

**SB1069 FAV.pdf**

Uploaded by: Morgan Mills

Position: FAV

March 5, 2024

Chair Beidle, Vice Chair Klausmeier, and distinguished members of the Finance Committee,

NAMI Maryland and our 11 local affiliates across the state represent a network of more than 58,000 families, individuals, community-based organizations, and service providers. NAMI Maryland is a 501(c)(3) non-profit dedicated to providing education, support, and advocacy for people living with mental illnesses, their families, and the wider community.

Public safety encompasses an array of professionals — from the dispatch call center to each aspect of emergency response and throughout the justice system. We call on these individuals every day to respond to emergencies and sustain our health and safety. These are difficult, often thankless jobs that require a willingness to face tough situations with expertise and composure, frequently while in harm's way.

Post traumatic stress is impacting first responders of every type all across the United States and around the world. Fire fighters, police officers, emergency medical personnel, and 911 dispatchers have record cases of PTSD diagnosis.

We recognize that for many first responders, cumulative trauma and shiftwork can feel overwhelming and take a toll on their mental wellness. Because of the unique nature of this work, NAMI MD believes that first-responders diagnosed with post-traumatic stress disorder that was suffered in the line of duty should be entitled to worker's compensation.

For these reasons, we urge a favorable report.

**SB1069 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**

Legislative Committee

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## **SB1069: Workers' Compensation – Occupational Disease Presumptions – First Responders**

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 1069: Workers' Compensation – Occupational Disease Presumptions – First Responders

The MSFA fully supports the adoption of this bill. We have seen first hand the toll that is taken mentally on our volunteer and career firefighter on a daily basis. We in the fire service have made many changes in the way we approach the emergencies that we are called to on a daily basis. At one time we had one of the highest fatality rates in all of industry. We have been able to lower our fatality rates to historic lows due to our efforts. The sad fact now is that we are losing more of our members to self inflicted suicide than we lose to response issues. We need for our members to be diagnosed and treated at an earlier time and that our working environment is the primary reason for this trend. PTSD is a real problem and we need real help with treating it and acknowledging that it is a workplace issue.

I thank the committee for their time and attention to this important bill and ask that you vote favorable on Senate Bill 1069.

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



# **SB1069 Testimony.pdf**

Uploaded by: Sarah Paul

Position: FAV



## **Statement of Maryland Rural Health Association (MRHA)**

To the Senate Finance Committee

Chair: Senator Pamela Beidle

March 4, 2024

### ***Senate Bill 1069: Workers' Compensation - Occupational Disease Presumptions - First Responders***

#### **POSITION: SUPPORT**

*Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 1069: Workers' Compensation - Occupational Disease Presumptions - First Responders.*

*First responders are an integral part of keeping our communities safe. Serving as a first responder is highly honorable, but with such honor and courage, comes hardships. Over 80% of all responders have endured traumatic events while on duty, which takes a toll on both the body and mind. One commonly seen mental health condition in first responders is post-traumatic stress disorder (PTSD). Due to the high rates of chronic stress and traumatic experiences with little time for recovery between events, the prevalence of PTSD in first responders is considerably higher than the general population. According to the Institute of Health, 1 in 3 first responders develop PTSD, while the average American has only a 1 in 5 chance of developing the disorder (n.d.). PTSD can be debilitating and can make it difficult for first responders to do their job properly. Strained relationships, unhealthy coping mechanisms, avoidance, shame, chronic pain, and suicide are only a few of many consequences that can come with untreated PTSD. First responders with an untreated mental illness including PTSD can result in inadequate critical thinking skills, poor situational awareness, low levels of confidence and clouded judgment; all skills which every first responder must use every day in their practice. There are existing programs and educational campaigns that target this exact issue, yet utilization of behavioral health services remains low among first responders. If resources exist, then why are first responders underusing these services? According to the Journal of Psychiatric Research, leading barriers for first responders seeking behavioral health care included but were not limited to fear of judgment from peers and leadership, fear of services lacking confidentiality, difficulty getting time off of work, and not knowing where to receive services. When participants were asked if the public stigma or their personal stigma has a larger influence on their decision to seek out care, nearly all participants chose the public stigma (Haugen et al., 2017). Before one can properly care for others, they must care for themselves first. Considering the influence of the public stigma on mental health over first responders, adding PTSD as an occupational disease under the correct circumstances, it not only encourages the individual to seek out care but also provides them with the financial means and availability to do so. The enactment of SB1069 will reduce the barriers first responders too often face when seeking out behavioral health care. Because of this, the Maryland Rural Health Association is in favor of SB1069.*

*On behalf of the Maryland Rural Health Association,  
Jonathan Dayton, MS, NREMT, CNE, Executive Director  
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Institutes of Health. (n.d.). PTSD in fire responders.

<https://institutesofhealth.org/ptsd-in-first-responders/#:~:text=According%20to%20the%20Substance%20Abuse,3%20first%20responders%20develop%20PTSD.>

Haugen, P. T., McCrillis, A. M., Smid, G. E., & Nijdan, M. J. (2017). Mental health stigma and barriers to mental health care for first responders: A systematic review and meta-analysis. *Journal of Psychiatric Research*, 94. <http://dx.doi.org/10.1016/j.jpsychires.2017.08.001>

# **Kagan SB1069 9-1-1 Worker's Compensation Testimony**

Uploaded by: Sen. Cheryl Kagan

Position: FAV



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**SB1069: Workers' Compensation - Occupational Disease Presumptions - First Responders**  
Senate Finance Committee: Tuesday, March 5, 2024, 1:00pm

***"9-1-1-- What is the location of your emergency?"***

Imagine answering the phone to hear 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 has 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 certainly our **"First, First Responders."**

The [National Emergency Numbers Association reports](#) 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 [18-24% of 9-1-1 Specialists experience PTSD](#) (Post-Traumatic Stress Disorder), and [23.9% exhibit symptoms of probable Major Depressive Disorder](#). The effects of trauma have likely worsened as Maryland has continued its transition to Next Generation 9-1-1, under which 9-1-1 Specialists are 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.

[Thirty-four states](#) allow First Responders to receive Workers' Compensation benefits for work-related, mental-health injuries under various stipulations (AK, AR, AZ, CA, CO, CT, FL, HI, ID, LA, MA, ME, MI, MN, MO, NE, NH, NM, NV, NY, OH, OK, OR, RI, SC, TN, TX, UT, VT, VA, WA, WI, WV, WY).

**The trauma associated with answering 9-1-1 calls is not hypothetical and cannot be overstated. In recent years, many of these First First Responders have died by suicide or had significant emotional breakdowns. That includes incidents here in Maryland.**

As amended, [SB1069](#) would examine the rates of attrition for 9-1-1 Specialists in three different time periods. A report by the Maryland Department of Emergency Management would be due by December 31, 2028.

With respect and gratitude to our dedicated, tenacious, and courageous public servants who save lives every day, **I urge you to give SB1069 a favorable report as amended.**

**SB1069-FIN\_MACo\_OPP.pdf**

Uploaded by: Brianna January

Position: UNF



## Senate Bill 1069

### *Workers' Compensation - Occupational Disease Presumptions - First Responders*

MACo Position: **OPPOSE**

To: Finance Committee

Date: March 5, 2024

From: Brianna January

The Maryland Association of Counties (MACo) **OPPOSES** SB 1069. This bill would categorize Post-Traumatic Stress Disorder (PTSD) as a presumed occupational disease eligible for workers' compensation for a lengthy list of public sector workers. Under Maryland's statutes and case law, this presumption would be effectively irrebuttable.

County opposition to the bill is not opposition to PTSD claims being determined as work-related and, therefore, compensable. The opposition is to the bill's presumption of compensability, which would place an undue burden on counties as the major employers 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 the burden of an even longer list of employee claims – even those that are hard to diagnose and link to professional exposure, like PTSD.

Counties honor and support our first responders, who, without question, experience challenging work requirements. However, SB 1069 creates an unreasonable and unenforceable standard. The bill skips past the process to determine if an individual suffers from PTSD because of their professional capacity and instead applies an effectively irrebuttable presumption that all such cases are work-related.

The financial implications of the presumption set by SB 1069 would be significant. SB 1069 creates a PTSD diagnosis as a presumed occupational disease; it also covers any lingering and permanent conditions related to PTSD. Counties would not only have to approve and pay claims related to PTSD, but they would also potentially have to do so indefinitely for each claimant. With more staff awarded compensated leave under SB 1069, local governments would need to hire additional personnel to ensure that law enforcement agencies, 9-1-1 call center staff, firehouses, and emergency response agencies are always fully staffed. Otherwise, Marylanders may experience longer wait times during emergencies. This would make Maryland less safe and would further strain emergency resources. For these reasons, MACo **OPPOSES** SB 1069 and urges an **UNFAVORABLE** report.

# **SB 1069 Chesapeake-IWIF Testimony.pdf**

Uploaded by: Lyndsey Meninger

Position: UNF



## Testimony of Chesapeake Employers' Insurance Company and Injured Workers' Insurance Fund in Opposition to Senate Bill 1069

SB 1069 proposes to add an occupational disease presumption under Labor and Employment, § 9-503 for “first responders”; including, but not limited to: firefighters (paid and volunteer), emergency medical services providers, rescue squad members, 9-1-1 specialists, law enforcement officers, and correctional officers for post-traumatic stress disorder (hereinafter, “PTSD”) diagnosed by a licensed psychologist or psychiatrist when the employee has completed two years within their role in the State as a first responder, and files a claim while working or within 18 months following separation with the employer.

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 “first responders” and is from case law: *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 Appellate Court 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. Of note, there is no requirement of a specific length of time in the employment or separation from the employment (outside of standard statute of limitation filings per the workers’ compensation statute) in order to file a claim for PTSD as an occupational disease or an accidental injury.

Based upon the case law described above, from 2018 to 2023, Chesapeake Employer’s Insurance and the Injured Workers’ Insurance Fund have 328 claims in which PTSD is in the accident/occupational disease description or have a paid medical bill with a PTSD diagnosis. Approximately 180 of the total claims above fit into the “first responders” as defined in Senate Bill 1069.

Finally, as with other presumptions, we can expect an increase of claims due to this addition to the statute, despite PTSD already being a compensable condition via case law, thereby significantly increasing the fiscal impact to state and local governments.

Given that PTSD is already a compensable condition via case law for all employees eligible for workers' compensation in the State of Maryland, without a requirement of a specific length of time in the employment or separation from the employment, Chesapeake Employers' Insurance Company and the Injured Workers' Insurance Fund must respectfully oppose Senate Bill 1069.

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**SB 1069 WC Presumptions First PTSD 03052024 UNF**

Uploaded by: Nancy Egan

Position: UNF



## Testimony of

### American Property Casualty Insurance Association (APCIA)

#### Senate Finance Committee

#### Senate Bill 169 -Compensation – Occupational Disease Presumptions - First Responders

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 169.

APCIA opposes Senate Bill 169, which would create a new and unwarranted presumption of compensability for post-traumatic stress disorder (PTSD) for a broad range of first responders. While first responders deserve the respect and admiration of all, in the interests of fairness they should retain the same modest burden of proving the work-relatedness of an injury or illness that other claimants have – and PTSD is already a compensable condition.

In general, mental stress claims are compensable where the work stress was both the predominant cause of the mental injury and extraordinary and unusual in comparison to pressures and tensions experienced by individuals in a comparable work environment. A higher compensability standard for so-called “mental-mental” claims (mental stress resulting in mental injuries) is both typical and appropriate in view of the greater challenge these claims present in connecting the injury to the workplace.

Consistent with this bedrock principle, the Maryland Court of Appeals held in *Means v. Baltimore County* (1997) that PTSD is compensable as an occupational disease if the claimant can prove that the disorder (i) was contracted as the result of and in the course of employment; (ii) caused the claimant to become incapacitated; and (iii) was due to nature of an employment in which the hazards of the occupational disease exist.

This bill would establish extremely weak criteria for creating a presumption of compensability that would require only a diagnosis of PTSD by a licensed psychiatrist or psychologist; two or more years of service as a first responder; and filing a claim either while employed or within 18 months afterwards. In contrast, legislation enacted a few years ago in Florida in response to the horrific Pulse nightclub shooting provides that PTSD in the absence of a physical injury suffered by a first responder must be demonstrated by clear and convincing medical evidence and result from one of eleven specified scenarios in which the first responder was exposed to the death of a minor, directly witnessed a homicide, or was in some way exposed to the death or ultimately fatal injuries of a person that involved “grievous bodily harm of a nature that shocks the conscience.”

According to NCCI's analysis of the Florida bill, "Due to the high prevalence of PTSD in firefighters, EMTs, and other first responders...the increase in compensable mental-physical claims or severity of mental-mental claims could be significant for these occupational classifications. Additionally, the award of indemnity benefits provides additional incentive to claim mental-mental benefits, which may result in increased utilization of the workers’ compensation system."

For these reasons, APCIA urges the Committee to provide an unfavorable report on Senate Bill 169.



Nancy J. Egan,

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