

# **SB173 Written Testimony.pdf**

Uploaded by: Dale Bowen

Position: FAV

# MARYLAND STATE FIREFIGHTERS ASSOCIATION

*Representing the Volunteer Fire, Rescue and Emergency Medical Services Personnel  
-a 501(c)3 Organization*



## **Legislative Committee**

17 State Circle  
Annapolis MD, 21401  
Chair: Robert Phillips  
Email: rfcchief48@gmail.com  
Cell: 443-205-5030  
Office: 410-974-2222

## **Senate Bill 173: Workers Compensation – Occupational Disease Presumptions - Hypertension**

My name is Dale Bowen and I am a member of the Legislative Committee for the Maryland State Firefighter's Association (MSFA).

I wish to present favorable testimony for **Senate Bill 173: Workers Compensation – Occupational Disease Presumptions - Hypertension**

The MSFA is in full support of SB 173. Hypertension affects almost half of American adults, however, the rate of high-blood pressure among firefighters is much higher, with about three out of four affected. Hypertension raises the risk of heart attack and stroke, and more than half of deaths among firefighters in the line of duty are related to cardiovascular disease.

This bill outlines the requirements to demonstrate disablement due to hypertension. It allows for those who have been medicated for 90 days and still present with hypertension to meet the occupational disease presumptions under workers' compensation law.

First responders with hypertension experienced a greater blood pressure surge in response to alarms than their non-hypertensive co-workers.

It is time for us to recognize hypertension as an occupational disease and for this reason I request a favorable vote on Senate Bill 173.

Thank you for your consideration.

Respectfully,

*Dale Bowen*

# **Senate Bill 173 (2025) PFFMD Testimony - J. Buddle**

Uploaded by: Jeffrey Buddle

Position: FAV



**February 25, 2025**

Senator Pamela Beidle, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**Position: FAVORABLE**

SB173 - Workers' Compensation – Occupational Disease Presumptions – Hypertension

The Professional Fire Fighters of Maryland represents more than 10,000 active and retired professional fire fighters and emergency medical services personnel who proudly serve the citizens of the State of Maryland.

We are in strong support of the proposed clarification regarding the definition of disablement for workers' compensation presumption coverage for hypertension. This amendment provides much-needed clarity and fairness for individuals who dedicate their lives to public service, particularly those in high-risk professions such as firefighting and emergency response. This clarification reinforces the original intent of the workers' compensation presumption coverage for hypertension that was first enacted in 1971.

The proposed change ensures that disablement under § 9–502 is clearly defined by incorporating well-established medical criteria for hypertension as outlined in the 2022 edition of the National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments. Specifically, an individual would be deemed to have satisfied the requirements for disablement if:

1. Their blood pressure readings exceed 140 mm Hg systolic or 90 mm Hg diastolic, as required for a finding of hypertension under NFPA 1582.
2. They have been required to use prescribed medication to treat hypertension for at least 90 consecutive days.

This clarification is critical for several reasons. First, it aligns the workers' compensation presumption coverage with current medical standards, ensuring that individuals who experience significant hypertension-related health risks receive the support they deserve. Firefighters and emergency responders are routinely exposed to extreme physical and psychological stress, which has been scientifically linked to an increased risk of hypertension. Given the cumulative toll this takes on their health, it is imperative that we provide them with a clearly defined pathway to obtain the benefits they have rightfully earned.

Furthermore, by explicitly defining disablement criteria, this amendment reduces ambiguity in workers' compensation claims, fostering a fairer and more efficient adjudication process. Currently, the absence of a specific standard may lead to inconsistent rulings, prolonging the process and imposing unnecessary burdens on affected individuals. Implementing the NFPA 1582 guidelines ensures that claims are evaluated based on objective medical criteria rather than subjective interpretations.

In conclusion, we strongly urge the committee to support this much-needed clarification. Our firefighters and emergency responders face extraordinary challenges every day in service to our communities. By passing this important legislation, it will affirm the commitment to firefighters' health, safety, and well-being, ensuring they receive the coverage they deserve under workers' compensation law.

Submitted respectfully,



Jeffrey Buddle, President  
Professional Fire Fighters of Maryland

*The membership of the Professional Fire Fighters of Maryland includes 25 IAFF local affiliates from the following jurisdictions:*

*Federal: Aberdeen Proving Grounds, Fort George G. Meade, National Capital Federal Fire Fighters*

*State: Baltimore / Washington International Airport*

*Local: Annapolis City, Allegany County, Anne Arundel County, Baltimore City (2 affiliates), Baltimore County, Carroll County, Cecil County, Charles County, Cumberland City, Frederick County, Garrett County, Hagerstown, Howard County, Montgomery County, Ocean City, Prince Georges County, Queen Annes County, Salisbury, Talbot County, Worchester County*

## **Letter for SB173.pdf**

Uploaded by: Mike McKay

Position: FAV

**MIKE MCKAY**  
*Legislative District 1*  
Garrett, Allegany, and Washington Counties



Judicial Proceedings Committee  
Executive Nominations Committee

*Joint Committees*  
Administrative, Executive,  
and Legislative Review  
Children, Youth, and Families  
Program Open Space and Agricultural  
Land Preservation

**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

*Annapolis Office*  
James Senate Office Building  
11 Bladen Street, Room 416  
Annapolis, Maryland 21401  
410-841-3565 • 301-858-3565  
800-492-7122 Ext. 3565  
Mike.McKay@senate.state.md.us

*Cumberland Office*  
100N Mechanic Street  
Cumberland, Maryland 21502  
240-362-7040

*Williamsport Office*  
2N Conococheque Street  
Williamsport Town Hall  
Williamsport, Maryland

January 24, 2025

RE: Fire/EMS Coalition Support for SB173

Dear Chair Beidle, Vice Chairman Hayes, and Members of the Committee,

The Fire/EMS Coalition would like to express their support for Senate Bill 173:

**Workers' Compensation – Occupational Disease Presumptions – Hypertension.** This bill establishes that firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and members of the Office of the State Fire Marshal demonstrate disablement for purposes of workers' compensation and are deemed to have hypertension for purposes of an occupational disease presumption for hypertension if certain requirements are met.

The Fire/EMS Coalition supports this bill as it will allow for workers' compensation for a disease that is all too common amongst Fire/EMS workers.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike McKay".

Senator Mike McKay  
Representing the Appalachia Region of Maryland  
Serving Garrett, Allegany, and Washington Counties

**Voting Organizations:**

**Maryland Fire Chief's Association (MFCA)**  
**Maryland State Firefighter's Association (MSFA)**  
**State Fire Marshal (OSFM)**  
**Maryland Fire Rescue Institute (MFRI)**  
**Maryland Institute for Emergency Medical Services System (MIEMMS)**  
**Metro Fire Chief's Association**  
**Professional Firefighters of Maryland**

**Our Mission Statement**

The Maryland Fire/EMS Coalition unites Republicans and Democrats in support of fire/emergency services legislation that benefit all first responders. Becoming a member does not require taking positions on legislation; rather Coalition members are asked to offer support in a way that best benefits fire/emergency services in their respective Legislative Districts.



# **DG Written Testimony\_SB0173.docx.pdf**

Uploaded by: Senator Gile

Position: FAV



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of SB0173 - Workers' Compensation - Occupational Disease  
Presumptions - Hypertension**

Madame Chair, Mr. Vice Chair, and fellow members of the Senate Finance Committee:

SB0173 would clarify the definition of disablement for workers' compensation presumption coverage for hypertension.

**Background**

Workers' compensation law establishes a presumption of compensable occupational disease for certain public safety employees who are exposed to unusual hazards in the course of their employment. It is assumed that these injuries or diseases are due to the employees' work and, therefore, require no additional evidence in the filing of a claim for workers' compensation. Generally, presumptions are based on particular occupations and their associated health risks.

A covered employee who receives a presumption is entitled to workers' compensation benefits in addition to any benefits that the individual is entitled to receive under the retirement system in which the individual participated at the time of the claim. However, the weekly total of workers' compensation and retirement benefits may not exceed the weekly salary that was paid to the individual; any necessary adjustment is made against the workers' compensation benefits.

The clarification in this bill reinforces the original intent of the workers' compensation presumption coverage for hypertension that was first enacted in 1971. The proposed change ensures that disablement under § 9-502 is clearly defined by incorporating well-established medical criteria for hypertension as outlined in the 2022 edition of the National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments.

**Solution**

This bill's occupational disease presumption applies only to (1) volunteer and career firefighters; (2) firefighting instructors; (3) rescue squad members; (4) advanced life support unit members; and (5) fire marshals employed by an airport authority, a county, a fire control district, a municipality, or the State. Existing presumption eligibility provisions that require affected volunteers to meet a suitable standard of physical examination before becoming a volunteer

continue to apply. To demonstrate disablement and be deemed to have hypertension under the bill's expanded occupational disease presumption, an individual must:

- Have blood pressure readings that exceed 140 millimeters of mercury (mmHg) systolic or 90 mmHg diastolic as required for a finding of hypertension under the 2022 edition of the National Fire Protection Association 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments; and
- Have been required to use prescribed medication to treat hypertension for at least 90 consecutive days.

This clarification is critical for several reasons. First, it aligns the workers' compensation presumption coverage with current medical standards, ensuring that individuals who experience significant hypertension-related health risks receive the support they deserve. Firefighters and emergency responders are routinely exposed to extreme physical and psychological stress, which has been scientifically linked to an increased risk of hypertension. Given the cumulative toll this takes on their health, it is imperative that we provide them with a clearly defined pathway to obtain the benefits they have rightfully earned.

Furthermore, by explicitly defining disablement criteria, this amendment reduces ambiguity in workers' compensation claims, fostering a fairer and more efficient adjudication process. Currently, the absence of a specific standard may lead to inconsistent rulings, prolonging the process and imposing unnecessary burdens on affected individuals. Implementing the NFPA 1582 guidelines ensures that claims are evaluated based on objective medical criteria rather than subjective interpretations.

Per the Fiscal Note, SB0173 would cause State expenditures to increase minimally beginning in FY26.

For these reasons, I respectfully request a favorable report on SB0173.

## **2025-02-21 Memo SB 173 - HTN.pdf**

Uploaded by: Ashlee Smith

Position: UNF



**Maryland Defense Counsel**  
P.O. Box 575  
Riderwood, MD 21139

## Senate Finance Committee

### **Testimony of the Maryland Defense Counsel, Inc. (“MDC”) in Opposition to Senate Bill 173 – Workers’ Compensation – Occupational Disease Presumptions - Hypertension**

Senate Bill 173 eliminates the traditional “disablement” requirement for the compensability of the presumed occupational disease of hypertension for firefighter-related professions only (*i.e.*, fire marshals, firefighting instructors, rescue squad members, and advance life support unit members) (hereinafter referred to globally as “firefighters”). It does not eliminate the disablement requirement for police officers and other public safety employees that are generally also afforded presumptions under § 9-503 of the Workers’ Compensation Act.

The bill provides that a firefighter is considered to have sustained a disablement from hypertension if the firefighter has “blood pressure readings” in excess of 140 mm Hg systolic and 90 mm Hg diastolic (140/90) per National Fire Protection Association (“NFPA”) standards *and* has been “required to use” prescribed medication for hypertension for at least 90 consecutive days. Notably, the bill does not require the firefighter to sustain any type of actual incapacitation from working as a firefighter.

The bill as written purports to rely upon the “2022 Edition of the National Fire Protection Association 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments.” However, the actual standards set forth in the NFPA for disabling levels of hypertension are not utilized in the bill. Under the NFPA 1582, hypertension is only considered a “class A medical condition,” which is one that “would preclude a person from performing as a member in training or emergency operational environment,” if the person has either (a) uncontrolled or poorly controlled hypertension, or (b) hypertension with end organ damage.<sup>1</sup> *See* NFPA 1582 at 3.3.14.1 & 6.5.2.1(1) (2022). Uncontrolled or poorly controlled hypertension is defined by the NFPA as either:

- (a) hypertension combined with end organ damage, or
- (b) stage 2 hypertension (BP systolic > 160 mm Hg or BP diastolic >100 mm Hg).

---

<sup>1</sup> “End organ damage” is a complication of chronic hypertension. *See* NFPA 1582 at A.6.5.2.1 (1)(b). Examples of end organ damage include damage to the eye (retinopathy), the kidneys (nephropathy), the vascular system (stroke transient ischemic attack, peripheral artery disease) and the heart (left ventricular hypertrophy and heart failure). *See id* and A.9.5.20.1.1(2).

*See* NFPA 1582 at 6.5.2.1(1)(a). Neither of the above NFPA criteria are included in Bill 173 for determining “disablement” for firefighters by hypertension under the Workers’ Compensation Act.

To the contrary, according to the NFPA standards, a firefighter whose medical condition meets the criteria set forth in Bill 173 is not considered disabled from participating in training or emergency operations as a firefighter.

For this reason, and others to be addressed during live testimony, the MDC respectfully requests that the Committee provide an unfavorable report on SB 173.

Finally, a copy of the NFPA sections cited above have been attached to this memorandum.

Contact: Maryland Defense Counsel, Inc.  
P.O. Box 575  
Riderwood, MD 21139  
[www.mddefensecounsel.org](http://www.mddefensecounsel.org)

Julie Murray, Esq.  
Legislative Committee Chair  
Cell: (410) 458-3538

Ashlee K. Smith, Esq.  
Legislative Committee Member  
Cell: (410) 463-5800

### 3.3.14 Medical Condition Classifications.

**3.3.14.1 Category A Medical Condition.** A medical condition that would preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others.

**3.3.14.2 Category B Medical Condition.** A medical condition that, based on its severity or degree, could preclude a person from performing as a member in a training or emergency operational environment by presenting a significant risk to the safety and health of the person or others.

### 6.5.2 Vascular System.

**Δ 6.5.2.1** Category A medical conditions shall include the following:

- (1) Hypertension
  - (a)\* Uncontrolled or poorly controlled hypertension
  - (b)\* Hypertension with evidence of end organ damage
- (2)\* Thoracic or abdominal aortic aneurysm
- (3) Carotid artery stenosis or obstruction resulting in greater than or equal to 50 percent reduction in blood flow
- (4)\* Peripheral vascular disease resulting in symptomatic claudication
- (5) Any other vascular condition that results in inability to perform one or more of the essential job tasks



cardiac conditions, and/or treatment of other under-

**A.9.5.20.1.1** Members with prehypertension (systolic 120–139 mmHg or diastolic 80–89 mmHg), Stage 1 hypertension (systolic 140–159 mmHg or diastolic 90–99 mmHg), or stage 2 hypertension (systolic 160 mmHg or greater or diastolic 100 mmHg or greater) should be referred to their primary care physician for evaluation, lifestyle modification, and/or treatment.

- (1) Members with stage I hypertension whose BP returns to either prehypertension or normal with lifestyle modification can return to an annual medical evaluation. For members with long-standing stage I hypertension whose BP has not been reduced, additional evaluation for possible end organ damage should be considered, including any or all of the following:
  - (a) Complete patient history for symptoms of heart failure (e.g., shortness of breath upon exertion) or transient ischemic attacks (TIAs)
  - (b) Dilated eye examination for retinopathy
  - (c) Blood creatinine measurement for nephropathy
  - (d) Tests for left ventricular hypertrophy (Use of the resting ECG to detect left ventricular hypertrophy is insensitive, e.g., 5 percent sensitivity, so echocardiogram is the currently accepted test for diagnosing left ventricular hypertrophy.)
- (2) Chronic hypertension can damage the eye (retinopathy), the kidneys (nephropathy), the vascular system (stroke, TIA, or PAD), or the heart (left ventricular hypertrophy and heart failure). These hypertension complications are known as end organ damage. The cardiac and vascular complications are associated with an increased risk of sudden incapacitation and sudden cardiac death (Koren et al. 1991). With proper evaluation, lifestyle modification, and/or treatment, these complications can be avoided. Lifestyle modification includes weight reduction, dietary plan, reduction in dietary sodium, an increase in aerobic physical activity, and moderation in alcohol consumption [Chobanian 2003].

the high risk of a sudden cardiovascular events



perform essential  
pacitation.

△ A.6.5.1.2(9) These conditions can result in the inability to perform job functions due to limitations of endurance.

A.6.5.2.1(1)(a) Uncontrolled or poorly controlled hypertension increases the risk of a sudden cardiac or cerebrovascular event. A sudden cardiac or cerebrovascular event would cause sudden incapacitation, which would interfere with the safe performance of essential job tasks. Uncontrolled or poorly controlled hypertension can be defined as the presence of end organ damage [see A.6.5.2.1(1)(b)] or stage 2 hypertension (BP systolic >160 mm Hg or BP diastolic >100 mm Hg). Individuals with stage 1 or stage 2 hypertension should be referred to their primary care physician for evaluation, lifestyle modification, and/or treatment. Patients with pre-hypertension should be counseled about appropriate lifestyle modification(s). After appropriate and successful management of stage 1 or stage 2 hypertension, a candidate can be re-evaluated after at least 1 month's time.

A.6.5.2.1(1)(b) Chronic hypertension can damage the eye (retinopathy), the kidneys (nephropathy), the vascular system (stroke, transient ischemic attack, peripheral artery disease), and the heart (left ventricular hypertrophy, heart failure). These hypertension complications are known as end organ damage. The cardiac and vascular complications are associated with an increased risk of sudden incapacitation and sudden cardiac death (Koren et al. 1991). Unfortunately, cardiac complications are frequently asymptomatic, and valid screening tests are not fast or inexpensive. Therefore, determining which candidates to screen for cardiac complications [such as ECG for left ventricular hypertrophy (LVH) or a measurement of left ventricular ejection fraction for heart failure] should be based on the severity and the duration of hypertension.

## **SB 173 WC Hypertension Presumption UNF APICA 02**

Uploaded by: Nancy Egan

Position: UNF



**Testimony of**

**American Property Casualty Insurance Association (APCIA)**

**Senate Finance Committee**

**SB173 - Workers' Compensation – Occupational Disease Presumptions – Hypertension**

**February 25, 2025**

**Unfavorable**

The American Property Casualty Insurance Association (APCIA) is a national trade organization whose members write approximately 67% of the U.S. property and casualty insurance market, including 90% percent of Maryland's workers' compensation market. APCIA appreciates the opportunity to provide written comments in opposition to Senate Bill 173.

This bill expands the workers' compensation occupational disease presumption for specified public safety employees (generally firefighters) who have hypertension by deleting the current requirement in section 9-503(a)(1)(I)(2) that the hypertension resulted in partial or total disability or death. Essentially the bill is allowing recovery as a compensable occupational disease for all hypertension claims of specified first responders, even those with no connection to the scope of employment and without any partial or total disability. This is poor public policy, particularly for a no-fault system such as workers' compensation. There should be some proof and evidence required that the hypertension resulted in disability and took place within the course and scope of employment.

The bill would presume any specified first responder with a systolic that exceeds 140 MM HG or a diastolic that exceeds 90 MM HG has a compensable occupational disease without any proof of work-relatedness or of a partial or total disability. Such a specified first responder would qualify for a compensable occupational disease and benefits under the workers' compensation law upon a mere showing of a 90 day prescription for hypertension. The bill essentially converts workers' compensation, a no-fault system to reimburse injured workers for injuries and diseases resulting from the workplace, into a health insurance and disability policy—with no proof of disability or a work-related disease required.

For these reasons, APCIA urges the Committee to provide an unfavorable report on Senate Bill 173.

Nancy J. Egan,

State Government Relations Counsel, DC, DE, MD, VA, WV

[Nancy.egan@APCIA.org](mailto:Nancy.egan@APCIA.org) Cell: 443-841-4174

# **SB0173-FIN\_MACo\_LOI.pdf**

Uploaded by: Karrington Anderson

Position: INFO



## Senate Bill 173

### *Workers' Compensation - Occupational Disease Presumptions - Hypertension*

MACo Position:

To: Finance Committee

#### **LETTER OF INFORMATION**

Date: February 25, 2025

From: Karrington Anderson

The Maryland Association of Counties (MACo) offers the following **Letter of Information** regarding SB 173. This bill would significantly modify existing workers' compensation benefits for volunteer and paid firefighters diagnosed with hypertension by expanding eligibility and reducing current requirements. Overlaid upon Maryland's existing statutes and case laws, this would amount to a very consequential change in policy.

Under current law, volunteer and professional firefighters may qualify for workers' compensation under a presumption of hypertension, provided the condition leads to death or disability. SB 173 would eliminate this death or disability requirement, allowing claims even when the individual remains capable of working—fundamentally reshaping the purpose of workers' compensation.

Additionally, the bill lowers the medical threshold for eligibility by way of blood pressure readings that exceed 140 mm hg systolic or 90 mm hg diastolic as required for a finding of hypertension and a prescription for medication for at least 90 consecutive days. This is a drastic change from current law, wherein an injured worker traditionally must prove partial or total incapacitation. These changes complicate the ability to determine when hypertension began and whether it stems from firefighting duties or other contributing factors such as genetics and diet, as emerging scientific research suggests.

If enacted, SB 173 would likely result in a surge of claims from volunteer and professional firefighters seeking workers' compensation benefits for hypertension. Due to the bill's expanded eligibility criteria, most claims would lead to lifelong benefits. Undoubtedly, many cases that are unrelated to workplace effects will become fully, and permanently, compensable through workers' compensation.

MACo has consistently opposed creating presumptions in workers' compensation cases. Public employers are often required to compensate claims without clear evidence linking the condition to workplace exposure. Court rulings have repeatedly limited employers' ability to challenge these claims, making such presumptions nearly impossible to rebut. SB 173 would further exacerbate this imbalance.

Counties urge the Committee to carefully consider the fundamental principles of the workers' compensation system, and the concerns outlined in this letter when reviewing SB 173.