

**Department of Legislative Services**  
Maryland General Assembly  
2025 Session

**FISCAL AND POLICY NOTE**  
**First Reader**

House Bill 217

(Delegates Rogers and Pruski)

Economic Matters

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

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This bill expands a workers' compensation occupational disease presumption for specified public safety employees (generally firefighters) who have hypertension by specifying that an employee has demonstrated disablement from the hypertension (which is generally required to receive compensation benefits) if the employee (1) has blood pressure readings that exceed specified levels and (2) has been required to use prescribed medication to treat hypertension for at least 90 consecutive days.

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**Fiscal Summary**

**State Effect:** State expenditures (all funds) may increase minimally beginning in FY 2026 due to the bill's expansion of the State's occupational disease presumption for hypertension, as discussed below. Revenues are not affected.

**Chesapeake Employers' Insurance Company (Chesapeake) Effect:** Chesapeake expenditures may increase minimally beginning in FY 2026 to the extent that the bill results in additional workers' compensation benefits payments on behalf of the State and local governments, as discussed below. Revenues increase to the extent that premiums are raised due to claims experience under the expanded occupational disease presumptions.

**Local Effect:** Local government expenditures may increase minimally beginning in FY 2026 due to the bill's expansion of occupational disease presumptions, as discussed below. Revenues are not affected.

**Small Business Effect:** None.

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## Analysis

**Bill Summary:** The 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.

**Current Law:** 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. As shown below, generally, presumptions are based on particular occupations and their associated health risks.

<u>Type of Personnel/Occupation</u>	<u>Type of Disease</u>
Volunteer and career firefighters, firefighting instructors, rescue squad members, and advanced life support unit members; fire marshals employed by an airport authority, a county, a fire control district, a municipality, or the State	Heart disease, hypertension, or lung disease that results in partial or total disability or death  Leukemia or prostate, rectal, throat, multiple myeloma, non-Hodgkin’s lymphoma, brain, bladder, kidney or renal cell, testicular, breast, thyroid, colon, or ovarian cancer under specified conditions
Police officers; deputy sheriffs, correctional officers, and detention officers of specified counties	Heart disease or hypertension that results in partial or total disability or death

<u>Type of Personnel/Occupation</u>	<u>Type of Disease</u>
Department of Natural Resources paid law enforcement employees, park police officers of the Maryland-National Capital Park and Planning Commission, forest rangers, park rangers, and wildlife rangers	Lyme disease under specified conditions

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.

Although statute is silent on the issue, occupational disease presumptions have long been considered rebuttable presumptions. Two court decisions address the use of “is presumed” in reference to occupational diseases in current law, specifying that the term “without contrary qualification, should be read to be a presumption, although rebuttable, of fact.” (See *Board of County Commissioners v. Colgan*, 274 Md. 193, 334 A.2d 89 (1975); and *Montgomery County Fire Board v. Fisher*, 53 Md. App. 435, 454 A.2d 394, aff’d, 298 Md. 245, 468 A.2d 625 (1983).) However, the Court of Special Appeals (now the Appellate Court of Maryland) has stated that, “after the last injurious exposure to a hazard and the conclusion of employment the nexus between an occupational disease and an occupation becomes increasingly remote.” (See *Montgomery County, Maryland v. Pirrone*, 109 Md. App. 201, 674 A.2d 98 (1996).)

**State/Chesapeake/Local Expenditures:** Any increase in expenditures depends on how many affected employees qualify for the occupational disease presumption in any given year and whether any of those employees would have received workers’ compensation for hypertension absent the bill. The Department of Legislative Services advises that a covered employee may still receive workers’ compensation for hypertension under current law; the presumptions established under the bill ensure no additional evidence is required to qualify for benefits.

According to Chesapeake, it experienced 225 filed claims that included hypertension from 2019 through 2024. During this period, Chesapeake advises that very few hypertension claims were denied due to a lack of traditional disablement. When traditional disablement did occur for hypertension, it most often meant a very limited disablement period for a covered employee to begin a new blood pressure medicine. Moreover, when denials for lack of disablement did occur, most claims were simply refiled and accepted when this traditional disablement subsequently occurred to start a new medication. As such,

Chesapeake does not foresee a significant increase in claims filed under the hypertension presumption as modified by the bill.

Thus, State, Chesapeake, and local expenditures may increase to the extent that any additional claims are filed due to the bill; however, any such increase, if realized, is anticipated to be minimal.

**Additional Comments:** The [U.S. Centers for Disease Control and Prevention](#) estimates that nearly half (48.1%) of all Americans have hypertension, only 22.5% of those adults with hypertension have it under control, and 45% of those with uncontrolled high blood pressure (roughly 37 million adults) have a blood pressure of 140/90 mmHg or higher.

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### **Additional Information**

**Recent Prior Introductions:** Similar legislation has been introduced in the last three years. See SB 844 and HB 1145 of 2024 and SB 538 and HB 919 of 2023.

**Designated Cross File:** SB 173 (Senators Klausmeier and Gile) - Finance.

**Information Source(s):** Chesapeake Employers' Insurance Company; Subsequent Injury Fund; Uninsured Employers' Fund; Department of State Police; Maryland Department of Transportation; Maryland Association of Counties; Kent County; Maryland Municipal League; City of Salisbury; Town of Bel Air; National Council on Compensation Insurance; National Fire Protection Association; U.S. Centers for Disease Control and Prevention; Department of Legislative Services

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