#), Domestic Policy Council
- [Assistant Secretary-Indian Affairs Larry Echo Hawk](#), Department of the Interior
- [Patrick Corvington, CEO](#), Corporation for National and Community Service
- [Attorney General Eric H. Holder, Jr.](#), Department of Justice
- [Secretary Robert M. Gates](#), Department of Defense
- [Secretary Eric K. Shinseki](#), Department of Veterans Affairs
- [Secretary Shaun Donovan](#), Department of Housing and Urban Development
- [Acting Deputy Director Rob Nabors](#), Office of Management and Budget

REPORTS

On June 25, 2010, the Council ratified its first status report during a teleconference. (Read the final [July 1, 2010, Annual Status Report National Prevention, Health Promotion, and Public Health Council](#) (84 KB PDF).

This report provides an overview of the strategy development process, proposed guiding principles, plans to convene the advisory group, a work plan and timeline, and list of Council activities. Contact: The National Prevention, Health Promotion, and Public Health Council at prevention.council@hhs.gov

ADDITIONAL EXPERTS AND WEBSITES - [APPENDIX B](#)

Other Funding Ideas

Homeland Security & Department of Transportation funded programs through Regional Mobile Medical Units (RMMUs).

MOBILE UNITS WOULD BE USED LOCALLY UNTIL NEEDED FOR A DISASTER BY HLS

Fire Service Mobile "MARTIN"

M Medical
A Auditory
R Respiratory
T Treadmill
I Inoculation
N Nutrition



SAMPLES OF CURRENT COMMERCIAL UNITS WORKING WITH FIRE SERVICE:

Health Endeavors <http://www.ehealthendeavors.com/rvpicslideshow.htm>

Concentra Mobile Medical Services <http://www.concentra.com/employers/mobile-medical-services.aspx>

Professional Health Services, Inc <http://phsmobile.com/>

COACH VENDORS:

Medical Coaches http://www.medcoach.com/resources/why_mobile.html

Team USV - <http://www.usv1.com/Mobile-Medical/>

Fire Insurance Premiums

SAMPLE: WASHINGTON STATE RCW 41.16 – 41-18.030

Firefighters' relief and pensions — 1947 act

There is hereby created and established in the treasury of each municipality a fund, which shall be known and designated as the firefighters' pension fund, which shall consist of:

- (1) All bequests, fees, gifts, emoluments, or donations given or paid thereto;
- (2) twenty-five percent of all moneys received by the state from taxes on fire insurance premiums;
- (3) taxes paid pursuant to the provisions of RCW 41.16.060;
- (4) interest on the investments of the fund; and
- (5) contributions by firefighters as provided for herein.

FULL RCW TEXT - [APPENDIX C](#)

SUMMARY

The task force became well acquainted with the fact that the current economic condition presents new challenges for nearly every organization. Chief fire officers are still faced with tough decisions every day, including the health and well-being of their firefighters, and that a dynamic effort to make certain IAFC members have the tools they need to provide medical exams for firefighters is essential.

It is the conclusion of this task force that specific areas still need focused attention.

- Identification of funding sources for medical exams possibly through national legislation
- Development of a Fire Service Physician/Medical Provider Association
- Provision of assistance and support for the dissemination of information

NEW ACTION ITEMS

Therefore, it calls upon the IAFC to expand the current Medical Evaluation Task Force to address the three action items listed below to ensure the support of departments pursuing annual medicals and continued pursuit of annual fire service-specific medical exams, which shall include:

- 1. Development of Fire Service Physician/Medical Provider Association**
 - a. Development of Fire Service-Wide Specific Medical Exam Protocols*
 - b. Implementation of an online Physician helpline*
- 2. Become a members of the National Prevention, Health Promotion, and Public Health Council**
 - a. Development of Return on Investment (ROI) for national program*
 - b. Recommendation on National implementation plan*
- 3. Provide assistance with**
 - Online Discussion Forum and Library
 - Webinars
 - Future Revisions and Updates to the *Medical Evaluation Report*
 - Learning Opportunities at Fire-Rescue International

APPENDIX A

Sample Annual Medical Evaluation of Incumbent Members based on WFI and NFPA 1582

For incumbent members (NFPA 1582 –Chapter 7.1- 7.7.12.2 and WFI Chapter 2), the scope of the annual medical evaluation shall be determined by the fire department physician after reviewing the type and severity of the condition. The recommended annual evaluation should include:

Medical History Questionnaire (to include exposure history)

Physical Examination:

- (1) Vital signs
- (2) Head, eyes, ears, nose, and throat (HEENT)
- (3) Neck
- (4) Cardiovascular
- (5) Pulmonary
- (6) *Breast
- (7) *Gastrointestinal (includes rectal exam for mass, occult blood)
- (8) *Genitourinary (includes pap smear, testicular exam, rectal exam for prostate mass)
- (9) *Hernia
- (10) Lymph nodes
- (11) Neurological
- (12) Musculoskeletal
- (13) Skin (includes screening for cancers)
- (14) Vision
- (15) Body Composition

***CERTAIN COMPONENTS OF THE ANNUAL OCCUPATIONAL MEDICAL EVALUATION SHOULD BE ALLOWED TO BE PERFORMED BY A MEMBER'S PRIVATE PHYSICIAN, PROVIDED FULL RESULTS ARE FORWARDED IN THE REQUIRED TIMEFRAME TO THE FIRE DEPARTMENT'S APPOINTED LICENSED HEALTH CARE PROFESSIONAL.**

Blood Tests:

- (1) CBC with differential, RBC indices and morphology, and platelet count
- (2) Electrolytes (Na, K, Cl, HCO₃, or CO₂)
- (3) Renal function (BUN, creatinine)
- (4) Glucose
- (5) Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)
- (6) Total cholesterol, HDL, LDL, clinically useful lipid ratios(e.g., percent LDL), and triglycerides
- (7) Prostate specific antigen (PSA) after age 40 for positive family history, if African American, or if otherwise clinically indicated; after age 50 for all other male

Urinalysis:

- (1) Dipstick analysis for glucose, ketones, leukocyte esterase, protein, blood, and bilirubin
- (2) Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis
- (3) Analysis for occupational chemical exposure if indicated

Vision tests, Audiograms, and Spirometry

Chest X-ray, Electrocardiogram, Cancer Screenings, Immunizations, Infectious Disease Screenings, and Referrals to Health Care Practitioners (as indicated).

 **Written Feedback and Other Documentation/Data of Findings.**

 **DEPARTMENT SUPERVISOR OR MANAGER SHALL NOT HAVE ACCESS TO, OR REQUEST RELEASE OF INFORMATION, REGARDING MEDICAL RECORDS WITHOUT THE EXPRESSED WRITTEN CONSENT OF THE MEMBER.**

APPENDIX B

Affordable Care Act

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Websites

AFL- CIO www.afl-cio.org

Alliance for Health Reform www.allhealth.org

Alliance of Community Health Plans www.achp.org

America's Health Insurance Plans www.ahip.org

Association of Health Care Journalists www.healthjournalism.org

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Center for Health Care and Policy Research, Penn State University www.hhdev.psu.edu/chcpr/

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United Hospital Fund www.uhfny.org

Urban Institute www.urban.org

U.S. Census Bureau www.census.gov

APPENDIX C

Washington State RCW 41.16 – 41-18.030

RCW 41.16.050 - How constituted.

There is hereby created and established in the treasury of each municipality a fund, which shall be known and designated as the firefighters' pension fund, which shall consist of:

- (1) All bequests, fees, gifts, emoluments, or donations given or paid thereto;
- (2) twenty-five percent of all moneys received by the state from taxes on fire insurance premiums;
- (3) taxes paid pursuant to the provisions of RCW 41.16.060;
- (4) interest on the investments of the fund; and
- (5) contributions by firefighters as provided for herein.

The moneys received from the tax on fire insurance premiums under the provisions of this chapter shall be distributed in the proportion that the number of paid firefighters in the city, town, or fire protection district bears to the total number of paid firefighters throughout the state to be ascertained in the following manner: The secretary of the firefighters' pension board of each city, town, and fire protection district now or hereafter coming under the provisions of this chapter shall within thirty days after June 7, 1961, and on or before the fifteenth day of January thereafter, certify to the state treasurer the number of paid firefighters in the fire department in such city, town, or fire protection district. For any city or town annexed by a fire protection district at any time before, on, or after June 9, 1994, the city or town shall continue to certify to the state treasurer the number of paid firefighters in the city or town fire department immediately before annexation until all obligations against the firefighters' pension fund in the city or town have been satisfied. For the purposes of the calculation in this section, the state treasurer shall subtract the number certified by the annexed city or town from the number of paid firefighters certified by an annexing fire protection district. The state treasurer shall on or before the first day of June of each year deliver to the treasurer of each city, town, and fire protection district coming under the provisions of this chapter his or her warrant, payable to each city, town, or fire protection district for the amount due such city, town or fire protection district ascertained as herein provided and the treasurer of each such city, town, or fire protection district shall place the amount thereof to the credit of the firefighters' pension fund of such city, town, or fire protection district.

RCW 41.16.060 - Tax levy for fund.

It shall be the duty of the legislative authority of each municipality, each year as a part of its annual tax levy, to levy and place in the fund a tax of twenty-two and one-half cents per thousand dollars of assessed value against all the taxable property of such municipality: PROVIDED, That if a report by a qualified actuary on the condition of the fund establishes that the whole or any part of said dollar rate is not necessary to maintain the actuarial soundness of the fund, the levy of said twenty-two and one-half cents per thousand dollars of assessed value may be omitted, or the whole or any part of said dollar rate may be levied and used for any other municipal purpose.

It shall be the duty of the legislative authority of each municipality, each year as a part of its annual tax levy and in addition to the city levy limit set forth in RCW 84.52.043, to levy and place in the fund an additional tax of twenty-two and one-half cents per thousand dollars of assessed value against all taxable property of such municipality: PROVIDED, That if a report by a qualified actuary establishes that all or any

part of the additional twenty-two and one-half cents per thousand dollars of assessed value levy is unnecessary to meet the estimated demands on the fund under this chapter for the ensuing budget year, the levy of said additional twenty-two and one-half cents per thousand dollars of assessed value may be omitted, or the whole or any part of such dollar rate may be levied and used for any other municipal purpose: PROVIDED FURTHER, That cities that have annexed to library districts according to RCW 27.12.360 through 27.12.395 and/or fire protection districts according to RCW 52.04.061 through 52.04.081 shall not levy this additional tax to the extent that it causes the combined levies to exceed the statutory or constitutional limits.

RCW 41.18.030 - Contributions by firefighters.

Every firefighter to whom this chapter applies shall contribute to the firefighters' pension fund a sum equal to six percent of his or her basic salary, which shall be deducted there from and placed in the fund.