

SB374WC-PTSD.pdf

Uploaded by: Bardona Woods

Position: FAV

SB374 – Workers Compensation PTSD
Position: FAVORABLE

My name is Bardona Woods. I began working as a 9-1-1 Specialist at Washington County, Maryland's 9-1-1 center in September 1983. While working in this capacity my co-workers and I received literally thousands of calls ranging from minor medical illnesses, injuries, fires, and criminal complaints to extremely tragic and horrifying 9-1-1 calls - the kind of calls that are seared into our memories forever.

In the patient care chain of survival, 9-1-1 Specialists, are without a doubt the true first, first responder, and as such, are confronted with callers that are experiencing one of the worse days of their lives. Callers' emotions can range from crying, sobbing, screaming, praying, cursing, threatening, to even an inability to respond due to complete and utter shock. 9-1-1 Specialists receive these calls when the callers' emotions are new and extremely raw, yet as trained to do, 9-1-1 Specialists remain calm, composed, and professional while keeping their own emotions suppressed in order to do the job.

9-1-1 Specialists realize that when hired they'll have to work various shifts; days, evening, nights, weekends, holidays, and that most, if not all of the calls received will be a report of a negative occurrence – whether illness, injury, fire, or criminal activity. However no amount of training can prepare 9-1-1 Specialists for the calls that will forever affect them.

In 1998 I became a Quality Assurance Administrator at the 9-1-1 Center, where I was tasked with making audio recordings for Freedom of Information Requests, primarily for defense and prosecuting attorneys, as well as randomly reviewing 9-1-1 calls to ensure the 9-1-1 Specialists were performing to the highest standard. While working in this position I was required to listen to and record some of the worse calls imaginable – all of which a 9-1-1 Specialist had handled previously.

I retired from Washington County in February 2020, after working 36 years at the 9-1-1 center. Although I could describe hundreds of similarly tragic calls, I've relayed just a few of the tragic calls that I have received or heard while recording audiotapes:

During my first few months as a 9-1-1 Specialist, **I answered a call from a grandmother that had found her 2 year old grandson unresponsive in their swimming pool.** The child was resuscitated. I was overjoyed to have been part of the team that saved this young boy's life. But the elation was short-lived as I found out within days that the little boy had been taken off of life support, dying soon after. I almost quit my job over that call.

One day I received a call reporting "a dead guy" near the Antietam Battlefield. As I attempted to obtain a more specific location from the caller I hear a gunshot. **The caller had committed suicide while I was on the phone with him.**

A mother was reporting that her 14 year old son had shot himself while the family had gone to the grocery store. As the 9-1-1 Specialist was directing the mother to get her son to the floor so she could relay CPR instructions, the mother screamed in excruciating detail the current condition of her son's injuries and why it would be impossible to do mouth-to-mouth.

Our 9-1-1 center received a call reporting a very young mother was in labor. The 9-1-1 Specialist helped the caller deliver a healthy baby boy. A few short weeks later the **same 9-1-1 Specialist answered a 9-1-1 call reporting the same baby boy was choking on candy** given to him by his mother - supposedly in an effort to get the baby to stop crying. The baby did not survive.

A young wife called to report that her husband had hung himself in the barn. When trying to have the wife cut him down so that the 9-1-1 Specialist could relay instructions for resuscitation, the very distraught and sobbing caller explained that the victim was nearly decapitated as he had used a bicycle chain to hang himself.

The most emotionally traumatizing call that I personally ever received on 9-1-1 was from a hysterical **mother reporting that her toddler had been struck by her own vehicle** when it had accidentally been put into "reverse" instead of "drive." Once it was evident that the child wasn't breathing, I directed the mother to start compressions. The toddler's mother screamed "You don't get it, (expletive)! My daughter's head's crushed!" That call and the mother's screaming haunted me for years.

Although most 9-1-1 Specialists will not suffer from lasting emotional trauma as a result of horrific calls handled during their career, there will be a few who will suffer from PTSD. 9-1-1 Specialists have been there for us during difficult times. **Now it's time to be there for them by voting in favor of SB374.**

SB 374 - WC - Occupational Disease Presumptions -

Uploaded by: Donna Edwards

Position: FAV



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**SB 374 – Workers’ Compensation – Occupational Disease Presumptions – 9-1-1 Specialists
Senate Finance Committee
March 8, 2022**

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Madam Chair and members of the Committee, thank you for the opportunity to provide testimony in support of SB 374 – Workers’ Compensation – Occupational Disease Presumptions – 9-1-1 Specialists. My name is Donna S. Edwards, and I am the President of the Maryland State and DC AFL-CIO. On behalf of the 340,000 union members in the state of Maryland, I offer the following comments.

9-1-1 Specialists deal with unimaginable stress as they receive frantic calls from Marylanders who are facing loss of life, limb, and loved ones. Some workers suffer from PTSD, having to hear the pained voices of people experiencing the worst situations in their lives. They do this job, day-in and day-out, keeping all of us safe. Unfortunately, we do not treat these front-line heroes with the care that they deserve, when they suffer with mental health issues due to the service they provide for our communities.

SB 374 corrects this by creating a presumption in Workers’ Compensation law for post-traumatic stress disorder for 9-1-1 Specialists. The job these workers perform is some of the most emotionally draining that any worker could experience, and we cannot take their experiences lightly. We need to provide them with the support they need, ensuring they do not suffer in silence for the service they render to all of us.

By definition, Maryland’s 9-1-1 Specialists are the very first people to respond in a crisis. They receive the calls from very distressed residents, looking for immediate help in dangerous situations. They move quickly to see that the appropriate help is dispatched, immediately. Our 9-1-1 Specialists put the “First” in First Responder, and we need to treat them as such. We need to take care of them when they suffer trauma at work.

We urge a favorable report on SB 374.

NG911 Jim Marshall Testimony 9-1-1 Suicide March 2

Uploaded by: James Marshall

Position: FAV



To the Maryland General Assembly:
Senate Finance Committee and House Health & Government Operations Committee
Testimony of James W. Marshall III, M.A. , L.L.P.
CEO, 9-1-1 Training Institute
Info@911training.net www.911training.net

Members of the Maryland General Assembly:

Thank you for the privilege of addressing you today. I am a masters-level psychologist licensed in the state of Michigan, specializing (through education and advocacy efforts) in optimizing the 9-1-1 response to caller mental crises and on preventing PTSD and suicide among our nation's 9-1-1 Professionals (also referred to as emergency telecommunicators or dispatchers). Since 2011, I have served as co-chair of the National Emergency Number Association Workgroup on Acute, traumatic and Chronic Stress Management, which established the 2013 national industry *Standard on Acute, Traumatic and Chronic Stress Management* (NENA STA-002), and which has authored this standard's revised version, the pending national industry *Standard to Protect the Well-being of 9-1-1 Professionals*.

The 9-1-1 Professional is the human infrastructure at the heart of our nation's emergency response system upon which the public, your families and mine, depend upon for error- free response 24/7/365 in our worst moments of life. I know this personally.

When my granddaughter Zoi seized and faced death many times, it was the 9-1-1 Professional who first responded and utilized medical protocols to successfully administer child CPR saving her life. Had my grand daughter been required to wait until field responders arrived to administer CPR she would likely have died in her first year of life rather than at age 7 when her disease eventually won.

Point 1: We must recognize the 9-1-1 Professional for their high, unique, and irreplaceable value as the Very First Responder to our emergencies.

Point 2: Maryland's 9-1-1 Professionals' performance, well-being, and their very lives are disproportionately at-risk of mental illness and suicide in comparison to the public they serve. This risk directly imperils our emergency response system. It is exacerbated by the rapidly growing crisis in understaffing among our nation's Public Safety Answer Points (PSAP). Rates of PSAP understaffing increased precipitously in the past three years¹ further intensifying psychological demands and cumulative stress impacts on our 9-1-1 Professionals. And 9-1-1 Professionals face these challenges in the context of escalating service demands and performance scrutiny, and a national call from all sectors to transform our current law enforcement response to minority cultures and those suffering with mental illness.

¹ National Emergency Number Association (NENA) estimates pre-COVID PSAP understaffing rates at up to 19%, while current rates reaching 30%.

9-1-1 Professionals experience rates of PTSD at a rate four to five times greater than the general population-- multiple times higher than the general public and on par or greater than other emergency responders.² This rate, estimated at 24.6% (utilizing civilian cut-off scores on screening instruments used in the study), may be inaccurately low. A more recent study (Lilly, Opoka, Marshall, unpublished) suggests the PTSD rate among the 9-1-1 workforce may exceed 30%.³

Point 3: There is a clearly established finding that *unresolved PTSD increases risk of suicide*.⁴ Fox et al (2021) used data from a cohort sample of over three million people to show that "...54% of suicides in people with PTSD are attributed to the impairment and distress caused by PTSD."⁵

Point 4: Fox et al state that among "those with PTSD, our data suggest that (assuming causality) *over half of suicides could be prevented if we could successfully prevent, treat and manage PTSD.*" This is a remarkably hopeful finding if we, as stakeholders in the wellbeing of 9-1-1 Professionals, will leverage the resources needed to deliver such prevention and treatment.

Point 5: Most 9-1-1Pros are not equipped with adequate training and resources to prevent and resolve PTSD. This fact, combined with Point 3, indicates that these professionals are, as a group (not accounting for individual factors moderating risk) clearly at an unnecessarily elevated risk of suicide. Further, the sheer volume of potentially traumatic calls managed by 9-1-1 Professionals (estimated at six to ten times the volume handled by field responders) suggests they are at continuous risk of *repeated occurrences of post-traumatic stress*.

Conclusion and Recommendations to the Senate

9-1-1 Professionals are at elevated risk of, and currently pervasively experience Post Traumatic Stress Disorder, which increases risk of suicide. It is our public and elected responsibility to assure proactive care and support to these professionals due to the impact of their 9-1-1 stressors contributing to these struggles. PTSD, and therefore suicide, are highly preventable with Evidence-Based Treatments (EBT).

Accordingly, I urge you to exert the full weight of your legislative capacity to advance all pending legislation including SB0374 and SB0673 and related measures advocated for by Senator Cheryl Kagan and her colleagues to advance systematic mental health care (among other benefits) for 9-1-1 Professionals. Support must include funding for:

- Aggressive, ongoing institutionalized PTSD prevention education campaigns to 9-1-1 professionals
- Provision of EBTs for PTSD and prevention suicide without expense to the employee.
- Training in resilience and in peer support to empower 9-1-1 Professionals as prevention
- Development and operations of a statewide 9-1-1 Peer Support Network

Thank you for your time and thoughtful consideration of this testimony, and in advance for your help in saving the lives and careers of Maryland's Very First Responders!

² Lilly, M.M., & Allen, C.E.* (2015). Psychological inflexibility and psychopathology in 9-1-1 telecommunicators. *Journal of Traumatic Stress*, Advanced online publication. doi: 10.1002/jts.22004; Marshall, J., & Laorenza, T. (2018). *The resilient 9-1-1 professional: A comprehensive guide to surviving and thriving together in the 9-1-1 center*. Petoskey, MI: South of Heaven Press. P.42.

³ Lilly, M., P. Opoka, J. Marshall. Unpublished paper.

⁴ National Center for PTSD, *PTSD and Death by Suicide*. PTSD Research Quarterly. Volume 28/No.4. ISSN: 1050-1835. 2017.

⁵ Verity Fox, Christina Dalman, Henrik Dal, Anna-Clara Hollander, James B. Kirkbride, Alexandra Pitman, Suicide risk in people with post-traumatic stress disorder: A cohort study of 3.1 million people in Sweden, *Journal of Affective Disorders*, Volume 279, 2021, Pages 609-616, ISSN 0165-0327, <https://doi.org/10.1016/j.jad.2020.10.009>. (<https://www.sciencedirect.com/science/article/pii/S0165032720328536>)

J.Ripley testimony SB374 - 911 Center Specialists

Uploaded by: John Ripley

Position: FAV



BALTIMORE COUNTY
FEDERATION OF
PUBLIC EMPLOYEES
AFT / AFL - CIO / BCFPE Local #4883

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March 8, 2022

**RE: FAVORABLE-SB374: 911 Center Specialists - Occupational Disease Presumption.
Responders.**

Honorable Members of the Finance Committee,

First, I want to thank Senator Kagan, Senator Reilly and Senator Jackson for their work on this legislation.

My name is John Ripley and I am the President of The Baltimore County Federation of Public Employees who represents approximately 1500 Baltimore County Employees including 250 active Baltimore County 911 Center Employees. Over the years I have witnessed these hard-working men and women perform these highly technical jobs demonstrating countless acts of sacrifice and commitment to Public Safety. 911 Center Employees are the "TRUE" First Responders and should be treated as such when it comes to occupational diseases like their public safety partners. Emergency after emergency, our 911 Center Specialist live each and every crisis they handle. They calmly walk callers through life saving techniques to control bleeding, dislodge choking obstructions, perform CPR and other unimaginable emergencies. In the end, 911 Center Specialist live through countless emergencies and in doing so, they are sometimes the last comforting voice a caller will ever hear or the caring voice as a love one passes away .

Because of this, I urge you to support **SB374**.

Thank you for your consideration.

Sincerely,

President John Ripley

Baltimore County Federation of Public Employees Local #4883

SB374.pdf

Uploaded by: Kasia Gatchalian

Position: FAV



Baltimore County Federation of Public Employees
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March 02, 2022

RE: FAVORABLE- SB374: Workers Compensation – Occupational Disease Presumptions – 9-1-1 Specialists

Honorable Members of the Finance Committee,

My name is Kasia Gatchalian and I am the Vice President of The Baltimore County Federation of Public Employees who represents approximately 300 active and retired Baltimore County 911 Center Employees. I have worked as a 911 Call-Taker and a Police Dispatcher for 20 years and I have served as an Emergency Communications Assistant Supervisor in Police Dispatch for the last eight years. Over the years I have witnessed these hard-working men and women perform countless acts of sacrifice and commitment. As a 911 Specialist these men and women face similar challenges that a police officer, paramedic, and firefighter does daily. 911 Center Specialists work long shifts, while being exposed to hours and hours of traumatic incidents. We need to recognize the stress and burnout these 911 Specialists face and provide them the compensation for facing the secondary traumatic stress they are exposed to on a daily basis. There is a saying in the 911 community; "your worst day is my work day." Many of the employees in this field became 911 Center Specialists because they want to help people-- even at the sacrifice of their own mental health, including their emotional and social well-being. This Bill would allow 911 Specialists to join Police Officers and Firefighters in receiving better workplace injury compensation. SB374 would finally allow our dedicated 911 Specialists to be added to this benefit.

Because of this I urge you to support SB374. This is much needed for our dedicated 911 Specialists.

Thank you for your consideration.

Sincerely,

Vice President Kasia Gatchalian

Baltimore County Federation of Public Employees Local #4883

SB374 - Kirsten Neumann - FAV.pdf

Uploaded by: Kirsten Neumann

Position: FAV

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**SB374(HB439): Workers' Compensation - Occupational Disease Presumptions - 9-1-1
Specialists**

Senate Finance Committee | Tuesday, March 8, 2022

Chair Kelley and Vice Chair Feldman:

Thank you for allowing me to share our story today.

My name is Kirsten Neumann and this is my daughter Vivian Neumann, she is 4 years old. I am here today because of our recent negative, almost deadly experience with 911 emergency services. In order to give you some perspective, I need to share with you a brief synopsis of Vivian's medical history. Vivian was diagnosed with stage 4 neuroblastoma in 2019 and spent 2 years undergoing chemotherapy, multiple surgeries, radiation, and immunotherapy. In January 2021 she was pronounced cancer free. This past year, she has been participating in a clinical trial out of Memorial Sloan Kettering in NY in hopes that it will vaccinate her body against the cancer. The clinical trial includes a series of shots that create temporary flu like symptoms including fever. Vivian received her final shot on February 15th, and we were cleared to drive home that evening. The following day, she developed a low-grade fever, which was expected, and lasted throughout the day. Around 3pm she suddenly stopped breathing, her face began turning blue, and she started to seize. I grabbed my phone and dialed 911. I was greeted with the following message, "I'm sorry, we are experiencing high call volume, please hold." I was then put on hold, while my daughter continued to seize and then it disconnected. This happened twice. From the time of my first phone call, 5 full minutes passed before 911 called back. By this time, our babysitter had reached a dispatcher. Unfortunately, it still took another 15 minutes for an ambulance to reach our house. My daughter was barely breathing and seizing for 20 minutes. As you can see, Vivian is okay, and her oncologists believe she had a complex febrile seizure. However, we are very lucky she does not have any lasting neurological damage considering the amount of time it took for an ambulance to arrive.

I have subsequently learned that our county, with a population of almost 600,000 people, has only 6 dispatchers when fully staffed. Also, when fire or ambulance is needed, the call is sent to another center with fewer dispatchers. These people are working 12-hour shifts, with no mental health support, are under-paid, and burn out quickly. Anne Arundel County is one of the few counties in the state without a consolidated call center.

I am asking you to please support SB374 so we can begin to seriously upgrade our 911 emergency services. This is literally a life-or-death situation for every resident of our county. Thank you.

MPA Testimony 2022 - Support SB374 - Workers Comp

Uploaded by: Pat Savage

Position: FAV



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March 8, 2022

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Senator Delores Kelley, Chair
Senate Finance Committee
Miller Senate Office Building
Annapolis, MD 21401

Bill: SB 374 – Workers’ Compensation – Occupational Disease Presumptions – 9-1-1 Specialists

Position: Support

Dear Chair Kelley and Members of the Committee:

The Maryland Psychological Association (MPA), which represents over 1,000 doctoral-level psychologists from throughout the state, is writing in **SUPPORT** of **SB 374 – Worker’s Compensation – Occupational Disease Presumptions – 9-1-1 Specialists**.

We applaud and strongly support the intent of this bill that recognizes the potential negative impact that serving as a first responder can have upon one’s mental health and longer-term health. PTSD is a well-known reaction to finding oneself in traumatic situations often encountered by our first responders. We now know that chronic, untreated forms of PTSD can make alterations to brain function that would place our first responders at risk for further harm or impair their judgement to the point others might suffer harm. Providing first responders with the opportunity to seek help for this issue by affirming it can be one of many occupational diseases is a step in the right direction.

Secondly, we, strongly support the inclusion of Psychologists as one of the mental health specialists uniquely qualified to evaluate the mental health status of adults.

For these reasons, we urge a favorable report on SB 374. If we can provide any additional information or be of any assistance, please do not hesitate to contact the MPA Executive Director, Stefanie Reeves, MA, CAE at 410-992-4258 or exec@marylandpsychology.org.

Respectfully submitted,

Sincerely,

Linda McGhee

Linda McGhee, Psy.D., JD
President

R. Patrick Savage, Jr.

R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB374 testimony.pdf

Uploaded by: Robert Phillips

Position: FAV

MARYLAND STATE FIREMEN'S ASSOCIATION

REPRESENTING THE VOLUNTEER FIRE, RESCUE, AND EMS PERSONNEL OF MARYLAND.



Robert P. Phillips

Chairman

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SB 374 Workers' Compensation – Occupational Disease Presumptions – 9-1-1 Specialists

My name is Robert Phillips and I am the Legislative Committee Chairman for the Maryland State Firefighter's Association (MSFA).

I wish to present testimony in favor of **Senate Bill 374: Workers' Compensation – Occupational Disease Presumptions – 9-1-1 Specialists**

This legislation is fully supported by the MSFA. We feel that the first link in the "Public Safety" chain is the 9-1-1 call taker. This person receives the call for assistance and starts the process to take care of the emergency. The call takers are subjected to the same mental trauma that the first responders face in the field, but sadly they do not see the end result and outcome so therefore many times do not have their closure. The "call takers" have the same issues as other first responders and require the same assistance and so should be considered to be affected in the same manner.

I thank the committee for their time on this important issue and ask that you favorably support Senate Bill 374..

Thank you and I would be glad to answer any questions you might have.

SB374_ Workers' Compensation for 9-1-1 Specialists

Uploaded by: Sen. Cheryl Kagan

Position: FAV

CHERYL C. KAGAN
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THE SENATE OF MARYLAND ANNAPOLIS, MARYLAND 21401

SB374: Workers' Compensation - Occupational Disease Presumptions - 9-1-1 Specialists

Senate Finance Committee | Tuesday, March 8, 2022

“9-1-1-- What is the location of your emergency?”

Imagine answering the phone to a desperate parent whose child is not breathing. After you hang up, the next call is from an injured driver involved in a ten-car pile-up. Once emergency personnel reach the scene, you take a breath, only to pick up the phone and hear from a woman who had just been raped.

A 9-1-1 Specialist's daily job is demanding, harrowing, and essential to public health and safety. The courageous women and men under the headsets are surely our **“First, First Responders.”**

[The National Emergency Numbers Association reported](#) that “There is a staffing crisis in 9-1-1. Public Safety Answering Points [9-1-1 Centers] across the nation are chronically understaffed, leading to a workforce that is continually stressed, overworked, and burned out. New hires and trainees are frequently gone before their probationary periods end.”

Research suggests that [8-24% of 9-1-1 Specialists experience PTSD](#) when psychologically evaluated, and [23.9% exhibited symptoms of probable major depression](#). The effects of trauma will only worsen in a Next Generation 9-1-1 environment, when they will be exposed to gruesome photos and videos as well. These audible and/or visual experiences leave 9-1-1 Specialists even more vulnerable to psychological trauma.

[SB374](#) would establish a narrow Workers' Compensation presumption for 9-1-1 Specialists who suffer from clinically diagnosed, work-related PTSD. This would shift the burden of proving the diagnosis from the suffering 9-1-1 Specialist.

The trauma associated with answering 9-1-1 calls is not hypothetical. On June 4, 2021, Harford County 9-1-1 Specialist, Eric Ishak, [died by suicide](#). He was 27 years old, a husband, and a new father.

The eligibility for this presumption is specific and narrow. A 9-1-1 Specialist seeking compensation must be examined and diagnosed by a psychologist or psychiatrist licensed to practice in the jurisdiction where the 9-1-1 Specialist would be treated. Mental health conditions **must** meet the criteria specified in the [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders](#) to qualify. Though this is not explicitly stated in the bill (at the advice of the bill drafter), it is implied by requiring the diagnosis of a licensed professional.

I have chaired the Maryland Next Generation 9-1-1 (NG911) Commission for the past four years. On behalf of the NG911 Commission, and with respect and gratitude to our dedicated, tenacious, and courageous public servants who save lives every day, **I implore you to give SB374 a favorable report.**

SB374 testimony.pdf

Uploaded by: Shariff Thomas

Position: FAV

SB374 Workers Compensation 911

Public Safety Emergency Communications Specialist III, Shariff Thomas

Support Bill

I, Shariff Thomas, representing 9-1-1 Specialists across the state of Maryland, support House Bill 439 Workers Compensation 911, which is cross filed with State Bill 374. I have been a 9-1-1 Specialist for approximately 3 1/2 years, and over the years, I have taken multiple calls that have affected me mentally and emotionally. I strongly believe this bill will help not only myself, but other specialists across the state who are answering and responding to 911 calls daily, no matter what the emergency is.

9-1-1 Specialists are frontline workers, who responds to calls for service and aid every citizen that we come in contact with. Calls can range from non-emergent calls, like noise complaints, up to more mentally and emotionally taxing calls like instructing citizens on how to perform high performance CPR on their loved one, over the phone. When 9-1-1 Specialists pick up the phone, we never know what kind of emergency we will be asked to provide service for. Each call is different, resulting in different processes being followed, and varying levels of impact being made on the 9-1-1 Specialist. But one thing remains the same, an impact is made on that 9-1-1 Specialist. However, despite the amount of distress a given call may cause, 9-1-1 Specialists still need to maintain their composure during the call to provide adequate care and instructions, and after the call so they can give the same quality of support and attention to the next caller. We cannot let our levels of distress impede our ability to provide service; but this is a constant losing battle, as we are humans after all. The calls we take on a daily basis do not leave us unscathed and cause continual wear and tear on our mental and emotional wellbeing.

As I reflect on the most impactful calls I have taken, two come to mind. One night I received a call from a young lady recently move into a new neighborhood. As she was doing laundry, she was assaulted by an unknown male. Over the course of the conversation, as I was processing the call, she was able to remain calm on the phone as she explained the situation.

Everything took a turn when the first arriving officer, a man, walked into the room. The woman became audibly upset, crying, begging me not to get off the phone. I felt terrible because I could not see this woman, only hear and feel her despair. This left me feeling dreadful and helpless as there was not much more I could do. What many people may not realize is while we do not see the emergency, we can hear it and feel it and it affects us.

Barely a few hours later, I received a second call which was a little bit different from the first one. A young man called 911, reporting that his brother had been shot; in the background I could hear his mother screaming, asking for help. At this time, I was still mentally dealing with the first call, but I needed to push it to the back of my mind so I could process this new call and provide as much support as I could over the phone until Police and EMS services arrived.

Despite providing instructions for bleeding control management, I felt helpless. There was nothing more I could do beyond telling them to get a clean dry cloth press it down on the wound and hold firmly, all the while listening to the gut-wrenching screams of a man losing his brother, and a mother losing her son. They were watching their love one die and I heard and felt their pain. Sometimes when you hear someone at that level of distress, you just want to hold them, but you can't. Once I hung up the phone, I broke down and cried so I had to walk off the floor.

While I have answered more calls than I count over the last few years, the two aforementioned calls are the two that I hold with me daily and makes me think about the structure of our job. We hang up from one emergency, collect ourselves, and then move on to the next emergency, because at the end of the day we can't stop – people need us. I have seen the nature of what we do not only impact me, but my coworkers as well. The calls I see weigh on them the most, are the emergencies involving children. When a call comes from a parent about their four-year-old child who has stopped breathing, those who are parents cannot help but think

about their own children as well. It is heartbreaking to think about children in that level of distress, and it is only human nature to form a connection on a personal level, which can cause an incident to feel even more mentally and emotionally taxing. An additional layer to these incidents, that most may not realize, is the mental tolls that can occur due to the lack of the unknown. Once EMS personnel arrive, the loved ones hang up the phone, leaving 9-1-1 Specialist in the dark. Is the child alright? Will they make it? We never know but we pray. We pray and then collect ourselves for the next call.

Reflecting on the most challenging parts of the job, also makes me grateful for my support system. I have been in public safety for 10 years, predominantly as a Volunteer Firefighter/EMT but most recently, also a 9-1-1 specialist, but that does not make me numb to the incidents I hear. The anguish I hear in the voices of the callers, asking for help in their most vulnerable time. Despite the coping strategies and support system I have developed over the years, some calls still leave their mark. Recently I took a call from a gentleman who was having trouble breathing. As I was processing the call, his asphyxiation and urgency to breath was clearly audible over the phone. Then, all of a sudden, I hear a thud and the phonenumber is silent. The man, who was unconscious, and in need of CPR, lived alone. He needed immediate intervention, and while I was there on the phone, I was also helpless to assist. I could not do anything more for him aside keeping the line open, waiting for EMS personnel to arrive. Time seemed to move slow until I heard the knocking and banging of EMS personnel at the door, trying to determine if they were at the right location. I frantically typed into the call that I could hear them and to make entry so they can start CPR as soon as possible. Help finally arrived. I am not sure if the gentleman was able to be saved. I know I did all I could do but the gut-wrenching situation still left me thinking if there was more, I could have done. I cannot help but wonder.

My therapist has helped me process this situation so I could try to continue moving forward, to which I am grateful, but the memory is still with me.

Throughout this testimony, I have shared just three calls out the hundreds I have taken over the years. We do not hang up the phone unscathed from these incidents. Due to the policies, procedures, and resource in place, all we can currently do is walk off the floor for a couple minutes, collect ourselves, and then go pick up the next call. We are very fortunate at my center to have a Licensed Clinical Social Worker that we can talk to that is willing to help us through these calls but alas sometimes more is needed. This bill is going to help our responders, 9-1-1 Specialist, be able to get the help that they need. Across just 3 ½ years, I have begun to feel the mental and emotional toll this job is taking, which makes me feel bad for my coworkers who have been in there five, seven, and even ten plus years. This bill, which will put Post-Traumatic Stress Disorder (PTSD) under workers compensation, will allow not only allow responders to receive the help they need to have a quality work and personal life experience, but it will also allow these services to be affordable. A realistic necessity when considering balancing the cost for services with other bills needed to maintain a functioning household. This bill needs to be passed. We need this service to continue providing quality service to our community. Thank you for taking the time to read this.

Anne Arundel County _FAV_SB 374.pdf

Uploaded by: Steuart Pittman

Position: FAV



March 8, 2022

Senate Bill 374

**Workers' Compensation - Occupational Disease Presumptions -
9-1-1 Specialists**

Senate Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 374 - Workers' Compensation - Occupational Disease Presumptions - 9-1-1 Specialists. SB 374 provides that a 9-1-1 specialist who is diagnosed by a licensed psychologist or psychiatrist with post-traumatic stress disorder is presumed to have an occupational disease that was suffered in the line of duty or course of employment and is compensable under the workers' compensation law.

Our 9-1-1 specialists have an incredibly difficult job. They talk to people who are often in crisis, hour after hour, day after day. Making sure 9-1-1 specialists have access to the mental health care and the workers' compensation they deserve is our duty not only to these courageous public servants, but to all our residents to ensure that we are able to fully staff our 9-1-1 centers.

Research suggests that between 18-24% of 9-1-1 Specialists experience PTSD when psychologically evaluated¹. The effects of trauma in their line of work is real, and impacts both their personal and professional lives. This trauma, paired with the staffing challenges seen across our region and our nation, leaves our 9-1-1 specialists feeling burnt out.

Earlier this year, Anne Arundel County began offering \$5,000 recruitment and retention bonuses for 9-1-1 specialists, to help bring on new staff while providing an incentive to keep our current team. Additionally, on Monday my administration introduced a bill to the County Council to create pathways for career growth, making it easier to retain call center staff. These local efforts paired with this state legislation will provide our 9-1-1 staff with the resources they need, and will shift the burden of proving a PTSD diagnosis is work related and paying for this critical care off of the suffering 9-1-1 specialist.

For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 374.

A handwritten signature in blue ink that reads "Steuart Pittman".

Steuart Pittman
County Executive

¹ The Journal of Emergency Dispatch. PTSD and Emergency Telecommunicators.
<https://www.iaedjournal.org/ptsd-in-911-communications-ga>

Souder - Workers' Compensation for 9-1-1 Specialis

Uploaded by: Steve Souder

Position: FAV

Est. 2017



Sen. Cheryl Kagan, Chair
Steve Souder, Vice Chair

SB374: Workers' Compensation - Occupational Disease Presumptions - 9-1-1 Specialists
Senate Finance Committee | Tuesday, March 8, 2022

Chair Kelley and Vice Chair Feldman:

I have dedicated more than 50 years of my life to 9-1-1. I was there at the beginning -- when the first 9-1-1 call was made in Alabama. I ran 9-1-1 Centers in four different jurisdictions of the National Capital Region: Washington, DC, Arlington and Fairfax Counties in VA, and Montgomery County, MD. In addition to my current tenure on the 9-1-1 Board, I have served for the past four years as Vice Chair of Maryland's Next Generation 9-1-1 Commission alongside Sen. Cheryl Kagan (Chair).

[SB374](#) would establish a Workers' Compensation presumption for our 9-1-1 Specialists. This would allow these dedicated men and women to receive much-deserved benefits if they suffer mental health issues caused by the trauma they experience on the job. The eligibility for the presumption laid out in SB374 is specific. A 9-1-1 Specialist who is seeking compensation must be examined and diagnosed by a licensed psychologist or psychiatrist.

I have worked with hundreds of 9-1-1 Specialists. I have witnessed firsthand their strength and skill as they listen to heartbreaking stories and respond quickly and decisively to each emergency situation. I've also watched the tension, the stress, and the despair that accumulates day after day. This is a job that few people can do. The exposure to pain, sorrow, and injury leaves 9-1-1 Specialists vulnerable to the risk of psychological trauma. Many find it difficult to leave the emotions that they experience behind when they return home.

It's hard to fill these jobs and to retain these Specialists. According to the [National Emergency Numbers Association](#), "New hires and trainees are frequently gone before their probationary periods end. High performers with potentially bright futures move on for greener, higher-paying pastures too soon."

Without our 9-1-1 Specialists, our 9-1-1 Centers cannot operate. These "**First, First Responders**" deserve our respect and our support. They deserve the same Workers' Compensation benefits as other first responders.

I urge a favorable report on SB374.

Respectfully submitted,

Steve Souder

Vice Chair, NG911 Commission

SB374 Workers Comp - Greentree Testimony.pdf

Uploaded by: Susan Greentree

Position: FAV

**HB439 / SB374: Worker's Compensation – Occupational Disease Presumptions –
9-1-1 Specialist**

Susan Greentree: 410-852-3362

Position: Favorable

I am Susan Greentree and I worked for Anne Arundel County 911 for over 35 years, having retired March of 2020. I started in 1984 prior to this county's implementation of 911.

When you dial 911 something is very wrong and the first person you talk to, who is going to help you and send police, fire or EMS to your emergency is me. And those instances in your life are likely and hopefully few. The 911 Specialist is hearing, triaging these events every day... for years. My husband would tell when I got home if I had a hard day, bad calls. He could feel my low mood. My children thought I was overprotective, but I say I was all too aware of dangers and tragedies and feared them for my family.

Calls:

I was the dispatcher on Northern District when an officer who was a close friend was shot at the scene of home where the resident had barricaded himself in his home. I maintained my composure and did my job. As soon as my shift ended, I drove home crying.

I took call in the middle of the night from a woman who lived alone having an asthma attack. Got her information, and units enroute. Stayed on the phone with her, assuring her they were on their way and hearing her increasing labored breathing. Listened to her take her last breath before they arrived. She was in respiratory arrest and medics were unable to revive.

A call from a mother in Sev Pk who got home from work to find her teenage daughter hanging in her bedroom. Mom was hysterical. I tried to coach her on cutting the rope to getting her daughter down so we could do CPR, but she not able to reach to cut the rope and didn't know if it was too late or not. Got units enroute and told mom if you can't get her down grab her around the legs and hold her up. As the few minutes passed the mother was saying I can't hold her any longer. Yes, you can! You're a mom and this is what us mom do. You can hold her. Help is

almost there. The girl was in arrest when medics arrived, they were able to work the arrest and transport to a Baltimore trauma center. I did learn later from my daughter, the girl survived and after several months in rehabilitation she made a full recovery. I know I helped that mother save her daughter's life.

I took a call from a man who checking on his toddler napping and found him with the cord to the blinds wrapped about the toddlers' neck and child blue. I gave CPR instructions and as the ambulance arrived the child's color was returning, and he was breathing.

A call from a homeowner who just had a tree trimmer fall 50-60' from a tree in his yard in Crownsville. The resident was hysterical and co-workers were screaming. The man unsure if the trimmer was alive or not, thought maybe his chest was moving, we started CPR. I continued with the CPR instruction. When the man's mouth was full of blood, tilt his on his side to drain that, restart CPR. Then more was coming from the man's mouth. It was 7 mins we continued this process till EMS arrived. The man was deceased, brains coming out of his mouth.

As a supervisor I was monitoring a call taker taking a very violent call and relaying information to the fire department. A 15-year-old boy had sent his little sister to the neighbor's house and was beating his mother with a bat and yelling "Die bitch die. Don't get up or I'll hit you again" and then we heard him hit her again. All I could think after that was could I love my children as much as I do and one day, they would try to beat me to death.

The countless calls over the years of violence, tragic accidents, crimes, medical emergencies and so many drug overdoses..... in ALL communities. Listening to people's lives being shattered. In the 911 center you just keep going. Each call ends and regardless of what that call was, when the phone rings you answer again and move on. It changes who you are. How you think, what you fear and breaks you down. It is an emotional career, being so up close and personal with the worst of humanity and the worst day in people's lives. I did seek counseling on my own a couple times in all those years. Never mentioned it at work. It was a very different time than now. I loved my job and as much as parts of it pained me, I don't regret my career. I know I helped many people in 35 years, but I also know the scars it left.

MAJ -Written Testimony SB374.pdf

Uploaded by: Tyler Bennett

Position: FAV



3/8/22

Occupational Disease Presumptions—9-1-1 Specialists

Support SB374

The Maryland Association for Justice (“MAJ”) is a nonprofit, non-stock 501(c)(6) corporation organized under the laws of the State of Maryland.

Mission: The Maryland Association for Justice is dedicated to improving and protecting the civil justice system through legislative advocacy and the professional development of trial lawyers.

This position paper is written by the MAJ specialized subcommittee on Maryland Workers’ Compensation legislation.

The MAJ supports SB 374 because it addresses the needs of an entirely overlooked category of first responders, namely, the operators who are the first to take a call from victims of crimes, fires and car crashes and they have to navigate the harrowing details provided by callers who are often under extreme duress. Sometimes the 911 specialists have to help discourage someone from contemplated suicide. Unfortunately, despite their best efforts, the 911 specialists are unsuccessful and the specialist will hear the outcome and reaction on the phone line. This leads to the development of posttraumatic stress disorder (“PTSD”). Although this disease is contemplated by the Maryland Workers’ Compensation Act, psychiatric injury occupational disease claims without a corresponding bodily injury are exceedingly difficult to win at the Commission. This bill rectifies that situation by granting a rebuttable presumption of compensability, following a diagnosis by a licensed psychologist or psychiatrist, to this small category of heroes who have a unique job exposing them to PTSD.

MAJ believes this as a vital component of our mission to seek justice for Maryland’s injured workers. The Act is intended to have a benevolent impact on working Marylanders. Protection for this small, but vital, group of Maryland employees is long overdue. The overall fiscal impact will be negligible, especially in comparison to the protections the employees who require medical care due to the exposures of mental health injuries will receive. 911 specialists have historically been overlooked despite their valor in saving many lives and enduring exceedingly stressful situations— usually before other first responders arrive on the scene. MAJ believes 911 specialists need this presumption so they can receive the medical care and benefits these employees require to recover from the emotional trauma. We heartily recommend the Committee to support this Bill for this group of first responders, sometimes called ***First First Responders***.

In summary, we ask the Committee to pass this bill in order for the bill to go to the entire House for consideration. The benefits granted for a small subcategory of injured workers who are usually taken for granted and overlooked despite their valor are long overdue.

SB 374 - Chesapeake-IWIF Bill 9-1-1.pdf

Uploaded by: Carmine D'Alessandro

Position: UNF



Testimony of Chesapeake Employers’ Insurance Company and Injured Workers’ Insurance Fund in Opposition to Senate Bill 374

Senate Bill 374 proposes to add an occupational disease presumption under Labor and Employment, § 9-503 for “9-1-1 specialists” for post-traumatic stress disorder (hereinafter, “PTSD”) diagnosed by a licensed psychologist or psychiatrist.

Of note, Chesapeake Employers’ Insurance and the Injured Workers’ Insurance Fund have claims for PTSD filed and accepted with benefits paid. This is not limited to public safety employees and has been affirmed in case law. First, *Means v. Baltimore County*, 344 Md. 661 (1997), which deals with a paramedic that suffered from PTSD as a result of responding to a severe accident. The Court of Special Appeals of Maryland found that “the Claimant’s PTSD could be reasonably characterized as due to the general character of her employment as a paramedic.” In summary, the Court found that PTSD may be compensable as an occupational disease under the Workers’ Compensation Act in Maryland, and Chesapeake Employers’ Insurance and the Injured Workers’ Insurance Fund have responded accordingly. Additionally, due to the liberal application of *Belcher v. T. Rowe Price*, 329 Md. 709 (1992), Chesapeake Employers’ Insurance and the Injured Workers’ Insurance Fund also have PTSD claims for specific situations filed as an accidental injury. A presumption is not necessary in this context.

The chart below includes all claims in the last five years that either have PTSD in the accident/occupational disease description or have a paid medical bill with a PTSD diagnosis for Chesapeake Employers’ Insurance and the Injured Workers’ Insurance Fund.

Accident Year	Chesapeake	State	Grand Total
2017	28	75	103
2018	29	54	83
2019	31	42	73
2020	26	27	53
2021	12	15	27
Grand Total	126	213	339

Some PTSD claims arise from a physical accidental injury, but of those that are stand-alone PTSD claims, the average incurred amount is \$30,881.23.

Chesapeake Employers’ Insurance currently insures ten counties and several large municipalities across Maryland that all have 9-1-1 Operator/Specialists. The number of claims filed under the presumption cannot

be estimated but given the history of other presumptions (heart disease, cancers) under Labor and Employment, § 9-503, we would expect to see a fair amount of claims (for instance, from 2012 - 2021, Chesapeake Employers' Insurance and the Injured Workers' Insurance Fund incurred approximately \$36 million on 666 presumption cases). Finally, as with other presumptions, we can expect that other employment groups will attempt to come within the provisions of this bill, thereby significantly increasing the fiscal impact to state and local governments.

While Senate Bill 374 seeks to have a minimal impact, addressing 9-1-1 specialists working for local governments, the history of presumptions in the workers' compensation context demonstrates that these types of presumptions are always expanded, covering more groups and more conditions. As such, the total impact is potentially significant.

Given that current law allows for the findings of PTSD in the workers' compensation arena, and the potential fiscal impact of presumption statutes, Chesapeake Employers' Insurance and Injured Workers' Insurance Fund respectfully request an unfavorable report on Senate Bill 374.

*Contact: Carmine G. D'Alessandro
Chief Legal Officer
Chesapeake Employers Insurance Company/IWIF
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cdalessandro@ceiwc.com*

SB0374-FIN_MACo_OPP.pdf

Uploaded by: Kevin Kinnally

Position: UNF



Senate Bill 374

Workers' Compensation – Occupational Disease Presumptions – 9-1-1 Specialists

MACo Position: **OPPOSE**

To: Finance Committee

Date: March 8, 2022

From: Brianna January and Kevin Kinnally

The Maryland Association of Counties (MACo) **OPPOSES** SB 374. This bill would categorize Post-Traumatic Stress Disorder (PTSD) as a presumed occupational disease eligible for workers' compensation for 9-1-1 specialists. It would place an undue burden on counties as the major employer of these professions, with potentially staggering fiscal impact on local government.

Maryland's workers compensation law already creates a nearly "perfect storm," where a series of statutory presumptions prompt consideration of workplace exposures leading to compensability. Maryland's courts have effectively ruled that these presumptions are irrebuttable in compensability proceedings, so the outcome of presumption-related cases is virtually assured. Adding even more tenuous categories to this already biased structure would overburden public employers, causing them to shoulder burden for an even longer list of employee concerns that never arose from the workplace.

While counties respect and support 9-1-1 specialists who experience a challenging work requirement, SB 374 creates an unreasonable and unenforceable standard. While counties agree that 9-1-1 call-takers are exposed to challenging and often disturbing situations related to their profession, it is nearly impossible to determine if an individual suffers from PTSD because of their professional capacity. For that reason, no state has adopted a measure to categorize PTSD as a qualified presumption for 9-1-1 call center staff. Maryland, especially with its aggressive judicial interpretations on the force of statutory preemptions, should not become the first to do so.

The financial implications of the presumption set by SB 374 would be significant. Not only would SB 374 include PTSD diagnosis as a presumed occupational disease, but it would also include any lingering and permanent conditions related to PTSD. Counties, as employers, would not only have to approve and pay workers' compensation claims related to diagnosis, but they would also have to do so potentially indefinitely for each claimant. With more staff potentially awarded broadly defined compensated leave under SB 374, local governments would need to hire additional personnel to ensure that call centers are appropriately staffed and resourced at all times, otherwise, communities may experience longer wait times for emergency intake and response.

SB 374 comes at a time when public safety services are already short-staffed and are facing increasing challenges. Under this bill, counties would be required to make unwelcome and costly decisions to ensure 9-1-1 call center coverage at the expense of other emergency functions or other services. For these reasons, MACo **OPPOSES** SB 374 and urges an **UNFAVORABLE** report.

SB 374 APICA Oppose 911 Finance 030822 FINAL_.pdf

Uploaded by: Nancy Egan

Position: UNF



Testimony of

American Property Casualty Insurance Association (APCIA)

Senate Finance Committee

Senate Bill 374 – Workers’ Compensation – Occupational Disease Presumptions – 9–1–1

March 8, 2022

Letter of Opposition

The American Property Casualty Insurance Association (APCIA) is a national trade organization representing nearly 60 percent of the U.S. property casualty insurance market. Our members write approximately 85.9 percent of all workers compensation sold in Maryland. APCIA appreciates the opportunity to provide written comments in opposition to SB 374.

APCIA opposes this bill, which would create a presumption that post-traumatic stress disorder diagnosed in a 9–1–1 specialist is compensable as an occupational disease. Presumptions of coverage under workers’ compensation are extreme measures, since they eliminate even the modest burden of proving that an injury or illness arises out of and in the course of employment. There is also no need for a statutory amendment in this particular area, since mental injury claims are already being litigated under the Workers’ Compensation Act and found compensable depending on the circumstances of each case.

For all these reasons, the APCIA urges the Committee to provide an unfavorable report on SB 374.

Nancy J. Egan,

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

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