

DIR Issue Brief

Overview of the Behavioral Health of First Responders in California Using PTSD-Related Workers' Compensation Claims Data

September 4, 2018

In May 2017, Assemblymember Tim Grayson (District 14 and author of AB 1116) requested that the Commission on Health and Safety and Workers' Compensation (CHSWC) gather data and conduct a study on occupational behavioral health for emergency response personnel (firstresponders).

This issue brief summarizes the current peer-reviewed literature, details the current medical guidance for treatment, analyzes workers' compensation claims data, examines existing treatment models for consideration, and discusses trends in legislation on the topic in other states and differences between California's laws and legislation in those states.

Background

Post-traumatic stress disorder (PTSD) and extreme trauma are highly correlated. PTSD, according to the American Psychiatric Association, can develop following exposure to extreme trauma, which is defined as a terrifying event or ordeal that a person has experienced, witnessed, or learned about, particularly when it is life threatening or causes physical harm. The experience can cause a person to feel intense fear, horror, or a sense of helplessness. The stress caused by trauma can affect all aspects of a person's life, including mental, emotional, and physical well-being.¹

At least once in their lives, 70% adults in the US have experienced a traumatic event, and 20% of them develop PTSD. More than 13 million adults in the US (4% of the population) have PTSD at any given time, and over 21 million adults in the US (6% of the population) will develop PTSD during their lifetime.² Although treatment is available, it may be underutilized. A study of veterans recently found that lower treatment utilization derives from higher perceived public stigma of seeking treatment.³ A 2018 study of firefighters in South Korea found that perceived barriers to treatment accessibility (30%) and concerns about potential stigma (34%) were reasons for not receiving PTSD treatment.⁴ A cultural shift ("it's okay not to be okay") is widely acknowledged as necessary before emergency responders will take advantage of peer counseling services.

¹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets/>, accessed September 25, 2017.

² The current US population is 326 million, according to the US Census Bureau, <https://www.census.gov/popclock/>, accessed September 25, 2017; Sidran Traumatic Stress Institute, Post Traumatic Stress Disorder Fact Sheet, <http://www.sidran.org/resources/for-survivors-and-loved-ones/post-traumatic-stress-disorder-fact-sheet/>, accessed September 25, 2017.

³ Kulesza M, Pedersen E, Corrigan P, Marshall G (2015). Help-Seeking Stigma and Mental Health Treatment Seeking Among Young Adult Veterans. *Military Behavioral Health*, 3(4), 230–239. <http://doi.org/10.1080/21635781.2015.1055866>

⁴ Kim JE, Dager SR, Jeong HS, Ma J, Park S, Kim J, Lyoo IK. Firefighters, posttraumatic stress disorder, and barriers to treatment: Results from a nationwide total population survey. *PLoS ONE*, 2018;13(1), e0190630. <http://doi.org/10.1371/journal.pone.0190630>

Significant differences are found between men and women as well. One in 10 women will get PTSD at some time in their lives. Women are about twice as likely as men to develop PTSD.⁵ Epidemiological studies have repeatedly found that men and women differ in their risk of trauma exposure and in their risk of PTSD.⁶ Men have a higher risk than women of exposure to traumatic events during their lifetime. Lifetime prevalence of PTSD is 10-12% in women and 5-6% in men.⁷ Evidence of gender differences has also emerged in the type of trauma exposure and the related presentation of illness or comorbidity.⁸

Female police officers reported life-threatening or private events more often than men and suffered from more PTSD symptoms than their male colleagues.⁹ Among police officers who responded during and after the World Trade Center attack in 2001, female police officers had a significantly higher prevalence of probable PTSD.¹⁰

People at risk of developing PTSD include:

- Anyone who has been victimized or has witnessed a violent act or who has been repeatedly exposed to life-threatening situations
- Survivors of domestic or intimate partner violence
- Survivors of rape or sexual assault or abuse
- Survivors of physical assault, such as mugging or carjacking
- Survivors of other random acts of violence, such as those that take place in public, in schools, or in the workplace
- Children who are neglected or sexually, physically, or verbally abused, or adults who were abused as children
- Survivors of unexpected events in everyday life, such as:
 - Car accidents or fires
 - Natural disasters, such as tornadoes or earthquakes
 - Major catastrophic events, such as a plane crash or terrorist act
 - Disasters caused by human error, such as industrial accidents
- Combat veterans or civilian victims of war

⁵ Sidran Traumatic Stress Institute, Post traumatic stress disorder fact sheet, <http://www.sidran.org/resources/for-survivors-and-loved-ones/post-traumatic-stress-disorder-fact-sheet/>, accessed September 25, 2017.

⁶ Ditlevsen DN, Elklit A. Gender, trauma type, and PTSD prevalence: A re-analysis of 18 Nordic convenience samples. *Ann Gen Psychiatry*. 2012;Oct 29;11(1):26. doi: 10.1186/1744-859X-11-26

⁷ Olf M Sex and gender differences in post-traumatic stress disorder: An update. *Europ J Psychotraum*. 2017;8:sup4. DOI: 10.1080/20008198.2017.1351204

⁸ Yehuda R. Biology of posttraumatic stress disorder. *J Clin Psychiatry*. 2001;62. Suppl 17:41-6.

⁹ Van der Meer CAI, Bakker A, Schrieken BAL, Hoofwijk MC, Olf M. Screening for trauma-related symptoms via a smartphone app: The validity of smart assessment on your mobile in referred police officers. *Intern J Methods in Psysc Res*. 2017;26(3), e1579. <http://doi.org/10.1002/mpr.1579>

¹⁰ Cone JE, Li J, Kornblith E, Gocheva V, Stellman SD, Shaikh A, Schwarzer R, Bowler RM. Chronic probable PTSD in police responders in the World Trade Center health registry ten to eleven years after 9/11. *Am J Ind Med*. 2015 May;58(5):483-93. doi:10.1002/ajim.22446

- Those who have been diagnosed with a life-threatening illness or who have undergone invasive medical procedures
- People who learn of the sudden unexpected death of a close friend or relative
- **Professionals who respond to victims in trauma situations, such as emergency medical service workers, police, firefighters, those in the military, and search-and-rescue workers**

The last group is the focus of this study.

Guidance for Treatment

Labor Code section 3208.3 provides that first responders or any other employee in California who suffers a job-related psychiatric disability can file a claim for workers' compensation to receive benefits. Every case is reviewed based on the specific fact, with no exclusions for firstresponders.

The Medical Treatment Utilization Schedule (MTUS) offers guidance for workers' compensation (WC) doctors to ensure the streamlined delivery of medical treatment for behavioral health disorders, such as PTSD. Through a combination of MTUS guidelines and the MTUS medical evidence and search sequence, appropriate guidance is available to address any condition.

Currently, the MTUS treatment guidelines include "stress-related conditions" per the California Code of Regulations (CCR) Title 8, section 9792.23.8. In general, treating doctors review this guideline to see whether it addresses the patient's condition. If so, they determine whether it supports the treatment that they would like their patient to receive. If the MTUS treatment guidelines do not cover their patient's condition or do not support the desired treatment plan, then treating doctors follow the MTUS Medical Evidence Search Sequence (CCR 9792.21.1).

The MTUS Medical Evidence Search Sequence is very broad and comprehensive and gives treating doctors the ability to provide information from a variety of sources to support their treatment requests.

Insight from Claims Data

Data Sources for Workers' Compensation Claims

California's Workers' Compensation Information System (WCIS) uses electronic data interchange (EDI) to collect comprehensive information from claims administrators to help the Department of Industrial Relations oversee the state's WC system. Electronic transmission of the first report of injury has been required since March 1, 2000, and electronic versions of benefit notices were mandated as of July 1, 2000. Electronic reporting of medical billing data is required for any medical service that occurs on or after September 22, 2006.

For the purpose of this analysis, staff used data from the WCIS extracted on July 19, 2017, for claims and bills reported with a date of injury between January 1, 2012, and December 31, 2016. To isolate PTSD-related claims, staff relied on diagnosis code PTSD (ICD-9 diagnosis code 309.81; ICD-10 diagnosis codes F431 [F43.1], F4310 [F43.10], F4311 [F43.11], F4312 [F43.12]). To isolate the first-responder cohort,

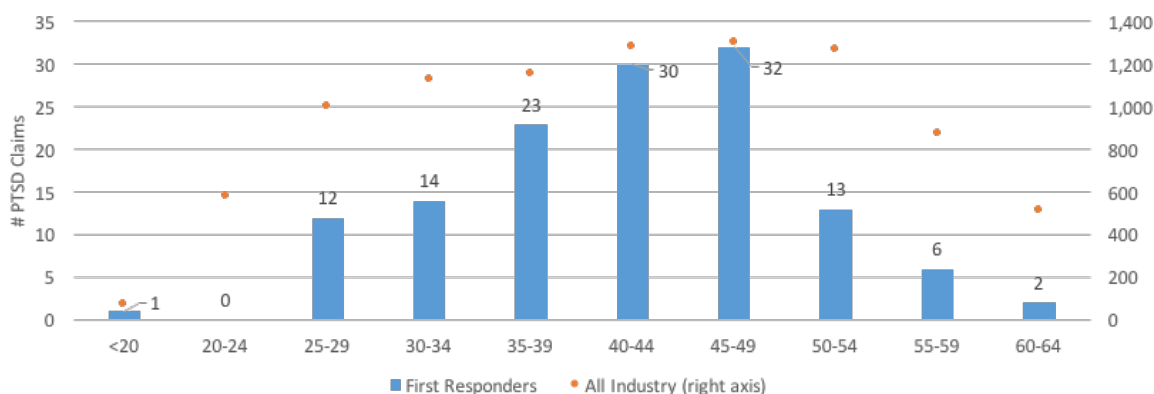
claims were identified using NAICS codes 922120, 922160, 922190, and 621910. The resulting small sample size ($N = 133$) of eligible cases reported for first-responder PTSD WC claims suggests that findings should be interpreted with caution.

Claim information obtained from the WCIS included age, gender, nature of injury, cause of injury, claim duration, job tenure, provider specialty, instances of multiple claims, geographic distribution of claims, amount of services paid, services/treatment types billed.

Findings

As shown in Figure 1, nearly half (47%) of first-responder PTSD claimants were 40-49 years old when the injury occurred. In the United States, the median age of firefighters in 38.6 years,¹¹ and the median age of police officers is 39.7 years.¹²

Figure 1. Comparison of PTSD WC Claims (First Responder versus All Industry), by Age Group of Injured Worker, 2012-2016



Source: WCIS database.

Gender differences among first responders differ from those in all industries (see Figure 2). These differences are salient in view of the wide gap between men and women in labor force participation as first responders and generally. Among first-responder PTSD claimants, 70% were male, but in all industries, men comprised just over half. Both nationally and in the state, the first-responder labor force participation rate is lower among women than men: Women represent 4% of firefighters in the United States¹³ and 13% of full-time law enforcement officers in California.¹⁴

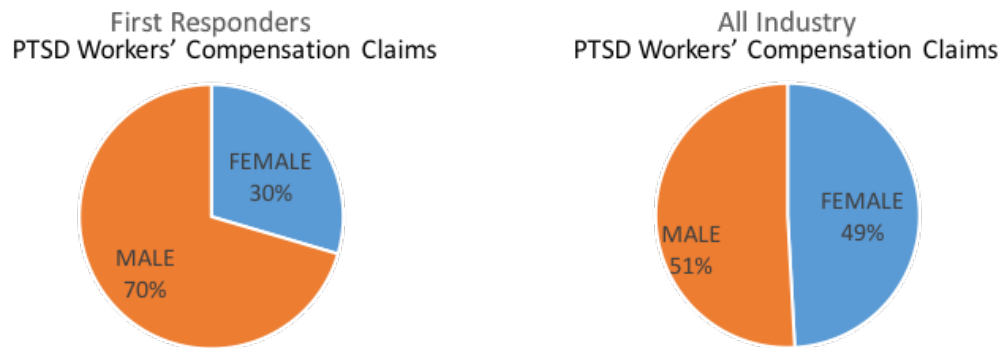
¹¹ ACS PUMS 5-Year Estimate, Census Bureau, <https://datausa.io/profile/soc/332011/>, accessed July 25, 2017.

¹² Based on 2016 data in the Current Population Survey (CPS) conducted by the US Census from the Bureau of Labor Statistics, <https://www.bls.gov/cps/cpsaat11b.htm>, accessed July 26, 2017.

¹³ See note 5.

¹⁴ Based on 2015 data, US Department of Justice, <https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015/tables/table-77/>, accessed July 26, 2017.

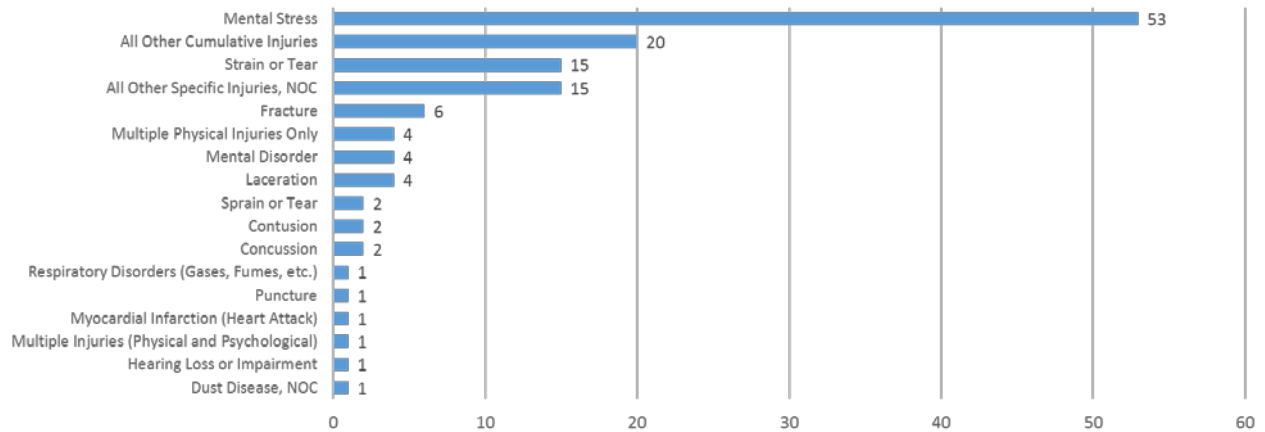
Figure 2. Gender Distribution of PTSD Workers' Compensation Claims for First Responders and All Industry, 2012-2016



Source: WCIS database.

“Nature of injury” identifies the primary physical characteristics of an injury. Mental stress was reported as the “nature of injury” for 40% (53 claims) of first-responder PTSD WC claims (see Figure 3).

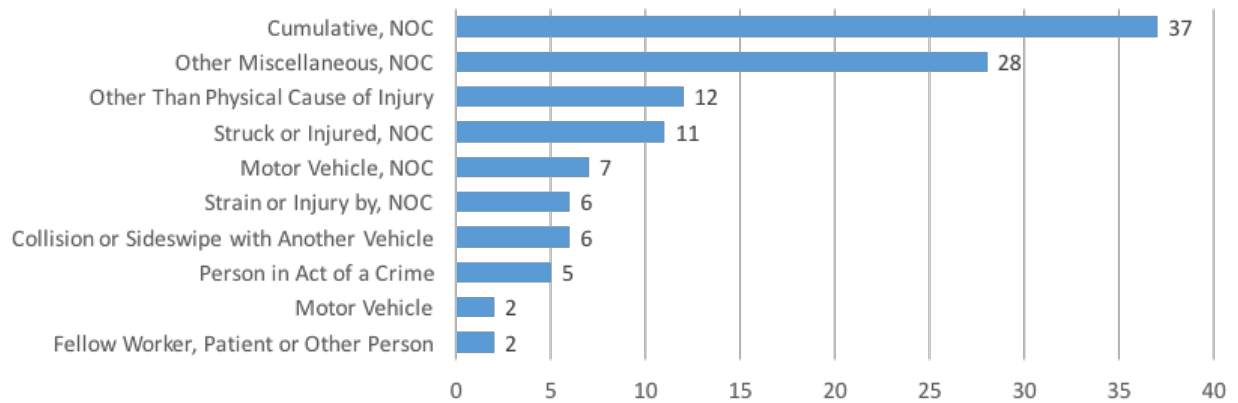
Figure 3. Nature of Injury for First Responder PTSD WC Claims, Ranked by most frequently reported, 2012-2016



Source: WCIS database.

Cumulative injury was reported as the cause of 28% (37 claims) of first-responder PTSD workers' compensation claims (see Figure 4).

Figure 4. Ten Most Frequently Reported Causes of Injury for First Responder PTSD WC Claims, 2012-2016



Source: WCIS database.

In terms of employment tenure with the current employer when injured, 25% of all industry claims were filed in the first year on the job while tenure with job at injury varied for first responders (see Figure 5). Because of limited reporting of date of hire and/or claim closed date in WCIS, the number of cases reflecting the tenure for first responders is rather small ($N = 46$), therefore the data are insufficient to reliably assess any trend.

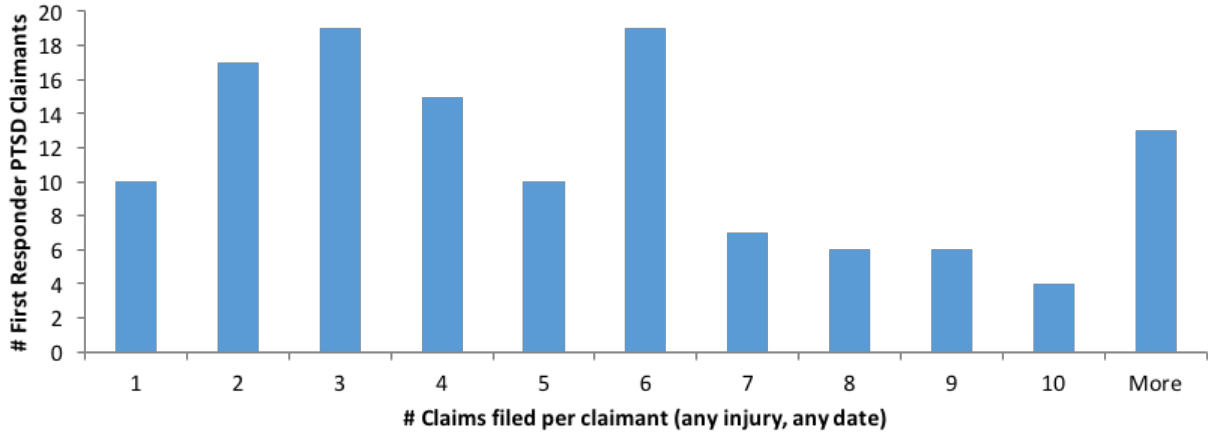
Figure 5. Tenure for Reported PTSD Claims, 2012-2016



Source: WCIS database.

To examine whether PTSD claims were filed in isolation, the staff reviewed the data for all injury claims filed at any time for first responders who filed PTSD WC claims in 2012-2016. This enabled the staff to determine whether additional claims were associated with the same injured worker. Overall, 92% of first responders who filed PTSD WC claims filed additional injury claims (see Figure 6).

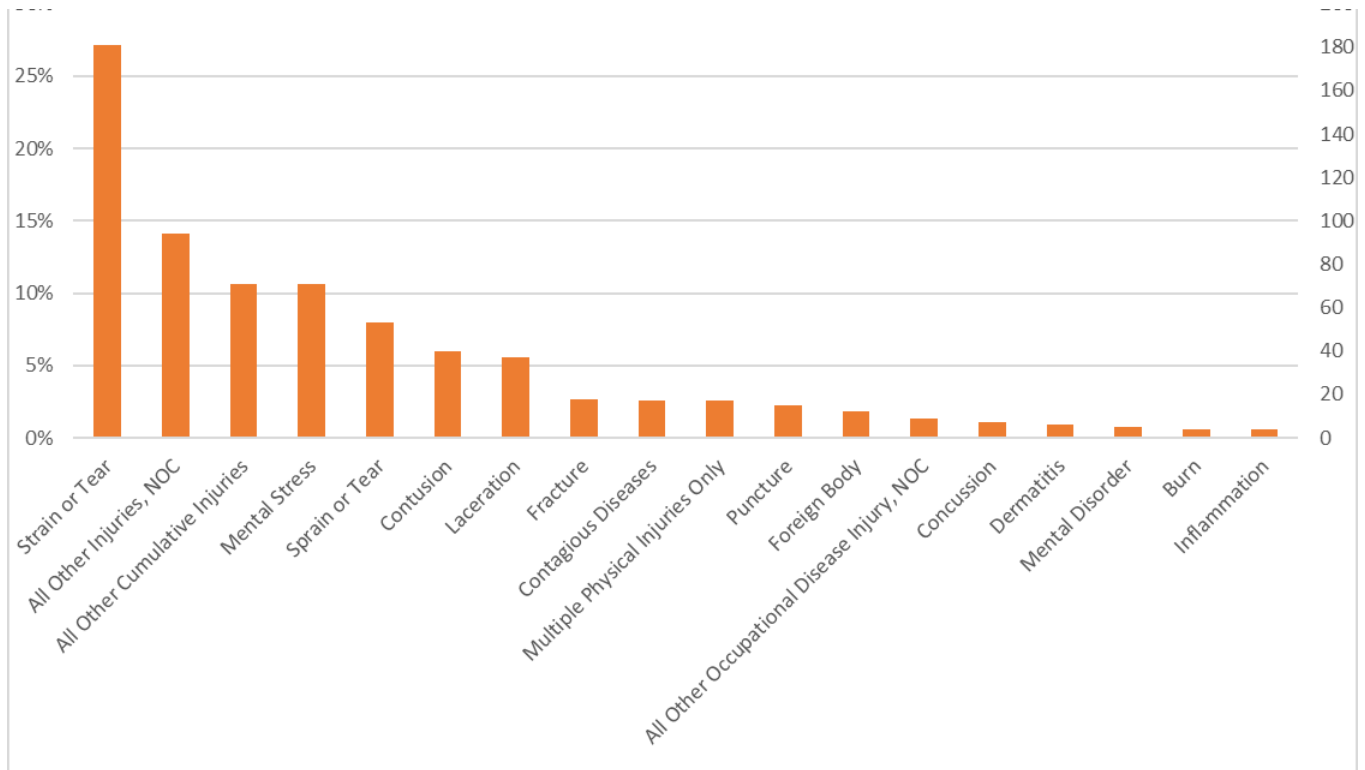
Figure 6. Total Claims Filed for First Responders Who Filed PTSD WC Claims



Source: WCIS database.

Of the distinct additional claims filed by first responders who filed PTSD WC claims in 2012-2016, over a third (34%) were for strain, sprain, or tear injuries. “Other injuries” comprised 13%, followed by cumulative injuries and mental stress, each representing 10% of the other WC claims filed (see Figure 7).

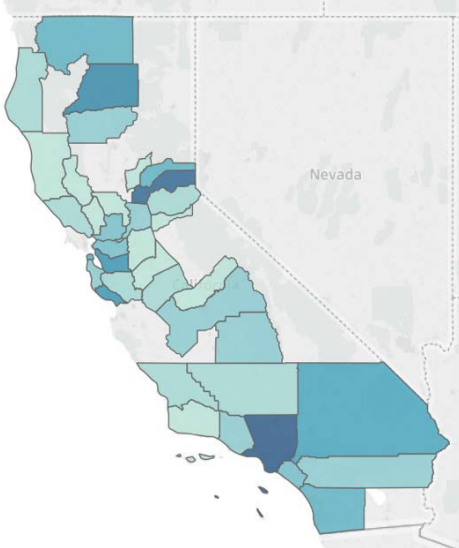
Figure 7. Types of Other Injuries Filed by First Responders Who Filed PTSD WC Claims in 2012-2016



Source: WCIS database, extracted September 25, 2017.

First-responder PTSD claims were distributed throughout California, as shown in the geographical mapping in Figures 8 and 9.

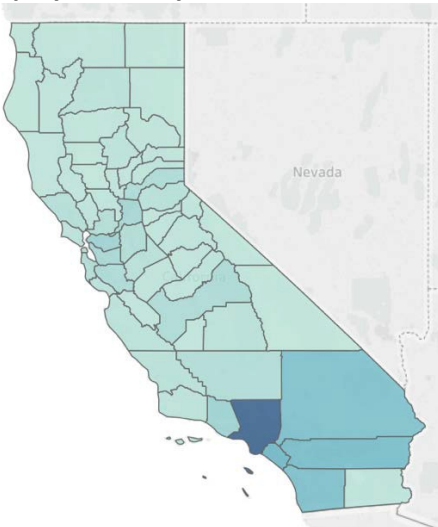
Figure 8. First-Responder PTSD Workers' Compensation Claims for Dates of Injury in 2012-2016, by Employee County



Source: WCIS database.

Note: Map is based on generated longitude and latitude from employee county data. Darker color indicates density of claims.

Figure 9. All Police and Firefighter Workers' Compensation Claims with Date of Injury in 2012-2015 by Employee County



Source: WCIS database.

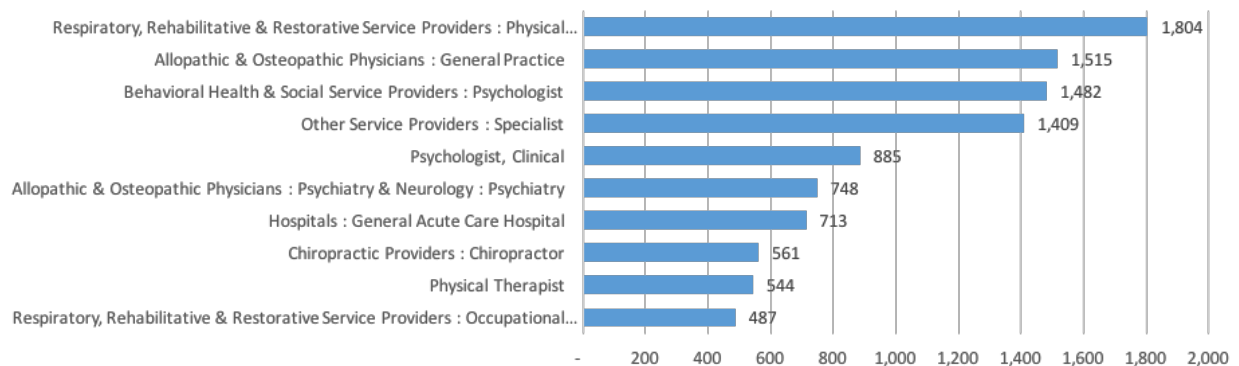
Note: Map is based on generated longitude and latitude from employee county data. Darker color indicates density of claims. Data are filtered on date of injury year for 2012, 2013, 2014, and 2015.

At the time of the extracted data from the WCIS, \$2,067,037 was paid for medical services for first-responder PTSD WC claims, averaging \$15,659 per claim.

Specific Treatment Requests and the Outcome of Those Requests

Physician specialty provides insight into the types of treatment that workers receive. In addition to general practice, physical therapy and psychology lead in physician specialties for first-responder PTSD WC claims (see Figure 10).

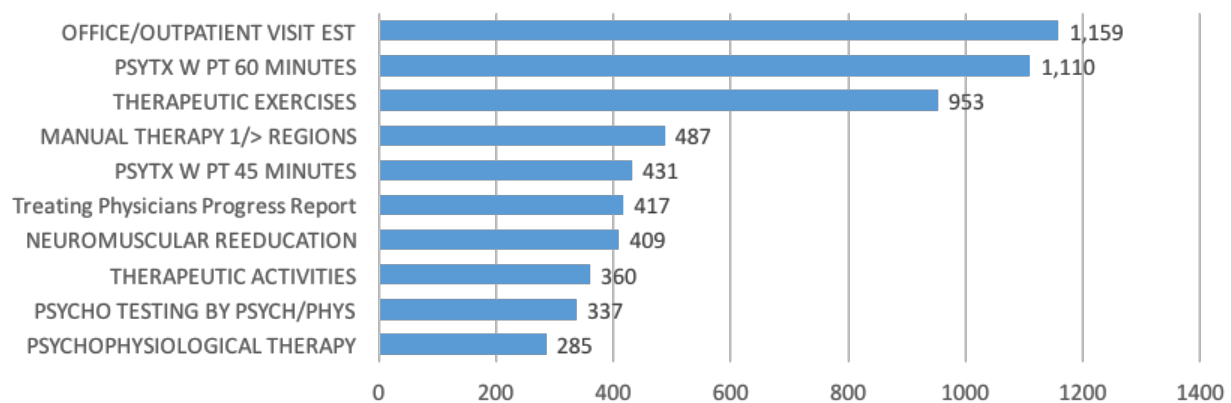
Figure 10. Most Frequently Reported Physician Specialty for First Responder PTSD WC Claims, 2012-2016



Source: WCIS database.

Physical and other therapies comprise the most frequently billed PTSD-related treatments for first-responder PTSD workers' compensation claims (see Figure 11).

Figure 11. Most Frequently Billed Medical Service for First Responder PTSD WC Claims, 2012-2016



Source: WCIS database.

Information from the Independent Medical Review (IMR) database provides insight into treatment requests and outcomes. California's WC system uses IMR to resolve disputes over the medical treatment of injured employees. As of July 1, 2013, medical treatment disputes for all dates of injury are resolved by physicians through IMR. For this study, PTSD claim data from IMR were extracted May 24, 2017, for requests filed January 1, 2013, to May 24, 2017. To isolate cases related to PTSD, the staff used primary diagnosis code PTSD (ICD-9 diagnosis code 309.81; ICD-10 diagnosis codes F431 [F43.1], F4310 [F43.10],

F4311 [F43.11], F4312 [F43.12]). IMR data revealed 694 unique IMR claimants with a listed PTSD-related diagnosis. Not including ineligible applications or withdrawn or terminated cases, 1,138 IMRs were reviewed and decided for these unique claimants. Table 1 shows the geographic distribution of these cases.

Table 1. IMR Cases for PTSD-Related Diagnosis, 2013-2017, by Injured Worker Location

Location of injured worker	Total
Los Angeles	285
Bay Area	244
Inland Empire	232
Central Valley	79
Central Coast	78
San Diego	71
Out-of-State	66
Eastern Sierra Foothills	34
North State/Shasta	25
Sacramento Valley	24
Total	1,138

Source: IMR database.

Although IMR generally upheld utilization review (UR) decisions on filings related to PTSD, the overturn rate was higher for several PTSD-related filings than the general overturn rates for the same treatments, as highlighted in yellow for pharmacy (801 cases) in Table 2, with a 12% overturn rate for PTSD cases compared with 7% for general cases. Diagnostic testing (107 cases) had an overturn rate for PTSD-related cases of 21% versus 9% for general cases. Psych services (607 cases) showed a lower overturn rate (14%) for PTSD-related cases than for general cases (18%).

Table 2. PTSD-Related IMR Treatment Requests, 2013-2017

PTSD Related IMR Treatment Requests 2013-2017			
Category of Treatment	Total No. of Requests	Overturn Rate	General Overturn Rate (based on 2016 data)
Diagnostic Testing	107	21%	9%
Equipment, supplies (DMEPOS)	38	26%	7%
Evaluation & Management	36	33%	20%
Home Health Care	9	0%	6%
Injection	16	25%	10%
Pharmacy	801	12%	7%
Programs	17	6%	10%
Psych Services	607	14%	18%
Rehabilitation	146	5%	7%
Surgery	21	10%	10%
Therapies (unspecified)	17	18%	8%

Source: IMR database.

Existing Programs and Approaches

Several model treatment programs are available. We examined some of them to determine which had demonstrated evidence of effectiveness.

West Coast Post-Trauma Retreat (WCPTR)

The mission of WCPTR is to provide a safe and confidential environment for the promotion of healing, education, and support to those in emergency services professions. Sponsored by the First Responder Support Network, the program began in 2001 and is modeled after the On-Site Academy in Massachusetts. A six-day residential program includes individual therapy and intensive debriefings in a group setting with culturally competent clinicians, peers, and a chaplain. An emphasis of the program is to teach first responders how to recognize and understand how their careers contribute to their stress through Emergency Responder Exhaustion Syndrome (ERES).¹⁵ Treatment includes a post-retreat 90-day follow-up treatment plan with action steps.

WCPTR was evaluated in 2010¹⁶ and 2012,¹⁷ with evidence of immediate and significant (respectively) symptom reduction in severity and number across all ten clinical subscales to normative levels post-intervention.

California Peer Support Association (CPSA)

The mission of CPSA as a professional and educational organization is to advance, promote, and enhance peer support programs for law enforcement and fire and allied emergency service personnel. Peer support is a process in which a person discusses a personal issue with a nonprofessional, usually a friend or a coworker. People often select a peer support person primarily based upon trust. Most only share problems with someone considered credible, able to listen without judgment, and capable of maintaining confidentiality. The program is operated by volunteers and hosts a three-day annual conference with 75-150 attendees in Ventura, California. Although no currently documented evidence is available on its effectiveness, the program has received positive endorsements.

¹⁵ Fay J, Kamena, MD, Benner A, Buscho A, Nagle D. Emergency responder exhaustion syndrome (ERES): A perspective on stress, coping and treatment in the emergency responder milieu. 2006. <http://www.frsn.org/LiteratureRetrieve.aspx?ID=121968/>, accessed June 22, 2018.

¹⁶ Cantrell SA. The change in first responder's trauma symptoms after participation in a residential recovery program, PhD diss., Wright Institute Graduate School of Psychology. 2010. http://www.frsn.org/literature_123582/The_Change_in_First_Responder's_Trauma_Symptoms_after_Participation_in_a_Residential_Recovery_Program/, accessed June 22, 2018.

¹⁷ Dunnigan R. Emergency responders' trauma symptoms following the West Coast post-trauma retreat recovery program. PhD diss., California School of Forensic Studies. 2012. http://www.frsn.org/literature_121948/Emergency_Responders'_Trauma_Symptoms_Following_the_West_Coast_Post-Trauma_Retreat_Recovery_Program/

Additional Programs to Consider

The US Department of Veterans Affairs launched a program to ensure that all veterans with PTSD receive evidence-based cognitive-behavioral therapy. The US Army developed post-deployment early interventions that reduce the risk of the disorder.¹⁸ Both may offer insight into best practices and effective approaches to address PTSD.

Advancements in Technology

An innovative scanning technique is being tested and was found to accurately diagnose PTSD. This type of brain scan, called magnetoencephalography (MEG), could offer the first biological test to enable earlier diagnosis and intervention.¹⁹ The scan correctly identified 97% of patients whom psychologists previously determined were suffering from PTSD.

Comparable Legislation

To understand and learn from other states²⁰ that are considering the best approaches for addressing PTSD for first responders, we conducted an analysis of state bills, including provisions incorporated by reference, in their immediate statutory context. For a detailed review, see the Appendix.

Across states, bills expanded access by adding eligible occupations or benefits, establishing presumptions on coverage, eliminating restrictions on the circumstances of the injury, and specifying causes, such as repetitive trauma. Further study and monitoring of the issue was recommended as well. In terms of diagnosis, legislation differed. Some bills referred to PTSD specifically while others referenced broader diagnoses. Definitions of PTSD defer to mental health professionals or standards. Benefits range from limited licensed counseling sessions with copayments or via teleconference to full medical and paid leave. Limitations vary and include exams, length-of-service requirements, and qualifying clauses.

¹⁸ McNally RJ. Are we winning the war against posttraumatic stress disorder? *Science* 2012;336(6083): 872-874. <https://dash.harvard.edu/handle/1/8916494/>, doi:10.1126/science.1222069

¹⁹ Storrs C. Brain scan offers first biological test in diagnosis of post-traumatic stress disorder. *Scientific American* 2010 Jan 22. <https://www.scientificamerican.com/article/ptsd-diagnosis-brain-imaging-meg-neural-communications/>, accessed June 22, 2018.

²⁰ According to NCCI: All 50 states and the District of Columbia specifically address WC compensability for mental-mental and mental-physical injuries, by statute, regulation, or case law. WC laws vary greatly across the country, with approximately half the jurisdictions allowing compensation for mental-mental injuries or illnesses under limited circumstances. Compensable mental-mental injuries must typically be considered extraordinary and the predominant or substantially contributing cause. Other jurisdictions generally allow for compensability only for mental-physical injuries. Source: https://www.ncci.com/Articles/Pages/II_Insights-PTSD-Injuries.aspx. Full resource: <https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/House%20Commerce/Bills/H.197/H.197~John%20Hollar~Compensability%20for%20Workers%20Compensation%20mental%20Injuries%20~3-16-2017.pdf>.

Conclusions

California's MTUS treatment guidelines and medical evidence search sequence offer appropriate guidance for behavioral health disorders, including PTSD. Pursuant to Labor Code section 3208.3, all workers, including first responders, are covered by workers' compensation insurance. The evidence shows that cases are underreported and associated stigma prevents care-seeking behavior in general (including first responders and veterans). Although men have a higher risk of exposure, women have a higher risk of developing PTSD. A variety of programs are available to first responders in California, with limited but encouraging evidence on their effectiveness. Considering the variety of legislative efforts underway across the country, California may benefit from drawing on these examples and the experiences of others.

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EMDR for first responders & protective services. <https://emdria.site-ym.com/general/custom.asp?page=752/>.

Expert guidelines: Diagnosis and treatment of post-traumatic stress disorder in emergency service workers. http://www.blackdoginstitute.org.au/docs/default-source/default-document-library/ptsd_expert-guidelines_2015.pdf?sfvrsn=4/.

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Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579	
Status	Status quo	Passed unanimously in House; currently in Senate	Signed May 2016	Signed June 2017	Referred by Senate to Committee on Appropriations April 2016	Signed March 2018	Signed July 2017
Synthesis	Establishes a higher threshold of WC compensability for psychiatric injury	Creates Peer Support and Crisis Referral Services Pilot Program to test prevention of post-traumatic stress injuries by enabling confidential peer support and crisis referral services for emergency service personnel and state correctional officers.	Entitles worker to limited counseling without creating a presumption of entitlement to WC benefits.	Eliminates requirement that the event causing PTSD be outside the worker's typical job responsibilities.	Eliminates physical injury requirement and makes workers eligible for WC paid leave under certain circumstances that currently only occasion medical benefits.	Makes PTSD an occupational disease compensable by WC benefits, eliminating physical injury requirement for indemnity benefits.	Shifts burden of proof; a worker who can show that the work stress causing PTSD was extraordinary in comparison to that of the average employee, as well as the predominant cause, gets a rebuttable presumption that PTSD arose out of and in the course of employment.
Industry	Unspecified	Emergency services	Public safety	Public safety professionals (Occupations covered are not explicit in the bill itself. This designation is from the Final Fiscal Note.)		First responders	Law enforcement officers and first responders

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Status	Status quo	Expected to pass	In committee since January 2018	Referred to committee April 2017	Status quo	Recommended to Committee on Judiciary on 05/31/16 (companion H. 3699 dead)	Signed May 2018
Synthesis	Requires worker to show that employment conditions were extraordinary and unusual in comparison to the normal conditions of the particular employment, as well as causation.	Establishes commission to study incidence of PTSD in first responders and whether it should be covered under workers' compensation	Eliminates requirement that stress be greater than that which usually occurs in the normal work environment and adds corrections officers to the list of occupations for whom stress-related WC claims are compensable.	Adds WC benefits for PTSD without an accompanying physical injury, unless worker receives disability retirement benefits based on the same injury.	To be a compensable occupational disease, a mental disorder must arise out of and in the course of employment from "activities to which an employee is not ordinarily subjected or exposed other than during a period of regular actual employment therein."	Redefines "personal injury" to include PTSD and eliminates requirement that the precipitating cause be extraordinary in comparison to the normal conditions of the particular employment.	Provides referral list and limited counseling with co-pays for PTSD (expressly not as a WC benefit), as well as annual training for local mental health service providers.
Industry	First responders and frontline state employees	First responders	Public safety worker (including volunteers); includes state, city, and municipal corrections officers.	Safety service workers		First responders	Public safety

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Status	Signed June 2017	Signed June 2017	Signed March 2018	Failed to pass House March 2018; acquired a new sponsor April 2018	Royal assent April 2016	Royal assent May 2017
Synthesis	Makes PTSD a compensable injury if caused by events occurring in the course and scope of employment and the preponderance of the evidence indicates the work was a substantial contributing factor.	Provides for mental health parity in WC insurance, making PTSD a compensable personal injury absent an accompanying physical injury and establishing the presumption that PTSD was incurred during service in the line of duty.	Establishes presumption that PTSD (including from cumulative trauma) is an occupational disease, shifting the burden of proof to the employer/insurer.	Creates presumption that PTSD arose out of employment, eliminating requirement of unusual stress of greater dimensions than the day-to-day emotional strain and tension experienced by similarly situated employees and making cumulative trauma compensable	PTSD is presumed to have arisen out of and in the course of employment unless the contrary is shown.	Provides benefits for traumatic mental stress, including PTSD, arising out of and in the course of employment (personnel actions excluded).
Industry	First responders		First responders	Public safety	First responders	All

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579	
Occupations	Unspecified	Correctional peace officers, parole officers, and firefighters	Peace officer, firefighter, public safety employee	Peace officers, emergency medical service providers, firefighters, correctional officers (listed in Fiscal Note)	Police officers and firefighters	Firefighters, paramedics, emergency medical, technicians, and law enforcement officers	Law enforcement officer, firefighter, corrections officer, or emergency medical services worker

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Occupations	Sheriff, deputy sheriff, police officer, officer of the Nebraska State Patrol, volunteer or paid firefighter; licensed advanced emergency medical technician, emergency medical responder, emergency medical technician, or paramedic, volunteer or paid, who provides medical care to prevent loss of life or aggravation of physiological or psychological illness or injury; employee of the Department of Correctional Services or the Department of Health and Human Services whose duties involve regular and direct interaction with high-risk individuals	Police officers, fire persons, and emergency medical service providers	Correction officer, sergeant, captain, corporal, lieutenant, deputy warden, or warden EMPLOYED BY THE NY STATE DEPT OF CORRECTIONS AND COMMUNITY SUPERVISION, THE DEPT OF CORRECTION OF THE CITY OF NEW YORK, OR ANY COUNTY OR MUNICIPALITY would be added to this list: police officer or firefighter subject to section thirty of this article [no definition], or emergency medical technician, paramedic, or other person certified to provide medical care in emergencies, or emergency dispatcher.	Peace officers, firefighters, and emergency medical workers, including volunteers; also covers an off-duty peace officer, off-duty firefighter, or emergency medical worker of an ambulance service or emergency medical service organization who responds to an emergency, regardless of location, as they would if on duty in their jurisdiction.		Law enforcement officer, firefighter, emergency medical technician or paramedic employed by state or local government, including volunteers; includes an employee of a municipality acting outside the municipality's limits when employment was ordered by a duly authorized employee of the municipality.	Emergency medical worker or professional firefighter

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Occupations	Peace officer, emergency care attendant, emergency medical technician (3 types), paramedic, or firefighter employed by a political subdivision of this state.	Police officers, firefighters, and rescue or ambulance workers	Firefighters, emergency medical technicians, and law enforcement officers (not covered: volunteer firefighters, reserve police officers, or other professional first responders depending on membership in certain state retirement plans, according to https://www.colburnlaw.com/washington-state-first-responders-eligible-ptsd-benefits/)	Law enforcement officer, fire fighter, or emergency services personnel	Full-time, part-time, and volunteer firefighters; fire investigators; police officers; members of an emergency response team; paramedics; emergency medical attendants; ambulance service managers; workers in a correctional institution or a place of secure custody or secure temporary detention; dispatch workers; also anyone who was a listed worker for at least one day on or after transition day (24 months before the day on which statute comes into force).	All workers

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Occupation Definitions		<p>“Emergency service personnel” means a correctional peace officer or parole officer, as defined in Section 830.5 of the Penal Code and employed by the Department of Corrections and Rehabilitation, or a firefighter, paramedic, emergency medical technician, or dispatcher employed by the state or a political subdivision.</p>	<p>"Public safety employee" - member of the Public Safety Retirement System or Corrections Officer Retirement Plan; public probation, surveillance, or juvenile detention officer</p>		<p>"Police officer" means member of State Police, an organized local police department, or a municipal constabulary; "firefighter" means uniformed member of a municipal paid or volunteer fire dept.</p>	<p>§ 112.1815(1): “First responder” means a law enforcement officer as defined in § 943.10, a firefighter as defined in § 633.102, or an emergency medical technician or paramedic as defined in § 401.23 employed by state or local government, including volunteers.</p>	<p>See 39-A § 328-A(1)</p>

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Occupation Definitions				<p>"Firefighter" belongs to a lawfully constituted fire department; "emergency medical workers" include first responders and emergency medical technicians; see Bill Analysis (https://www.legislature.ohio.gov/download?key=7986&format=pdf) or Ohio Rev. Code § 2935.01(B) for long list of workers identified as "peace officers."</p>			<p>"Public safety employee" means an emergency medical worker or professional firefighter who is a paid, full-time employee of this state, a local government, or any other political subdivision.</p>

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Occupation Definitions	"Peace officer" - see long list in Criminal Procedure Code § 2.12; "firefighter" - certified by TX Commission on Fire Protection under Gov Code Ch 419, with firefighting and aircraft crash and rescue as principal duties (includes certified volunteers); "emergency medical services personnel" are listed without definitions in Health and Safety Code § 773.003(10) (license/certificate required by § 773.041).	"Firefighter" - member of a state, municipal, county, or privately organized fire department who is responsible for fire suppression, prevention, or investigation, or fire-related rescue, and receives compensation for performing fire service duties of a predictable and continuing nature more than 32 hours per week and more than 25 weeks per year (20 V.S.A. § 3151); "police officer" - law enforcement officer certified by the Vermont Criminal Justice Training Council pursuant to 20 V.S.A. chapter 151; "rescue or ambulance worker" - licensed ambulance or first responder service, emergency medical personnel, or volunteer as defined in 24 V.S.A.	"Firefighter" - person actively (or formerly) employed on a full-time, fully compensated basis as a member of a city or county fire department in a position which requires passing a civil service exam, or where the fire department does not have a civil service exam or is a private sector employer that employs over fifty firefighters, or as supervisory firefighter personnel, or as a full-time, fully compensated emergency medical technician who meets the requirements of § 18.71.200 (completed EMT course, trained to perform specific phases of advanced cardiac and trauma life support, and certified) or 18.73.030(12) (authorized to render emergency medical care pursuant to §	"Law enforcement officer" - person employed by the state or any political subdivision to detect and prevent crime and enforce laws or ordinances and who is authorized to make arrests (including university police and conservation warden); "fire fighter" – not defined; "emergency medical services practitioner" - emergency medical technician (3 levels) or paramedic; "emergency medical responder" – person certified or exempt who, as a condition of employment, provides emergency medical care.	See appendix (http://www.wsib.on.ca/WSIBPortal/faces/WSIBManualPage?cGUID=15-03-13&rDef=WSIB_RD_OPM&fGUID=835502100635000498&_afLoop=349839261032000&_afWindowMode=0&_afWindowId=14ofiiyj6d1#%40%3FcGUID%3D15-03-13%26_afWindowId%3D14ofiiyj6d_1%26_afLoop%3D349839261032000%26rDef%3DWSIB_RD_OPM%26_afWindowMode%3D0%26fGUID%3D835502100635000498%26_adf.ctrl-state%3D14ofiiyj6d_29).	

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
PTSD Definition	Per Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-3), published by the American Psychiatric Association, or other psychiatric diagnostic manual generally approved and accepted nationally by practitioners in the field of psychiatric medicine	None	Licensed psychiatrist or psychologist	Mental health professional	Per DSM-5	Defers to licensed psychiatrist or psychologist.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
PTSD Definition		None	None	Bill Analysis cites National Institute of Mental Health, "Post-Traumatic Stress Disorder," http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-easy-to-read/index.shtml .	To be a compensable occupational disease, a "mental disorder" must require medical services or result in physical or mental disability, must be established by medical evidence supported by objective findings, may be sudden or gradual in onset, and includes any physical disorder caused or worsened by mental stress. [See § 656.005(7).]	Stress, mental injury, or mental illness medically diagnosed as PTSD	Per most recent DSM

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
PTSD Definition	Per DSM-5 or later adopted edition	None	Per DSM-5 or later adopted edition	Per most recent DSM	Per DSM-5	Per DSM

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116		AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Related Diagnosis	Psychiatric injury	Critical incident stress (CIS): Acute or cumulative psychological stress or trauma in response to a critical incident; unusually strong emotional, cognitive, behavioral, or physical reaction that may interfere with normal functioning and could lead to post-traumatic stress injuries, including but not limited to physical and emotional illness, failure of usual coping mechanisms, loss of interest in the job or normal life activities, personality changes, loss of ability to function, and psychological disruption of personal life	Mental injury, illness, or condition		Mental or emotional impairment		Mental injury caused by mental stress

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Related Diagnosis	Mental injury and mental illness				Occupational disease; mental or emotional disorder	Stress, mental injury, or mental illness	

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Related Diagnosis		Mental condition	Mental conditions or disabilities caused by stress			Traumatic mental stress (includes PTSD)

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579	
Compensable Category	Mental disorder causing disability or need for medical treatment		Personal injury by accident arising out of and in the course of employment; requires unexpected or extraordinary stress or physical injury related to employment as a substantial contributing cause	Mental impairment, i.e. recognized permanent disability, including a psychological disability. (Presumably distinct from § 8-40-302(1): "Accident", "injury", and "occupational disease" shall not be construed to include disability or death caused by or resulting from mental or emotional stress unless it is shown by competent evidence that such mental or emotional stress is proximately caused solely by hazards to which the worker would not have been equally exposed outside the employment.)	"Personal injury" or "injury"; includes accidental injury and occupational disease	Occupational disease, i.e. disease that arises out of employment as a first responder and is due to causes and conditions characteristic of and peculiar to a particular trade, occupation, process, or employment and excludes all ordinary diseases of life to which the general public is exposed, unless the incidence of the disease is substantially higher in the particular trade, occupation, process, or employment than for the general public (§ 112.1815(4); also see § 440.151, extensive specific qualifications)	Mental injury resulting from work-related stress and arising out of and in the course of employment

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Compensable Category	Personal injury		Mental injury due to extraordinary work-related stress incurred in a work-related emergency		Occupational disease	Personal injury	

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Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Compensable Category	Injury occurring in the course and scope of employment	Personal injury by accident arising out of and in the course of employment	Occupational disease, i.e. disease or infection arising naturally and proximately out of employment (§ 51.08.140)	Mental injury		

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Diagnosing Authority				Licensed psychiatrist or psychologist must diagnose and testify; physician's testimony no longer adequate.	Licensed and board-certified mental health professional must diagnose PTSD and determine that it originated from seeing a death or its immediate aftermath.	Licensed psychiatrist authorized by carrier as provided in chapter 440 (see § 440.13(3))	Licensed allopathic or osteopathic physician specializing in psychiatry, or licensed psychologist.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Diagnosing Authority					Diagnosis of a mental or emotional disorder generally recognized in the medical or psychological community		

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Diagnosing Authority		Mental health professional, i.e. person with professional training, experience, and demonstrated competence in the treatment and diagnosis of mental conditions, who is certified or licensed to provide mental health care services and for whom diagnoses of mental conditions are within his or her scope of practice, including a physician, nurse with recognized psychiatric specialties, psychologist, clinical social worker, mental health counselor, or alcohol or drug abuse counselor.		Psychiatrist or psychologist	Psychiatrist or psychologist	Appropriate regulated health care professional (physician, nurse practitioner, psychologist, or psychiatrist); where WC board deems necessary, a psychiatrist or psychologist.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579	
Precipitating Causes	Actual events of employment, including being a victim of a violent act or direct exposure to a significant violent act	Critical incident (i.e. actual or perceived incident involving crisis, disaster, trauma, or emergency) or accumulation of witnessing multiple incidents	PEACE OFFICER – USE OF DEADLY FORCE OR SUBJECTION TO DEADLY FORCE IN THE LINE OF DUTY, REGARDLESS OF PHYSICAL INJURY; FIREFIGHTER – WITNESSING THE DEATH OF ANOTHER FIREFIGHTER IN THE LINE OF DUTY; PUBLIC SAFETY EMPLOYEE – VISUALLY WITNESSING DEATH OR MAIMING OR VISUALLY WITNESSING THE IMMEDIATE AFTERMATH, RESPONDING TO OR BEING DIRECTLY INVOLVED IN A CRIMINAL INVESTIGATION OF SPECIFIC CRIMES AGAINST CHILDREN, OR REQUIRING RESCUE IN THE LINE OF DUTY WHERE ONE'S LIFE WAS ENDANGERED.	Primarily caused by a psychologically traumatic event, with or without physical injury, connected to the claimant's occupation and place of employment; a psychologically traumatic event is generally outside a worker's usual experience and would evoke significant symptoms of distress in a worker in similar circumstances; can also be within a worker's usual experience, but only if worker is diagnosed with PTSD; types of PTE: (A) SOMEONE ATTEMPTS TO CAUSE WORKER SERIOUS BODILY INJURY (INJURY INVOLVING A SUBSTANTIAL RISK OF DEATH, SERIOUS PERMANENT DISFIGUREMENT, OR PROTRACTED LOSS OR IMPAIRMENT OF THE	Visually witnessing a death caused by a human, or its immediate aftermath (scene of death for up to six hours after it is secured by law enforcement) in the line of duty; firefighter witnessing death of another firefighter in the line of duty; police officer's use of or subjection to deadly force in the line of duty, regardless of physical injury, provided another person attempts to cause serious physical injury or death to the officer through use of deadly force; includes repetitive trauma or acts.	In the course and scope of employment, as provided in § 440.091 (employed by state or local government, bears arms and makes arrests, responsibility is prevention or detection of crime or enforcement of state penal, criminal, traffic, or highway laws; acting within the state; not being paid by a private employer), seeing a deceased minor; directly witnessing the death of a minor; directly witnessing injury to, treating, or manually transporting a minor who died before or upon arrival at a hospital emergency dept; seeing a decedent who suffered grievous bodily harm that shocks the conscience; directly witnessing a death, including suicide, that involved grievous bodily harm that shocks the conscience; directly	Presumed to arise out of and in the course of employment if from work stress that was (1) extraordinary in comparison to that of the average employee and (2) the predominant cause.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Precipitating Causes	Employment conditions extraordinary and unusual in comparison to the normal conditions of the particular employment		Extraordinary work-related stress incurred in a work-related emergency (includes injury to a certified EMT or advanced EMT who voluntarily renders medical assistance at the scene of an accident during time off); stress causing mental injury need not be greater than usually occurs in the normal work environment.	Received in the course of and arising out of employment or when responding to an inherently dangerous situation that calls for an immediate response	Arising out of and in the course of employment; "activities to which an employee is not ordinarily subjected or exposed other than during a period of regular actual employment therein;" not "conditions generally inherent in every working situation or reasonable personnel action"; must "exist in a real and objective sense"	Arising out of and in the course of employment when worker is directly involved in or subjected to a significant traumatic experience; series of similar events occurring regularly over an extended period of time must culminate in a compensable repetitive trauma injury pursuant to § 42-1-172 or an occupational disease pursuant to § 42-11-10.	

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Precipitating Causes	Event occurring in the course and scope of employment	Accident arising out of and in the course of employment; i.e. work-related event or stress that was extraordinary in comparison to pressures experienced by the average employee across all occupations and that was the predominant cause; includes willful act of a third person directed against an employee because of that employment; "line of duty" defined, distinguishing police officers from the other covered workers (§ 601(11)(C)-(D)).	PTSD is presumed to be an occupational disease. Under pre-existing law, PTSD was compensable as an "industrial injury," defined as a sudden and tangible happening, of a traumatic nature, producing an immediate or prompt result, and occurring from without (§ 51.08.100). The precipitating cause was exposure to a single traumatic event such as actual or threatened death, actual or threatened physical assault, actual or threatened sexual assault, and life-threatening traumatic injury occurring through direct experience or witnessing the event in person; extreme exposure to aversive details of the event also qualified. The new	PTSD is presumed to arise out of employment, eliminating requirement that PTSD result from "unusual stress of greater dimensions than the day-to-day emotional strain and tension experienced by similarly situated employees" and allowing coverage for cumulative trauma.	Out of and in the course of employment; cannot be a personnel action.	Traumatic event(s) arising out of and occurring in the course of employment; usually sudden and unexpected; includes but is not limited to witnessing a fatality or a horrific accident, witnessing or being the object of an armed robbery or a hostage-taking, being the object of physical violence or death threats, being the object of serious threats of physical violence; cumulative trauma covered even if the last event is not the most traumatic; personnel actions excluded.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116		AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Qualifications	Worker must show "by a preponderance of the evidence that actual events of employment were predominant as to all causes combined," unless injury "resulted from being a victim of a violent act or from direct exposure to a significant violent act," in which case only a "substantial cause" (35 to 40 percent of causation) is required; at least six months employment by the employer is required unless "injury is caused by a sudden and extraordinary employment condition"; specific additional requirements for claim filed after notice of termination or layoff (§ 3208.3(e)); injury excluded if "substantially caused by a lawful, nondiscriminatory,		State employer is exempt if it pays for a program that provides licensed counseling for any issue; AT LEAST 12 COUNSELING SESSIONS PER YEAR MUST BE PROVIDED IN PERSON ON EMPLOYEE'S REQUEST.	Excludes condition caused by employer's good-faith personnel action	Excludes condition caused by recreational event or personnel action; treatment must be by an approved psychologist or psychiatrist.	Causality must be demonstrated by clear and convincing medical evidence.	Presumption requires clear and convincing evidence and can be rebutted by clear and convincing evidence to the contrary; work stress is measured by objective standards and actual events rather than employee misperceptions; preexisting condition compensable only if the employment contributed to it significantly; condition caused by employer's good-faith personnel action or subsequent non-work-related injury/disease not compensable.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Qualifications	Preponderance of the evidence standard; mental injury/illness not compensable if caused by event or events incidental to normal employment relations, including personnel actions			A condition that pre-existed the injury is not covered unless it is substantially aggravated by the injury.	Clear and convincing evidence standard for causality; "no injury or disease is compensable as a consequence of a compensable injury unless the compensable injury is the major contributing cause of the consequential condition" (§ 656.005(7)(a)(A)); preexisting condition compensable only if the compensable injury is the major contributing cause of the disability or need for treatment; narrow exclusions under § 656.005(7)(b).	Preponderance of medical evidence standard for causation; personnel actions excluded (except when taken in an extraordinary manner); pre-existing condition not compensable unless aggravated by a work-related physical injury.	Any benefits offered and provided for by this section do not apply to workers' compensation plans under title 50, "Employer and Employee" (WC Law is ch 6).

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Qualifications	Preponderance of the evidence must indicate that event was a substantial contributing factor; injury arising principally from a legitimate personnel action not compensable.	PTSD is presumed to have been incurred during service in the line of duty unless shown by a preponderance of the evidence to be caused by nonservice-connected risk factors or exposure; non-compensable if resulting from a good-faith personnel action.	Presumption of occupational disease requires minimum of ten years of service before PTSD develops or manifests (limitation on presumption doesn't affect coverage where claimant can demonstrate a causal relationship); presumption may be rebutted by a preponderance of the evidence, including exposure from other employment or nonemployment activities; if employer provides, as a condition of employment, a psychological exam administered by a licensed psychiatrist or psychologist, a claimant hired after the act's effective date must have submitted to the exam, and it must have ruled out PTSD from preemployment exposure; cause cannot be a good-faith	Clear and convincing medical or psychiatric evidence required; presumption is rebuttable; condition may not be a result of or first reported during a good-faith personnel action.	Presumption may be rebutted by establishing that the employment was not a significant contributing factor in causing the PTSD.	Causal event(s) must be clearly and precisely identifiable, and objectively traumatic; worker must have suffered or witnessed the event(s) first hand, or heard the event(s) first hand through direct contact with the traumatized individual(s), e.g., speaking with the victim on the radio or telephone as a traumatic event is occurring; event(s) must have caused or significantly contributed to an appropriately diagnosed mental stress injury; pre-existing condition doesn't necessarily preclude coverage - any impact is considered after initial entitlement is established.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Benefits & Limitations	WC benefits	Peer support team composed of specially trained emergency service personnel, hospital staff, clergy, and educators provide peer support services, i.e. precrisis education, CIS defusings and debriefings, on-scene support services, one-on-one support services, consultation, referrals, confidentiality, impact of toxic stress on health and well-being [?? not a service], grief support, substance abuse identification and approaches, active listening	EMPLOYER MUST PAY FOR UP TO TWELVE VISITS OF LICENSED COUNSELING, WHICH MAY BE VIA TELEMEDICINE, through a government program established for the purpose; COUNSELING MUST BE PROVIDED BY A LICENSED MENTAL HEALTH PROFESSIONAL [See Title 32, Chapter 19.1, Psychologists, and Chapter 33, Behavioral Health Professionals] WITH TRAINING AND EXPERTISE IN TREATING TRAUMA; employer's payment for counseling under this section does not create a presumption that the claim is compensable under WC [§ 23-1043.01 B requires that some unexpected, unusual or extraordinary stress or some physical injury related to the employment was a	WC benefits	WC medical and indemnity benefits (see "compensation," § 31-275(4))	WC benefits, not subject to apportionment due to preexisting PTSD, limitation on temporary benefits under § 440.093, or 1% limitation on permanent psychiatric impairment benefits under § 440.15(3).	WC benefits

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Benefits & Limitations			WC benefits	Medical benefits and paid leave for up to one year; prohibits receiving WC benefits while receiving disability benefit from state retirement system for the same injury.	WC benefits	WC benefits	Support program established by employer in conjunction with a mental health service provider; 10 visits or sessions with a mental health service provider in addition to any other behavioral or mental health benefits offered (co-pay may be required); "mental health service provider" is a licensed professional counselor, clinical social worker, psychiatric mental health nurse practitioner, licensed occupational therapist, or marital and family therapist who is in good standing with the licensing board, is trained in trauma therapy (4 types specified), and has at least 2 years of post-licensure experience working with trauma patients, OR a licensed physician, psychological

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Benefits & Limitations	WC benefits			WC benefits	WC benefits (same as for a personal injury)	WC benefits

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Date Limitations	Sunset January 1, 2024	Sunset December 31, 2022	Applies to injuries sustained on or after July 1, 2018	One year from date of accident or three years from manifestation of a symptom of occupational disease. [CGS § 31-294c(a)]	Time for notice of injury or death is 90 days, measured from one qualifying event or the manifestation of the disorder, whichever is later; claim must be properly noticed within 52 weeks after qualifying event.	

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Date Limitations							

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Date Limitations	Applies only to injuries occurring after effective date of 9/1/17.	Must be diagnosed within three years after retirement.	Presumption shall be extended following termination of service for three calendar months for each year of requisite service but may not extend more than sixty months following the last date of employment; must be filed within two years after the worker had written notice from a physician or a licensed advanced RN practitioner of the existence of their occupational disease, that a claim for disability benefits may be filed, and that the worker has two years from the date of the notice to file (§ 51.28.055).	Employer liability for treatment and the period of disability are limited to 80 weeks after injury is first reported.	Applies to decisions made on or after 4/6/16, for accidents on or after 1/1/98; worker must have been employed as a first responder for at least one day and diagnosed with PTSD on or after 4/6/14 (claim for PTSD diagnosed before 4/6/16 must be filed by 10/6/16); although the date of diagnosis is used to determine whether the presumption applies, benefits and services generally flow from the date of accident/injury, which may be earlier; claim must be filed within six months of causal event or, in the case of an occupational disease, within six months of the worker learning of the disease; WSIB may extend this deadline if it is just to do so; claim filed before 4/6/16 and denied cannot be	See transition rules, c 16, § 13.1

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Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Er Training Reqs		Office of Emergency Services to contract with CA Firefighter Joint Apprenticeship Committee to develop and deliver fire-service-specific peer support training course for team members; Commission on Correctional Peace Officer Standards and Training shall develop and deliver a peer support training course for state correctional system peer support team members				Employing agency of a first responder (including volunteers), must provide educational training related to mental health awareness, prevention, mitigation, and treatment.	

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Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Er Training Reqs							<p>Employer must promote the use of a mental health service provider and other behavioral health professionals; must maintain and annually provide a list of mental health service providers qualified to provide trauma therapy; and must provide and require annual training for mental health service providers within the jurisdiction that familiarizes them with the unique problems associated with each public safety profession lifestyle, including, but not limited to, critical incident response training, critical incident stress management, and field exercises such as ride-alongs and visits to fire and emergency medical services stations.</p>

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Er Training Reqs					Labour minister may direct employer to provide information relating to employer's plan to prevent PTSD	

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Other Key Provisions		Employing agency creates Peer Support Labor-Management Committee to establish program policies; communications of emergency service personnel and peer support team members during peer support services or to a crisis hotline or referral service are confidential, with exceptions; specially trained peer support team members protected from liability (except medical malpractice)	Specifies that an accompanying injury is not required for peace officers; silent on firefighters and public safety employees.			Requires Dept of Financial Services to adopt rules specifying injuries qualifying as grievous bodily harm of a nature that shocks the conscience.	Legislative report analyzing claims due 1/1/22.

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Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Other Key Provisions		17-member stakeholder commission; long list of topics to be studied [(b)II(a)]; report due 11/1/18.		If PTSD qualifies worker for disability benefit, retirement fund must notify WC administrator.			Prohibition of employer retaliation for use of mental health service providers or behavioral health programs.

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Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Other Key Provisions		Defines ; Labor Commissioner must examine claims and report findings and recommendations to House committees annually 2018-2020.			Specific provisions for transitional claims; policy to be reviewed within 5 years; bill doesn't affect benefits under c 16, ss 13.	Specific provisions for transitional claims; policy to be reviewed within 5 years.

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Costs		Annual cost to OES of \$300,000 (General Fund and reimbursements) to develop and provide training, offset by participant fees; assuming minor absorbable costs of minor revisions to existing curriculum, one-time cost to CPOST of \$200,000 GF; ongoing cost to CPOST of \$280,000 GF. (Senate Floor Analyses)		May increase state expenditures for the Department of Personnel and Administration, other state agencies that employ peace officers or correctional officers, and local governments.	Cost will depend on number of claims filed and their severity; likely to increase premium costs for fully-insured municipalities when costs are realized in future workers' compensation rates; costs for self-insured municipalities will be realized when an eligible claim is filed.	The National Council on Compensation Insurance estimates the fiscal impact of the bill on Florida's workers' compensation system is approximately 0.2 percent, or approximately \$7 million.	Additional costs in higher premiums, benefits, and legal/administrative expenses to the State, Department of Public Safety, and local governments; at least 90% of local government costs are unfunded; impact on individual government units uncertain. (Mandate Preamble and Fiscal Note)
Effective Date	1/1/1995		7/1/2017	July 1, 2018	1/1/2016 (elimination of physical injury requirement); upon passage (extension of wage-replacement benefits).	10/1/2018	

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Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Costs			No fiscal impact on state or local governments.	Total impact on State Fund public employers depends on volume of allowed PTSD claims and their severity; costs would be borne by the State Insurance Fund or be paid directly by the employer if self-insured [Fiscal Note & Local Impact Statement]. Would cost up to \$98.4 million annually in claims; for comparative purposes, currently all public entities in the State Insurance Fund combined pay approximately \$190 million in total annual premium [Ohio Manufacturers' Association, http://www.publicnow.com/view/1E5ADE0F37DDCD8954763B8DFF00795C7CA700A2?2017-05-26-15:31:21+01:00-xxx395].		State Accident Fund indicates the bill could have a significant impact on the general fund but does not estimate it. WC Commission predicts no impact on state general fund or federal funds. Municipal Association and counties estimate local expenditure impact totaling between \$1,950,000 and \$5,475,000 in FY 2015-16. (From sheet 1, could not confirm: Created a \$500,000 fund to help fund out of pocket medical costs related to PTSD treatment.)	Increases state expenditures by \$1,500; increases local expenditures by \$351,400 [Fiscal Note].
Effective Date		Upon passage	Immediately			Upon governor's approval	July 1, 2018

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Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Costs	<p>Could result in significant cost increases to insurance carriers by increasing WC claims. These costs would be passed along to consumers in the form of higher premiums. No significant fiscal implication to the State is anticipated.</p>	<p>A National Council of Compensation Insurance analysis suggested that Vermont’s legislation could result in a five percent or more increase in workers’ compensation costs for first responders, but the overall impact on workers’ compensation system costs would be less than one percent.</p>	<p>Estimated cost to State Fund of \$45 to \$125 million on incurred but not reported claims, and \$3 to \$8 million per year in new claims, impact on self-insured counties and cities and the LEOFF pension system uncalculated; state Department of Labor and Industries estimated a range of claims costs on incurred but not reported claims ranging from \$42 to \$115 million, and between \$2.6 and \$7 million per year on new exposures going forward, and the state actuary estimated a roughly \$35 million increase in state pension costs for law enforcement officers due to new claims in their pension system for line-of-duty disability on top of workers’ compensation.</p>	<p>Dept of Workforce Development’s Division of WC found indeterminant short- and long-term costs (Fiscal Estimate, https://docs.legis.wisconsin.gov/2017/related/fe/ab434/ab434_DWD.pdf); University of Wisconsin System found its potential liability to be extensive (https://docs.legis.wisconsin.gov/2017/related/fe/ab434/ab434_UWS.pdf); Minnesota extended WC coverage in late 2013, impact on public-sector WC programs has been modest, about 1% according to League of Minn Cities Insurance Trust (see testimony of Jim Palmer, https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2017/ab434/ab0434_2017_11_01.pdf)).</p>	<p>Increase in benefit liabilities of \$35M (Canadian \$)</p>	
Effective Date	9/1/2017	7/1/2017	6/7/2018		The day it receives Royal Assent	1/1/2018

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Bill	CA CA AB 1116		AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Statute(s) Affected	Cal. Lab. Code § 3208.3	Cal. Evid. Code § 1065; Cal. Gov't. Code §§ 8669-8669.6	ARS § 38-962	CO Rev Stat § 8-41-301	Conn Gen Stat § 31-275(16)	FLA STAT § 112.1815(5) and (6)	39-A MRS § 201(3-A) (2018)
Link to Text	http://leginfo.ca.gov/faces/codes_displaySection.xhtml?sectionNum=3208.3.&lawCode=LAB	https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB1116	https://www.azleg.gov/legtext/52leg/2r/bills/hb2350s.pdf	https://leg.colorado.gov/sites/default/files/documents/2017A/bills/2017a_1229_signed.pdf	https://www.cga.ct.gov/2016/FC/2016SB-00134-R000052-FC.htm	https://www.flsenate.gov/Session/Bill/2018/376/BillText/er/HTML	https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0597&item=3&snum=128

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Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Statute(s) Affected	Neb. Rev. Stat. § 48-101.01		WKC § 10 [3] (b)	Amend Ohio Revised Code §§ 4123.01, 4123.026, and 4123.46; enact §§ 145.364, 742.391, 3309.402, 4123.87, and 5505.182	Or Rev Stat § 656.802	SC Code Ann § 42-1-160	Tenn Code Ann § 8-50-? (new section)
Link to Text	https://nebraskalegislature.gov/laws/statutes.php?statute=48-101.01	http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2018&txtFormat=html&v=SA&id=1924 ; http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2018&txtFormat=html&v=HA&id=1896	http://legislation.nysenate.gov/pdf/bills/2017/S5954	https://www.legislature.ohio.gov/legislation/documents?id=GA132-SB-118	https://www.oregonlaws.org/ors/656.802	http://www.scstatehouse.gov/sess121_2015-2016/bills/429.htm	https://legiscan.com/TN/text/HB1510/id/1678800 ; https://legiscan.com/TN/text/SB1797/2017

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Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Statute(s) Affected	Tex Labor Code § 504.019	21 VSA § 601(11)	RCW 51.08.142, 51.32.185, amended; new section (defining PTSD) added to ch 51.08	Wyo Stat Ann § 102.03(6)	<i>Workplace Safety and Insurance Act , SO 1997, c 16, s 14</i>	<i>Workplace Safety and Insurance Act , SO 1997, c 16, ss 13 (4) and (5)</i>
Link to Text	https://legiscan.com/TX/text/HB1983/2017	https://legislature.vermont.gov/assets/Documents/2018/Docs/ACTS/ACT080/ACT080%20As%20Enacted.pdf	http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/Senate/6214-S.SL.pdf	https://docs.legis.wisconsin.gov/2017/related/proposals/sb564	https://www.ontario.ca/laws/statute/97w16#BK14	https://www.ontario.ca/laws/statute/97w16#BK12

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Bill	CA CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Related Statutes	Cal. Lab. Code §§ 3208.1 (specific v. cumulative injury) and 3600 (liability conditions)	§ 23-1043.01, WC requirements	§ 8-40-201, definitions (Distinct from § 8-40-302(1): "Accident", "injury", and "occupational disease" shall not be construed to include disability or death caused by or resulting from mental or emotional stress unless it is shown by competent evidence that such mental or emotional stress is proximately caused solely by hazards to which the worker would not have been equally exposed outside the employment.)	§ 31-275, definitions		§§ 328, 328-A, and 328-B, related presumptions

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Related Statutes	§§ 18-1723, related presumption						

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Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Related Statutes	§§ 2.12, "peace officer" def; 408.006, personnel action excluded; Gov Code Ch 419, "firefighter" def; 607.053-607.056, related presumptions; 607.052, applicability; 607.057, effect of presumption; 773.003(10), emergency medical services personnel def; 607.058, rebutting presumption	§ 601(23), occupational disease		§ 102.03(1)-(5); occupations defined in §§ 23.33(1), 256.01(5), and 256.01 (4p)		

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Bill	CA	CA AB 1116	AZ HB 2350 (2016)	CO HB 17-1229 (2017)	CT SB 134 (2016)	FL SB 376	ME LD 848 / HP 579
Sources		Senate Floor Analyses, file:///C:/Users/linette%20davis/Downloads/201720180AB1116_Senate%20Floor%20Analyses_.pdf	https://legiscan.com/AZ/research/HB2350/2016; https://apps.azleg.gov/BillStatus/BillOverview?billnumber=HB2350&Sessionid=115	https://leg.colorado.gov/bills/hb17-1229; Final Fiscal Note: https://leg.colorado.gov/sites/default/files/documents/2017A/bills/fn/2017a_hb1229_f1.pdf	https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=SB00134&which_year=2016	https://www.flsenate.gov/Session/Bill/2018/0376; https://www.flsenate.gov/Committees/BillSummaries/2018/html/1851; https://www.orlandoweekly.com/Blogs/archives/2018/03/06/bill-expanding-benefits-to-first-responders-with-ptsd-heads-to-rick-scott; https://www.firstcoastnews.com/article/news/new-law-being-called-an-absolute-win-for-first-responders-battling-ptsd/77-526985972; https://www.prnewswire.com/news-releases/innovative-ptsd-program-for-first-responders-provides-convenient-confidential-treatment-300620991.html	https://legislature.maine.gov/legis/bills/display_ps.asp?LD=848&snum=128

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	NE LB 780	NH SB 553-FN (2018)	NY SB S5954 (2017-2018)	OH SB 118 / HB 161	OR	SC S. 429 (2015-2016)	TN HB 1510 / SB 1797 (2017-2018)
Sources	<p>WI Assembly legislative materials: https://docs.legis.wisconsin.gov/misc/lc/hearing_testimony_and_materials/2017/ab434/ab0434_2017_11_01.pdf</p>	<p>https://legiscan.com/NH/bill/SB508/2018; https://legiscan.com/NH/text/SB553/2018; https://bills.nhliberty.org/bills/2018/SB553/revision/3526; http://www.seacoastonline.com/news/20180127/ptsd-for-first-responders-nh-bill-aims-to-help; http://www.sentinelsource.com/news/local/bill-would-allow-first-responders-to-file-workers-compensation-claims/article_c72be70d-02a1-565c-ad45-f28b45063e05.html</p>	<p>https://www.nysenate.gov/legislation/bills/2017/s5954</p>	<p>http://www.ohiomfg.com/communities/workers-comp/ptsd-bill-would-cost-98-m-annually/</p>	<p>https://www.oregonlaws.org/ors/656.802,Annotations</p>	<p>http://www.scstatehouse.gov/billsearch.php?billnumbers=429&session=121&summary=B; https://www.aikenstandard.com/news/minority-report-stalls-bill-for-first-responders/article_c135cc80-008c-54b5-b474-823d4102afce.html; https://www.nlc.org/sites/default/files/users/user118/PDF%20Hanson%20PTSD%20d.3a.pdf; http://www.premiumnewsnetwork.com/s429-ptsd-bill/</p>	<p>http://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=HB1510&ga=110</p>

Appendix. Analysis of state bills, including provisions incorporated by reference, in their immediate statutory context

Bill	TX HB 1983	VT SB 56	WA SB 6214	WI SB 564 / AB 434 (2017)	Ontario, Canada Bill 163 (2016)	Ontario, Canada Bill 127 (2017)
Sources	<p>https://legiscan.com/TX/bill/HB1983/2017; Fiscal Note: ftp://ftp.legis.state.tx.us/bills/85R/fiscalnotes/html/house_bills/HB01900_HB01999/HB01983H.htm; https://capitol.texas.gov/BillLookup/History.aspx?LegSess=85R&Bill=HB1983</p>	<p>https://legislature.vermont.gov/bill/status/2018/S.56; http://www.nepsy.com/articles/leading-stories/vermont-moves-to-cover-ptsd-for-first-responders/; https://www.stowetoday.com/stowe_reporter/news/local_news/ptsd-how-to-best-help-responders/article_d13c54ae-9976-11e7-a916-4bf1b0c25b94.html</p>	<p>http://apps2.leg.wa.gov/billsummary?BillNumber=6214&Year=2017&BillNumber=6214&Year=2017; http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bill%20Reports/Senate/6214-S%20SBR%20FBR%2018.pdf; https://www.colburnlaw.com/washington-state-first-responders-eligible-ptsd-benefits/; http://www.wsiassn.org/news-and-media/blog/house-panel-defeats-first-responder-presumption-expansion-moves-ptsd-presumption/; https://www.king5.com/article/news/local/law-will-give-first-responders-ptsd-benefits/281-531411691</p>	<p>https://docs.legis.wisconsin.gov/2017/proposals/ab434; Assembly legislative materials: https://docs.legis.wisconsin.gov/misc/lc/hearings/testimony_and_materials/2017/ab434/ab0434_2017_11_01.pdf</p>	<p>WSIB Ontario: http://www.wsib.on.ca/WSIBPortal/faces/WSIBManualPage?cGUID=15-03-13&rDef=WSIB_RD_OPM&fGUID=835502100635000498&_afLoop=349839261032000&_afWindowMode=0&_afWindowId=14ofiiyj6d_1#%40%3FcGUID%3D15-03-13%26_afWindowId%3D14ofiiyj6d_1%26_afLoop%3D349839261032000%26rDef%3DWSIB_RD_OPM%26_afWindowMode%3D0%26fGUID%3D835502100635000498%26_adf.ctrl-state%3D14ofiiyj6d_29</p>	<p>WSIB Ontario: http://www.wsib.on.ca/WSIBPortal/faces/WSIBManualPage?cGUID=15-03-02&rDef=WSIB_RD_OPM&fGUID=835502100635000498&_afLoop=417332821102000&_afWindowMode=0&_afWindowId=14ofiiyj6d_26#%40%3FcGUID%3D15-03-02%26_afWindowId%3D14ofiiyj6d_26%26_afrLoop%3D417332821102000%26rDef%3DWSIB_RD_OPM%26_afWindowMode%3D0%26fGUID%3D835502100635000498%26_adf.ctrl-state%3Dhzpkgqt5z_9; http://blg.com/en/News-And-Publications/Publication_5114; http://www.wsib.on.ca/WSIBPortal/faces/WSIBDetailPage?cGUID=WSIB070745&rDef=WSIB_RD_ARTICLE&_afLoop=427172003958000&_afWindowMode=0&_</p>