

janelCovid.pdf

Uploaded by: Janel Norton

Position: FAV

Hello my name is Janel Norton and I am here today to ask you to approve this bill, I am the wife of a Police Officer who served his community for over 20 years. At 42 in August of 2021 my husband was reporting to work risking exposure to deadly disease. My husband was admitted to FHH Frederick MD, I was told my husband had a zero percentage of surviving. He was on a ventilator for 58 days, on day 79 we wheeled him home where he had to learn to stand without help and learn to walk again. It is 2 yr and 7 mo and he is still unable to return to work and our worker comp claim has been denied. There were no policies in place for contact tracing.

Situations like this cause a terminal financial stain. We have exhausted our savings as well as pulled from investments. The amount of retirement he's qualified for is not enough to live on with unknown job opportunities due to his countless side effects.

Obtaining healthcare coverage or life insurance will likely be cost prohibitive to many.

As this bill stands now, unfortunately it doesn't help our family or other families who were still faced with exposure to a mutating deadly virus that had no set standard for treatment and still not very well understood. It would be tremendous if the date could be amended to the Federal end of SOE. The

Delta and Omicron came out after the end of MD SOE. It started in August and many months following MD SOE end date of 7/1/21. Closing it would be ideal if you could amend the dates to fall in line with Federal SOE.

Thank you

SB476 - PFFMD Written Testimony - J. Buddle (Favor

Uploaded by: Jeffrey Buddle

Position: FAV



Senate Bill 476
Workers Compensation – Occupational Disease Presumptions – First Responders
(Caring for Public Safety Employees in the Safety Professions – CAPES ACT)

Fire Fighter Cancer Rates and Exposures: Thyroid, Colon, and Ovarian

Cancer in the Fire Service

Fire fighters are routinely and repeatedly exposed to environments filled with known and unknown chemicals. As a result, it has been proven that fire fighters are prone to cancer and certain other illnesses at rates greater than the general population.¹ In a study conducted on cancer incidence and mortality among a large cohort of US career fire fighters, it was found that fire fighters had a 9% increase in cancer incidence and a 14% increase in cancer mortality compared to the general population.² In 2022, the International Agency for Research on Cancer (IARC) reclassified the occupation of firefighting as carcinogenic to humans (Group 1), IARC's highest carcinogenic hazard classification.

Thyroid Cancer

There is scientific evidence that indicate that fire fighters are at an increased risk for thyroid cancer, given their exposure to chemical carcinogens in the line of duty. Fire fighters encounter combustion products of modern residential and commercial fires during fire suppression, overhaul, and salvage activities. They are also routinely exposed to carcinogens from the diesel exhaust from their fire apparatus every single shift, during routine and emergency operations. The smoke of combustion also contains a complex mixture of cancer-causing chemicals, some of which are causally linked to thyroid cancer. Combustion products of wood, coal, and diesel fuel are considered known or probable human carcinogens by IARC. Scientific research has proven relationships regarding the fact that fire fighter occupational exposures contribute to increased risk and rates of thyroid cancer. Known occupational physical and chemical exposures fire fighters encounter linked specifically to thyroid cancer include:

- Dioxin^{3,4}
- Formaldehyde⁵
- Diesel exhaust^{6,7,8,9,10,11}

- Lead/manganese/cadmium¹²
- Fine/ultrafine particulate PM_{2.5}¹²
- Shift work¹³
- Benzene¹⁴
- PBDE flame retardants^{15,16,17,18}
- PCBs, chlorinated naphthalenes, and solvents¹⁹

In a study of cancer risk among Florida fire fighters, Lee and colleagues identified thyroid cancers in 99 male fire fighters, resulting in a two-fold increased risk (2.17 with 95% confidence interval of 1.78 to 2.66).²⁰ Increased risk was also observed in female fire fighters. As the authors noted, this provides evidence that thyroid cancer risk in their population is not simply due to surveillance (medical screening) bias. In a meta-analysis of 35 epidemiological cohort studies, there was evidence of positive associations between occupational exposure as a fire fighter and cancer incidence for several sites, including bladder, testis, prostate, thyroid, and colon cancer.²¹

Colon Cancer

Several studies have examined cancer risk in fire fighters. Statistically significant elevations in various cancers have been reported in different studies using a range of research approaches. Three recent cohort studies provide valuable information on overall and specific cancer risks in fire fighters. Notably, colorectal cancer risk is elevated in fire fighters.²² In 2019, male fire fighters in Florida were noted to be at increased risk of late-stage colon cancer. It is important to note that the terms colon cancer, rectal cancer, and colorectal cancer are all interchangeable for the purpose of pathology in fire fighters.²⁰ Rectal cancer shares with colon cancer almost all known risk factors.

Daniels and colleagues at the National Institute for Occupational Safety and Health (NIOSH) and National Cancer Institute (NCI) published findings in 2013 from a retrospective cohort study of 29,993 career fire fighters in three US cities. Standardized mortality ratios (SMR) and incidence ratios were calculated for different types of cancer. The study found excess colorectal cancer incidence in fire fighters, and the increased incidence was statistically significant (SIR=1.21, 95% CI 1.09-1.34). Mortality from colorectal cancer was also elevated in fire fighters (SMR=1.31, 95% CI 1.16-1.48).²³ The SMR of 1.31 means that fire fighters had an approximately 30% greater risk of dying from colorectal cancer compared to non-fire fighters in the general population.

Youakim and colleagues found that colon cancer mortality is 1.5 times higher than expected among fire fighters employed 30 or more years and increases to nearly 5 times higher than expected after a fire fighter has 40 or more years of employment; the risk for this malignancy is increased in the group with fewer than 10 years of employment, showing a dose-response relationship between firefighting and colon cancer.²⁴ Known occupational exposures fire fighters encounter linked specifically to colorectal cancer: ^{25,26,27,28}

- Arsenic and arsenic compounds
- Asbestos

- Formaldehyde
- Polychlorinated biphenyls (PCB)
- Tetrachloroethylene
- Diesel and gasoline engine exhaust

A report by LeMasters and colleagues summarized the results of 32 studies on cancer in fire fighters. This study was a meta-analysis, a research technique used to combine many smaller studies. The advantage of this analysis is that research with more participants is better able to detect true increases in risk. In the LeMasters study, the summary risk estimate for colorectal cancer was 1.21 (95% CI 1.03-1.41) based on 25 total studies with data on colon cancer. This risk estimate was statistically significant, indicating a 21% increased risk for colon cancer in fire fighters.²⁹ A similar meta-analysis was performed in 2019 by Jalilian et al. that synthesized the findings of 50 papers. This study found significantly elevated summary incidence risk estimates for colon cancer 1.14 (95% CI 1.06-1.21) and rectal cancer 1.09 (95% CI 1.00-1.20).³⁰

Ovarian Cancer

Reproductive cancers are also of interest among the fire fighter population because elevated incidence and mortality may be associated with exposures to endocrine-disrupting chemicals. Endocrine-disrupting chemicals could result in elevated incidence and mortality for reproductive cancers for female fire fighters as well, specifically for ovarian cancer.

A recent Monographs Working Group of IARC concluded that there is sufficient evidence for a causal association between exposure to asbestos and ovarian cancer.³¹ Fire fighters can routinely be exposed to asbestos while on the job, therefore increasing female fire fighters' risk of developing ovarian cancer. There are also several studies that have reported an increased risk of ovarian cancer in women occupationally exposed to asbestos.^{32,33,34}

In a review of medical literature examining the risk for breast cancer, gynecologic malignancies, and lymphoma in the firefighting environment, there were 10 reviewed articles on the association between female reproductive cancers and occupational exposures or environment contaminants.³⁵ The investigators analyzed reports on the occupational exposures of fire fighters to known carcinogens. Six substances were recognized as significant occupational exposure for female fire fighters. This includes Benzene and 1,3-butadiene, which have been associated with ovarian cancer in animal studies.³⁵

A study exploring how demographic characteristics, life experiences, and firefighting exposures impact cancer among female fire fighters described the types and biologic characteristics of cancers as reported by women in the fire service. The study reported 13 cases of ovarian cancer or precancer out of a total of 256 cases, making it the 8th most common malignancy in the study, whereas it occurs much less frequent among women in the general public.³⁶ This suggests that ovarian cancer may be more prevalent in the fire service than previously recognized. The study also noted that although ovarian and testicular cancer have different clinical courses, ovaries are derived from the same endodermal tissue as testicles, and testicular cancer is commonly elevated among male fire fighters and often covered under presumptive legislation. Additionally, some respondents noted that cancers specific to women, such as ovarian cancer, not being covered under presumptive legislation indicated a systemic barrier to supporting women in the fire service.

Cancer Coverage in the States

Below is a table that compares presumptive cancer benefits for firefighters. It displays states that cover one or all of the cancers (thyroid, colon, and ovarian.) Some states language is so broad that it encompasses all cancers.

STATE	COLON CANCER	OVARIAN CANCER	THYROID CANCER	ALL CANCERS
Alabama				X
Arizona	X			
Arkansas	Digestive tract		X	X*
California				X
Colorado	Digestive system			
Connecticut	Digestive system	Reproductive system	Endocrine system	
Delaware			X	
District of Columbia	X	X	X	
Florida	X	X	X	
Georgia	Intestinal		X	
Hawaii	Intestines			
Idaho	Colorectal			
Illinois				X
Indiana				X
Iowa	Colorectal	X		
Kansas				X
Kentucky	X			
Louisiana	X	Reproductive tract		X*
Michigan			X	
Minnesota				X
Mississippi	X	Reproductive tract		
Missouri	Digestive system			X
Montana	Colorectal			
Nebraska	Digestive system			
Nevada	X	X	X	
New Hampshire				X
New Jersey				X
New Mexico	Colorectal			
New York	Digestive system	Reproductive system		
North Carolina	Intestinal			
North Dakota				X
Ohio				X
Oklahoma				X
Oregon	X			
Pennsylvania				X
Rhode Island				X
South Carolina	Gastrointestinal		Endocrine system	
South Dakota				X
Tennessee	X			
Texas	X			
Vermont	X			
Virginia		X	X	
Washington	Colorectal			
Wisconsin	Digestive system	Reproductive system		
Wyoming				X

*Arkansas language states: cancer that has been found by research and statistics to show higher instances of occurrence in firefighters

*Louisiana language states: any other cancer for which firefighters are determined to have statistically significant increased risk over the general population

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SB0476 Testimony.docx.pdf

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Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

March 4, 2024

Senate Bill 0476: Workers' Compensation - Occupational Disease Presumptions - First Responders (Caring for Public Employees in the Safety Professions - CAPES Act)

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA), are in SUPPORT of Senate Bill 0467: Workers' Compensation - Occupational Disease Presumptions - First Responders (Caring for Public Employees in the Safety Professions - CAPES Act)

Public employees and safety professionals deserve our utmost support, especially when it comes to the diagnosis of thyroid, colon, or ovarian cancer. This law under certain conditions, Providing that certain firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and members of the Office of the State Fire Marshal who have thyroid, colon, or ovarian cancer are presumed, under certain circumstances, to have an occupational disease that was suffered in the line of duty and is compensable under workers' compensation law. The work of these brave men and women put them in harm's way, and they should recognize the dangers of the occupation that could lead to cancer diagnoses being covered by worker compensation law.

"Many other states have introduced new or revised statutory provisions regarding firefighter (and other first responder) presumptions for workers compensation (WC)—that certain diseases or injuries are presumed to have been contracted or sustained in the course and scope of employment."

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director
jdayton@mdruralhealth.org*

CAPES - favorable.docx.pdf

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Position: FAV

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TTY USERS CALL VIA MD RELAY

Dear Chairman Wilson, Vice-chair Crosby, and members of the committee,

On behalf of Governor Wes Moore, I urge a favorable report on SB 476/HB 584 - Workers' Compensation - Occupational Disease Presumptions - First Responders (Caring for Public Employees in the Safety Professions - CAPES Act).

The CAPES Act continues the extraordinary work this committee has done over the years to ensure that our worker's compensation laws adequately recognize the severe occupational risks faced by Maryland first responders. Current law identifies several cancers that are presumptively considered occupationally related for the purposes of worker's compensation, including leukemia, prostate, rectal, throat, multiple myeloma, non-Hodgkin's lymphoma, brain, testicular, bladder, kidney, renal cell, or breast cancers. The CAPES Act expands that list to also include presumptions for thyroid, colon, and ovarian cancers. The science surrounding these three additional classes of cancers has become increasingly clear, and it is time for Maryland to add them to the list of cancer presumptions.

First responders, including firefighters, police officers, and other emergency personnel, routinely put themselves in harm's way to protect our communities. They face numerous hazards, including exposure to toxic substances and carcinogens, which can have serious long-term health consequences. By adding thyroid, colon, and ovarian cancers as occupational diseases, the CAPES Act ensures that these brave individuals are appropriately supported if they develop such conditions as a result of their service.

Sincerely,
Myles Hicks
Deputy Legislative Officer
Office of the Governor

IAFF SB 476 Written Testimony.pdf

Uploaded by: Racquel Cesnalis

Position: FAV



INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

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March 5, 2024

Senator Pamela Beidle

Senate Finance Committee

3 East Miller

Senate Office Building

Annapolis, MD 21401

Testimony concerning SB 476 - Workers' Compensation - Occupational Disease Presumptions - First Responders (Caring for Public Employees in the Safety Professions - CAPES Act)

Position: Support

Good afternoon, my name is Racquel Cesnalis and I am the Deputy Director for Occupational Health and Medicine at the International Association of Fire Fighters (IAFF). The IAFF is an international union representing over 344,000 professional fire fighters, emergency medical, and rescue workers in the United States and Canada.

I want to thank the committee for the opportunity to support Senate Bill 476 - the Caring for Public Employees in the Safety Professions - CAPES Act, to expand cancer presumption in Maryland to include thyroid, colon and ovarian cancers. This legislation is important to further protect the health and safety of fire fighters.

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Fire fighters have increased and repeated exposure to fire ground toxins like flame retardants, hazardous material chemicals, carcinogenic smoke, and toxic PFAS. Chronic exposures to these substances are why cancer is the number one health issue facing fire fighters.

It has been proven that fire fighters are prone to cancer and certain other illnesses at rates greater than the general population.¹ In a study conducted on cancer incidence and mortality among a large cohort of US career fire fighters, it was found that fire fighters had a 9% increase in cancer incidence and a 14% increase in cancer mortality compared to the general population.²

Due to the overwhelming data from these findings and other research studies, in 2022, the International Agency for Research on Cancer (IARC) reclassified the occupation of firefighting from group 2B possibly carcinogenic to group 1 known human carcinogen. Group 1 carcinogen is the highest carcinogenic hazard classification and this classification is made when there is sufficient evidence of carcinogenicity in humans.

It is well known and globally recognized that the risk of cancer is elevated in the fire service. Maryland has previously recognized the threat of cancer on fire fighters by passing *Firefighter Jesse McCollough's Cancer Protection Law* in 2019. This law covers several known occupational cancers for fire fighters including leukemia, throat, brain, prostate, multiple myeloma, rectal, breast, non-Hodgkin's lymphoma, or testicular cancer. While that law was a pivotal step to protect Maryland fire fighters from cancer, presumptive legislation must reflect the latest science. SB 476 is important because it would help to further protect fire fighters in Maryland by recognizing thyroid, colon, and ovarian cancers as presumptive. Fire fighters encounter combustion products of modern residential and commercial fires during fire suppression, overhaul, and salvage activities. They are also routinely exposed to carcinogens from the diesel exhaust of their fire apparatus every single shift, during routine and emergency operations. There is a plethora of data and research linking higher rates of thyroid, colon and ovarian cancers to firefighting. Each of these cancers can be linked to known toxic exposures from firefighting.

Scientific research has proven relationships regarding the fact that fire fighter occupational exposures to combustion by products from fires contain a complex mixture of cancer- causing chemicals which contribute to increased risk and rates of thyroid cancer. Combustion products of wood, coal, and diesel fuel are considered known or probable human carcinogens by IARC. Known occupational physical and chemical exposures fire fighters encounter linked specifically to thyroid cancer include:

- Dioxin^{3,4}
- Formaldehyde⁵
- Diesel exhaust^{6,7,8,9,10,11}
- Lead/manganese/cadmium¹²
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- Benzene¹⁴
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- PCBs, chlorinated naphthalenes, and solvents¹⁹

In a study of cancer risk among Florida fire fighters, Lee and colleagues identified thyroid cancers in 99 male fire fighters, resulting in a two-fold increased.²⁰ Increased risk of thyroid cancer was also observed in female fire fighters. As the authors noted, this provides evidence that thyroid cancer risk in their population is not simply due to surveillance (medical screening) bias.

In a meta-analysis of 35 epidemiological cohort studies, there was evidence of positive associations between occupational exposure as a fire fighter and cancer incidence for several sites, including bladder, testis, prostate, thyroid, and colon cancer.²¹

Multiple studies found colorectal cancer risk is elevated in fire fighters.²² In 2019, Lee and colleagues identified male fire fighters in Florida were noted to be at increased risk of late-stage colon cancer.²⁰ Daniels and colleagues at the National Institute for Occupational Safety and Health (NIOSH) and National Cancer Institute (NCI) published findings in 2013 from a retrospective cohort study of 29,993 career fire fighters in three US cities. Standardized mortality ratios (SMR) and incidence ratios were calculated for different types of cancer. The study found excess colorectal cancer incidence in fire fighters (SIR = 1.31), and the increased incidence was statistically significant. Mortality from colorectal cancer was also

elevated in fire fighters (SMR=1.31).²³ The SMR of 1.31 means that fire fighters had approximately a 30% greater risk of dying from colorectal cancer compared to non-fire fighters in the general population. Youakim and colleagues found that colon cancer mortality is 1.5 times higher than expected among fire fighters employed 30 or more years and increases to nearly 5 times higher than expected after a fire fighter has 40 or more years of employment; the risk for this malignancy is increased in the group with fewer than 10 years of employment, showing a dose-response relationship between firefighting and colon cancer.²⁴ Known occupational exposures fire fighters encounter linked specifically to colorectal cancer are: ^{25,26,27,28}

- Arsenic and arsenic compounds
- Asbestos
- Formaldehyde
- Polychlorinated biphenyls (PCB)
- Tetrachloroethylene
- Diesel and gasoline engine exhaust

A report by LeMasters and colleagues summarized the results of 32 studies on cancer in fire fighters. This study was a meta-analysis, a research technique used to combine many smaller studies. The advantage of this analysis is that research with more participants is better able to detect true increases in risk. In the LeMasters study, the summary risk estimate for colorectal cancer was 1.21 based on 25 total studies with data on colon cancer. This risk estimate was statistically significant, indicating a 21% increased risk for colon cancer in fire fighters.²⁹ A similar meta-analysis was performed in 2019 by Jalilian and colleagues that synthesized the findings of 50 papers. This study found significantly elevated summary incidence risk estimates for colon cancer 1.14 among fire fighters.³⁰

While there is a smaller sample size for studies focusing on female fire fighters, there is sufficient data and evidence to support that elevated incidence and mortality of ovarian cancer may be associated with exposures to endocrine-disrupting chemicals (EDCs), asbestos and benzene. Those toxic substances are found in the fire environment and female fire fighters would be regularly exposed.

Some examples of EDCs fire fighters are exposed to include, but are not limited to, polychlorinated biphenyls (PCBs), polybrominated biphenyls (PBBs), and dioxins which are all commonly found on the

fire ground. A study by Hall and colleagues identified that EDCs at physiological levels enhance the growth of ovarian cancer cells.³¹ While this study is not focused on fire fighters it does demonstrate how occupational chemical exposures to known fireground exposures are directly linked to the accelerated growth of human ovarian cancer cells.

In 2011, a Working Group of IARC concluded that there is sufficient evidence for a causal association between exposure to asbestos and ovarian cancer.³² Fire fighters can routinely be exposed to asbestos while on the job, therefore increasing female fire fighters' risk of developing ovarian cancer. There are also several studies that have reported an increased risk of ovarian cancer in women occupationally exposed to asbestos.^{33,34,35} Asbestos exposure in fire fighters is well documented and linked to cancers including mesothelioma. A study by Daniels and colleagues who looked at close to 30,000 fire fighters and found that the risk of death from and diagnosis of mesothelioma were both twice as high as in the general US population.²³

In a review of medical literature examining the risk for breast cancer, gynecologic malignancies, and lymphoma in the firefighting environment, there were 10 reviewed articles on the association between female reproductive cancers and occupational exposures or environment contaminants.³⁶ Six substances were recognized as significant occupational exposures for female fire fighters. This includes Benzene and 1,3-butadiene, which have been associated with ovarian cancer in animal studies.³⁶

A study exploring how demographic characteristics, life experiences, and firefighting exposures impact cancer among female fire fighters described the types and biologic characteristics of cancers as reported by women in the fire service. The study reported 13 cases of ovarian cancer or precancer out of a total of 256 cases, making it the 8th most common malignancy in the study, whereas it occurs much less frequent among women in the general public.³⁷ This suggests that ovarian cancer may be more prevalent in the fire service than previously recognized. The study also noted that although ovarian and testicular cancer have different clinical courses, ovaries are derived from the same endodermal tissue as testicles, and testicular cancer is commonly elevated among male fire fighters and often covered under presumptive legislation, including Maryland's current presumptive language. Additionally, some respondents noted that

cancers specific to women, such as ovarian cancer, not being covered under presumptive legislation indicated a systemic barrier to supporting women in the fire service.

The research is clear that Maryland's cancer presumption for fire fighters must be expanded to include thyroid, colon and ovarian cancers. It is also important to note that there are many states that already include these cancers. There are 18 states that have presumptive language to include all cancers, 10 states that include thyroid/ endocrine system cancers, 27 states with colon/digestive/intestinal cancers and 10 states with ovarian/reproductive tract cancers.

It is important that Maryland fire fighters have the best protections and benefits if they are diagnosed with an occupational cancer. In conclusion, the IAFF supports passage of Senate Bill 476, and I thank you for the opportunity to speak to all of you today on this very important issue impacting fire fighters.



Racquel Cesnalis, MPH
Deputy Director – Occupational Health & Medicine
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2024- 03-05 SB476 Support.pdf

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March 5, 2024

TO: The Honorable Pam Beidle
Chair, Finance Committee

FROM: Rhea L. Harris
Deputy Chief, Legislative Affairs, Office of the Attorney General

RE: Senate Bill 476 -Workers' Compensation - Occupational Disease
Presumptions - First Responders (Caring for Public Employees in the Safety
Professions - CAPES Act) - **Support**

The Office of the Attorney General respectfully requests a favorable report on Senate Bill 476 – Workers Compensation- Occupational Disease Presumptions- First Responders (Caring for Public Employees in the Safety Professions- CAPES Act).

Senate Bill 476 provides that firefighters, firefighting instructors, rescue squad members, advanced life support unit members, and members of the Office of the State Fire Marshal who have thyroid, colon, or ovarian cancer are presumed, under contact with toxic substances in the line of duty, to have an occupational disease that was suffered in the line of duty and is compensable under workers' compensation law.

Senate Bill 476 includes firefighters diagnosed with thyroid, colon, and ovarian cancer to the list of similar individuals to the presumption that the illness is a result of contact with toxic substances in the line of duty. This will allow said individuals to receive benefits to cover the care

costs of these diseases. As the medical universe learns more about the causes of these diseases, benefit coverage should expand to include the people suffering from the disease.

For the foregoing reasons, the Office of the Attorney General requests a favorable report on Senate Bill 476.

cc: Finance Committee Members

SB476 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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SB476: Workers' Compensation – Occupational Disease Presumptions – First Responders (Caring for Public Employees in the Safety Professions – CAPES Act)

My name is Robert Phillips, I am the Legislative Committee Chair for the Maryland State Firefighters Association (MSFA). The MSFA represents the 25,000 plus volunteer Fire/EMS and Rescue first responders across the state.

I wish to present testimony in favor of Senate Bill 476: Workers' Compensation – Occupational Disease Presumptions – First Responders (Caring for Public Employees in the Safety Professions – CAPES Act)

The MSFA fully supports the adoption of this bill. We have seen first hand the toll that is taken physically on our volunteer and career firefighters on a daily basis. Our firefighters are called to deal with a large number of hazardous conditions from a person smelling something odd to a fully involved structure fire to the spill of the unknown chemical. In every case we are exposed to harmful chemicals on a more frequent basis than the average person and to some extent a longer period of time. Many of these chemicals have been found to be leading causes of cancers in humans. Through studies it has been found that firefighters exposed to these chemicals will and do develop these cancers and the fact that they were more likely to have encountered them during their actions as firefighters than in everyday life. This bill allows for a firefighter to work through Workers' Compensation for treatment with out having to show the one call that may have caused this issue. The fact that they were exposed to whatever the chemical was during their time acting in the capacity of their professional or volunteer position should be enough to qualify for proper treatment through this program and its benefits.

I thank the committee for their time and attention to this important bill and ask that you vote favorable on Senate Bill 476.

I will now be glad to answer any questions, or my contact information is listed above and welcome any further inquiries you might have.

SB0476-FIN_MACo_SWA.pdf

Uploaded by: Brianna January

Position: FWA



MARYLAND
Association of
COUNTIES

Senate Bill 476

*Workers' Compensation - Occupational Disease Presumptions - First Responders
(Caring for Public Employees in the Safety Professions - CAPES Act)*

MACo Position: **SUPPORT**

To: Finance Committee

WITH AMENDMENTS

Date: March 5, 2024

From: Brianna January

The Maryland Association of Counties (MACo) **SUPPORTS SB 476 WITH AMENDMENTS**. SB 476 adds colon, thyroid, and ovarian cancers to assumed presumptions for firefighters for the purposes of workers' compensation.

Counties appreciate the motivation behind HB 584, but the bill's fiscal impact gives counties pause. Workers' compensation benefits are a significant budget consideration for counties, with benefits and claims increasing year-over-year, especially for firefighters. Maryland's laws, and court decisions, have rendered the multiple presumptions effectively irrebuttable – meaning employers surely compensate for many cases that do not truly arise from workplace causes. As a rule, MACo typically opposes any legislation adding to or expanding workers' compensation presumptions for this very reason.

However, counties understand that SB 476 is a priority of the Moore-Miller Administration and the General Assembly for the 2024 legislative session. **With that consideration, counties support the intention of the bill but seek an amendment to provide State funding for the new proposed State policy it advances: payment of newly compensable benefit claims resulting from the bill.**

Maryland's counties are facing an unprecedented wave of fiscal effects. Revenues are softening – and are even in decline – as federal support recedes from the national economy. Costs of workforce, construction, and legal liability are all mounting dramatically. Additionally, the Blueprint for Maryland's Future poses costs for education that, for each county, will absorb or exceed their projected new revenues from current sources. Furthermore, county options for generating meaningful revenues are limited, with most counties already at the state's income tax rate cap, leaving the regressive property tax as the principal remaining alternative. In this precarious setting, placing new operational or fiscal burdens on county governments is untenable and unrealistic.

Providing State funding to pay for thyroid, ovarian, and colon cancer workers' compensation claims would not only help counties fund the otherwise unfunded mandate of SB 476 but would also be a significant show of the State's support of our firefighter workforce. For these reasons, MACo **SUPPORTS SB 476** and urges a report of **FAVORABLE WITH AMENDMENTS**.