

Testimony in Support of Senate Bill SB0449

Workers' Compensation – Occupational Disease Presumption – Correctional Officers – Carroll County

To the Honorable Chair and Members of the Committee:

My name is Matthew J. Engler and I am an attorney who has represented countless public safety professionals, including correctional officers, across the State of Maryland. I respectfully submit this testimony **in strong support of Senate Bill SB0449**, which would extend workers' compensation protections for heart disease and hypertension to correctional officers employed in Carroll County.

Maryland's Current Law Creates Unequal Protection for Correctional Officers

Maryland law has, for decades, recognized that certain public safety professions face occupational hazards that significantly increase the risk of cardiovascular disease. For that very reason, §9-503 of the Maryland Labor and Employment Article establishes a presumption that heart disease and hypertension are occupational diseases for these professions. It includes police officers, firefighters, as well as some correctional officers ***from only certain jurisdictions.***

Unfortunately, Maryland's statutory framework provides these protections **unevenly among correctional officers depending on the jurisdiction in which they serve.** As a result, correctional officers in some counties receive this protection while others performing the same duties do not. For example, correctional officers in Montgomery or Prince George's Counties can claim the benefit of this law, while those in Carroll County cannot. **This inconsistency is fundamentally unfair.** Correctional officers in Carroll County confront the same dangerous working conditions, occupational stressors, and demanding schedules as their counterparts elsewhere in Maryland, yet they lack the same statutory protection.

SB0449 corrects this inequity by ensuring that Carroll County correctional officers receive the same protections afforded to correctional officers in other jurisdictions.

Medical Research Demonstrates Elevated Health Risks for Correctional Officers

Peer-reviewed research demonstrates that correctional officers face **significant health risks associated with the structure and demands of correctional work**, including elevated risk factors for chronic cardiovascular disease.¹ In fact, the correctional environment requires constant vigilance, around-the-clock conflict, exposure to potentially dangerous situations, and long working hours, all of which contribute to chronic occupational stress and adverse health outcomes.

Shift Work and Irregular Schedules Increase Cardiovascular Risk

Another major contributor to cardiovascular risk among correctional officers is the **prevalence of rotating shifts, overnight schedules, and mandatory overtime** required to maintain continuous correctional operations.

A large systematic review and meta-analysis examining the relationship between shift work and cardiovascular disease found that shift work is associated with an increased risk of cardiovascular disease events.² Importantly, the study found that “the risk of cardiovascular disease events **increased by approximately 7% for every additional five years of exposure** to shift work. (emphasis supplied)”³

Additional epidemiological research examining night-shift workers similarly concluded that **night shift work is associated with increased risk of cardiovascular disease and mortality**, particularly among workers exposed to long-term irregular work schedules.⁴

SB0449 Promotes Fairness and Consistency in Maryland Law

Maryland has already recognized that certain public safety occupations carry risks significant enough to warrant presumptive workers’ compensation coverage for heart disease and hypertension. The medical literature demonstrates that correctional officers face many of the same occupational stressors and cardiovascular risks.

Extending this presumption to Carroll County correctional officers simply ensures that Maryland law is **applied fairly and consistently**, regardless of the county in which an officer serves.

SB0449 represents a reasonable and fair step to ensure that these public servants receive equal protection under Maryland’s Workers’ Compensation Act. For these reasons, I respectfully urge the Committee to **issue a favorable report on Senate Bill SB0449**.

Respectfully submitted,


Matthew J. Engler, Esq.

Berman Sobin Gross LLP

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Observational Study [J Occup Environ Med.](#) 2016 Sep;58(9):e325-34.

doi: [10.1097/JOM.0000000000000843](https://doi.org/10.1097/JOM.0000000000000843).

Work Characteristics as Predictors of Correctional Supervisors' Health Outcomes

Jennifer C Buden ¹, Alicia G Dugan, Sara Namazi, Tania B Huedo-Medina, Martin G Cherniack, Pouran D Faghri

Affiliations

PMID: 27483335 PMCID: [PMC5016227](#) DOI: [10.1097/JOM.0000000000000843](https://doi.org/10.1097/JOM.0000000000000843)

Abstract

Objective: This study examined associations among health behaviors, psychosocial work factors, and health status.

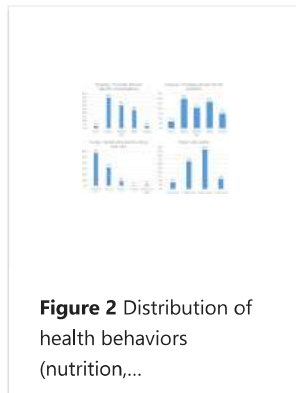
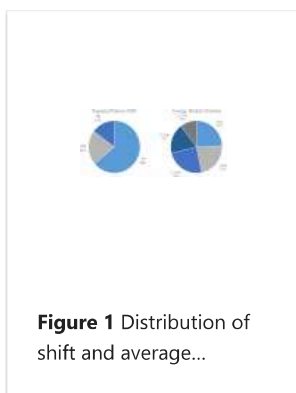
Methods: Correctional supervisors (n = 157) completed a survey that assessed interpersonal and organizational views on health. Chi-square and logistic regressions were used to examine relationships among variables.

Results: Respondents had a higher prevalence of obesity and comorbidities compared with the general US adult population. Burnout was significantly associated with nutrition, physical activity, sleep duration, sleep quality, diabetes, and anxiety/depression. Job meaning, job satisfaction, and workplace social support may predict health behaviors and outcomes.

Conclusions: Correctional supervisors are understudied and have poor overall health status. Improving health behaviors of middle-management employees may have a beneficial effect on the health of the entire workforce. This paper demonstrates the importance of psychosocial work factors that may contribute to health behaviors and outcomes.

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doi: 10.5271/sjweh.3700. Epub 2017 Dec 16.

Shift work and the risk of cardiovascular disease. A systematic review and meta-analysis including dose-response relationship

Luciana Torquati ¹, Gregore I Mielke, Wendy J Brown, Tracy Kolbe-Alexander

Affiliations

PMID: 29247501 DOI: [10.5271/sjweh.3700](#)

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Abstract

Objectives The aim of this review was to assess the risk of cardiovascular disease (CVD) events associated with shift work and determine if there is a dose-response relationship in this association. **Method** Electronic databases (PubMed, Scopus, and Web of Science) were searched for cohort or case-control control study designs in any population, reporting exposure to shift work as the main contributing factor to estimate CVD risk. For each study, adjusted relative risk (RR) ratios and 95% confidence intervals (CI) were extracted, and used to calculate the pooled RR using random-effect models. Meta-regression analysis was conducted to explore potential heterogeneity sources. Potential non-linear dose-response relationships were examined using fractional polynomial models. **Results** We included 21 studies with a total of 173 010 unique participants. The majority of the studies were ranked low-to-moderate risk of bias. The risk of any CVD event was 17% higher among shift workers than day workers. The risk of coronary heart disease (CHD) morbidity was 26% higher (1.26, 95% CI 1.10-1.43, $I^2=48.0\%$). Sub-group analysis showed an almost 20% higher risk of CVD and CHD mortality among shift workers than those who did not work shifts (1.22, 95% CI 1.09-1.37, $I^2=0\%$ and 1.18, 95% CI 1.06-1.32 $I^2=0\%$; respectively). After the first five years of shift work, there was a 7.1% increase in risk of CVD events for every additional five years of exposure (95% CI 1.05-1.10). Heterogeneity of the pooled effect size (ES) estimates was high ($I^2=67\%$), and meta-regression analysis showed that sample size explained 7.7% of this. **Conclusions** The association between shift work and CVD risk is non-linear and seems to appear only after the first five years of exposure. As shift work remains crucial for meeting production and service demands across many industries, policies and initiatives are needed to reduce shift workers' CVD risk.

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ORIGINAL ARTICLE · Volume 97, Issue 11, P2016-2027, November 2022

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Night Shift Work, Genetic Risk, and Hypertension

[Zhihao Xiao, MD](#)^{a,b} · [Cheng Xu, PhD](#)^{a,b} · [Qian Liu, PhD](#)^{a,b,c} · ... · [Jin Xu, PhD](#)^{a,b,d} · [Dong Hang, PhD](#)^e · [Aihua Gu, PhD](#)^{a,b} ... [Show more](#)

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Abstract

Objective

To perform a prospective cohort study to investigate whether night shift work is associated with incident hypertension and whether this association is modified by genetic susceptibility to hypertension because evidence on the association between night shift work and hypertension is insufficient.



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A total of 232,665 participants of UK Biobank who were recruited from 2006 to 2010 and observed to January 31, 2018, were included in this study. A Cox proportional hazards model with covariate adjustment was performed to assess the association between night shift work exposure and hypertension risk. We constructed a polygenic risk score (PRS) for genetic susceptibility to hypertension, which was used to explore whether genetic susceptibility to hypertension modified the effect of night shift work. The robustness of the results was assessed by sensitivity analysis.

Results

Night shift workers had a higher hypertension risk than day shift workers, which increased with increasing frequency of night shift work ($P_{\text{trend}} < .001$). The association was attenuated but still remained statistically significant in the fully adjusted model. We explored the joint effect of night shift work and genetic susceptibility on hypertension. Permanent night shift workers with higher hypertension PRSs had higher risk of hypertension than day workers with low PRSs.

Conclusion

Night shift work exposure was associated with increased hypertension risk, which was modified by the genetic risk for hypertension, indicating that there is a joint effect of night shift work and genetic risk on hypertension.

Abbreviations and Acronyms

BMI (body mass index) · CVD (cardiovascular disease) · HR (hazard ratio) · OR (odds ratio)
· PRS (polygenic risk score) · RERI (relative excess risk due to interaction)
· SNP (single-nucleotide polymorphism)

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