

MML-SB 844 - OPP.pdf

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Maryland Municipal League
The Association of Maryland's Cities and Towns

TESTIMONY

March 5, 2024

Committee: Senate Finance

Bill: SB 844 – Workers' Compensation - Occupational Disease Presumptions - Hypertension

Position: Unfavorable

Reason for Position:

The Maryland Municipal League respectfully opposes Senate Bill 844, which expands an existing occupational disease presumption for hypertension in firefighters and similar occupations. This expansion that could have meaningful impacts for local governments.

Under current law, to qualify for the occupational disease presumption, hypertension must result in partial or total disability or death. This bill removes that requirement: disablement or death would no longer be necessary, which would allow more covered employees to file claims, impacting local governments' expenditures. Given that nearly half of all Americans have hypertension, according to the US Center for Disease Control and Prevention, the number of claimants could increase significantly.

For these reasons, the League respectfully requests an unfavorable report on Senate Bill 844.

FOR MORE INFORMATION CONTACT:

Theresa Kuhns	Chief Executive Officer
Angelica Bailey Thupari, Esq.	Director, Advocacy & Public Affairs
Bill Jorch	Director, Public Policy & Research
Justin Fiore	Deputy Director, Advocacy & Public Affairs

SB 844 Chesapeake-IWIF Testimony.pdf

Uploaded by: Lyndsey Meninger

Position: UNF



Senate Finance Committee
March 5, 2024

Testimony of Chesapeake Employers' Insurance Company and Injured Workers' Insurance Fund in Opposition to Senate Bill 844

Senate Bill 844 proposes to amend Labor and Employment, § 9-503 by allowing demonstration of disablement for firefighters (paid and volunteer) and various advanced life support units (paid and volunteer) by way of three blood pressure readings that indicate hypertension, as defined in the Fourth Edition of the American Medical Association Guides and prescribed medication to treat hypertension in lieu of the “traditional” disablement defined under Labor and Employment, § 9-502 (wherein an injured worker must prove partial or total incapacitation).

The Injured Workers' Insurance Fund and Chesapeake Employers' Insurance have many claims related to hypertension under Labor and Employment, § 9-503 since the inception of the presumption. From 2019 – 2023, the Injured Workers' Insurance Fund and Chesapeake Employers' Insurance had 190 filed claims that included hypertension with an average cost per claim of \$35,180.15. With that said, we have no data if these claims would be different should disablement be three blood pressure readings that indicate hypertension and prescribed medications in lieu of “traditional” disablement from a physician (which would typically be very limited disablement period for a new prescribed medication). Very few claims are denied based on lack of disablement, and if they are, the claim is simply refiled when disablement occurs.

The concern of Senate Bill 844 is the lack of timeline for delineation of the three blood pressure readings that indicate hypertension, as defined in the fourth edition of the American Medical Association Guides. Hypertension in the Guides state: “present when the diastolic pressure is repeatedly in excess of 90 mm HG before antihypertensive therapy has been started”. The timeline of the three readings must be further defined for clarity purposes (as a one-day increase (even with three readings that day) can be from emotional or environmental stimulus) to not cause undue litigation for lack of clarity.

Of note, of the 190 claims mentioned above, only eight (8) were denied by the Workers' Compensation Commission (4%). Therefore, the Injured Workers' Insurance Fund and Chesapeake Employers' Insurance do not see a need to create confusion in a statute that is seemingly providing the benefits needed for properly compensable hypertension claims.

Given the lack of clarity of the current bill for three blood pressure readings, as well as the lack of a current issue with finding disablement in hypertension claims, Chesapeake Employers' Insurance and Injured Workers' Insurance Fund respectfully oppose Senate Bill 844.

*Contact: Carmine G. D'Alessandro, Esq.
Chief Legal Officer
Chesapeake Employers Insurance Company/IWIF
(410)-494-2305
cdalessandro@ceiwc.com*

*Lyndsey Beidle Meninger, Esq.
Vice President of Legal Services
Chesapeake Employers Insurance Company/IWIF
(410)-494-2057
lmeninger@ceiwc.com*

SB 844 Hypertension Unf 030524 FINAL APCA .pdf

Uploaded by: Nancy Egan

Position: UNF



Testimony of

American Property Casualty Insurance Association (APCIA)

Senate Finance Committee

Senate Bill 844 - Workers' Compensation - Occupational Disease Presumptions – Hypertension

March 5, 2024

Unfavorable

The American Property Casualty Insurance Association (APCIA) is a national trade organization whose members write approximately 67% of the U.S. property and casualty insurance market, including 89% percent of Maryland’s workers’ compensation market. APCIA appreciates the opportunity to provide written comments in opposition to Senate Bill 844.

Senate Bill 844 proposes to take an existing presumption of work-relatedness for hypertension in certain first responders and ratchet it up to an untenable degree by functionally providing that individuals suffering from hypertension do not have to demonstrate any disability whatsoever to qualify for the presumption. While this would not be done explicitly, as in Senate Bill 538 of 2023, merely obtaining three blood pressure readings that indicate hypertension and having medication prescribed for the condition are clearly inadequate indicators of actual disability warranting compensation.

Many first responders already enjoy statutory preferences unavailable to the vast majority of claimants, in the form of various presumptions that relieve them of the modest burden of proving the work-relatedness of certain injuries and illnesses. By proposing such a low threshold to demonstrate actual disability as a result of the claimed injury or condition, Senate Bill 844 would set a terrible precedent that severely undermines that workers’ compensation system.

For these reasons, APCIA urges the Committee to provide an unfavorable report on Senate Bill 844.

Nancy J. Egan,

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

Nancy.egan@APCIA.org Cell: 443-841-4174

SB0844-FIN_MACo_LOI.pdf

Uploaded by: Brianna January

Position: INFO



Senate Bill 844

Workers' Compensation - Occupational Disease Presumptions - Hypertension

MACo Position:

To: Finance Committee

LETTER OF INFORMATION

Date: March 5, 2024

From: Brianna January

The Maryland Association of Counties (MACo) offers the following **Letter of Information** regarding SB 844. This bill would greatly alter existing workers' compensation benefits for volunteer and paid firefighters experiencing hypertension by expanding eligibility and minimizing current requirements.

Current law grants volunteer and professional firefighters hypertension as a presumption for workers' compensation, eligible by death or disability. SB 844 would remove that death and disability eligibility requirement and instead grant the benefit even if the claimant is still able to work and even if they choose to continue doing so – a dramatic rethinking of the core notion of workers' compensation.

Furthermore, the bill would only require three blood pressure readings indicative of hypertension and the prescription of medication to qualify for the benefit. In doing so, the bill essentially changes the current statute of limitations to claim benefits, making it difficult to determine when hypertension started and whether it is attributable to firefighting or other factors like genetics and diet, as growing scientific evidence suggests.

Presumably, with the changes under SB 844, counties would experience an influx of volunteer and professional firefighters seeking workers' compensation benefits for hypertension, the vast majority of which would be approved for lifelong benefits under the new eligibility requirements of the bill.

MACo has a long history of opposing establishing presumptions for workers' compensation benefits. Public employers find themselves compensating for lifelong exposures where there is no material evidence to support the workplace as the origin of the illness. Courts have consistently ruled against employers on issues of presumptions, rendering these presumptions effectively irrebuttable. SB 844 would contribute to that imbalance.

As such, counties respectfully ask that the Committee consider the central principles of the workers' compensation program, and the information outlined in this letter, when reviewing SB 844.