

# Evaluation of California's PTSD Presumption Law

**Marizen R. Ramirez, MPH, PhD**

Professor / University of CA Irvine



State of California  
Department of  
Industrial Relations



State of California  
Gavin Newsom  
Governor

# Our Team



Marizen Ramirez, PhD  
David Richardson, PhD  
Matt McFalls, PhD

**UC Irvine**

Joe C. Wen School of  
Population & Public Health



Sadie Costello, PhD  
Suzanne Teran, MPH  
Theo Leenman, PhD

**UC Berkeley**  
**Public Health**

Safe Jobs.  
Healthy Lives.

**LOHP**



Jian Li, MD, PhD

**UCLA** **Fielding**  
School of Public Health

# Overview

- Proposal to evaluate PTSD Presumption Law
  - Background
  - Logic Model
  - Objectives
  - Methods
  - Timeline
  - Outputs

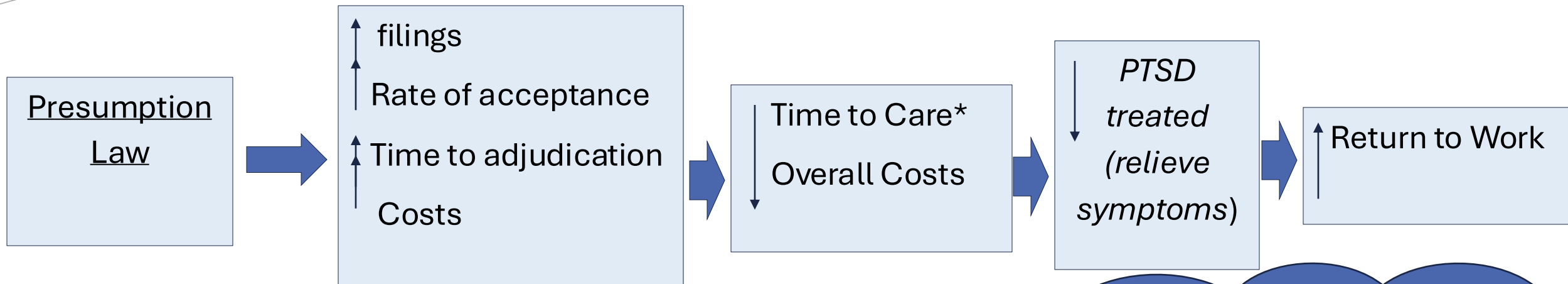
# Background: Work-related PTSD, a significant burden

- Work-related PTSD results from actual or perceived life-threatening traumas such as death, injury and threats to one's physical safety.
- Highest prevalence of work-related PTSD (8-20%) among first responders and rescue workers (i.e., police officers, firefighters and emergency medical services personnel)

# Background: Presumption Laws

- In 2020, California's Presumption Law (Labor Code Section 3212.15) established a rebuttable presumption that PTSD is work-related in firefighters, peace officers, and other first responders.
- Burden of proof is shifted to the employer to provide evidence that PTSD was not a result of employment
- Evaluations conducted have been limited (CA – limited scope to first years, WA – only qualitative, MN – most comprehensive thus far)

# Logic Model



## PROCESS EVALUATION QUESTIONS

Will the law help me get care quicker?  
Will the law reduce stigma so I can more easily file a claim?

## IMPACT EVALUATION QUESTIONS

Will the law lead to treatment of PTSD?  
Will the law get me back to work quickly?

# Objective 1

**Analyze WC PTSD claims for public safety dispatchers, public safety telecommunicators, and emergency response communication workers, from 1/1/14-12/31/24\*.**

Aim 1.1. Using WC data, examine the number PTSD claims filed, the frequency and rate of PTSD claim acceptance/denial, the initial claim determination, time from claim filing to final determination; claim costs; service utilization, including time from filing to accessing care; and return to work outcomes.

\* Note requested additional years to increase sample size for a robust analysis (original request in SB623 was 1/1/2020-12/31/23)

# Objective 2

**Evaluate the effectiveness of the Presumption Law.**  
**Using mixed methods, our design will involve *quantitative* and qualitative techniques.**

To what extent does CA's Presumption Law affect claims processing (e.g., filing rates, rates of acceptance/denials, times to adjudication), WC costs, service utilization; and return to work?



## Objective 2 cont.

How does the presumption facilitate access or address barriers to accessing workers' compensation and seeking appropriate, effective PTSD care?

How much do workers know about workers' compensation benefits and the presumption? How are patient satisfaction with care and process; workers' perceptions of process improvements such as timeliness and reduction in administrative burdens; and organizational culture around mental health affected?

# Quantitative Phase - Tasks

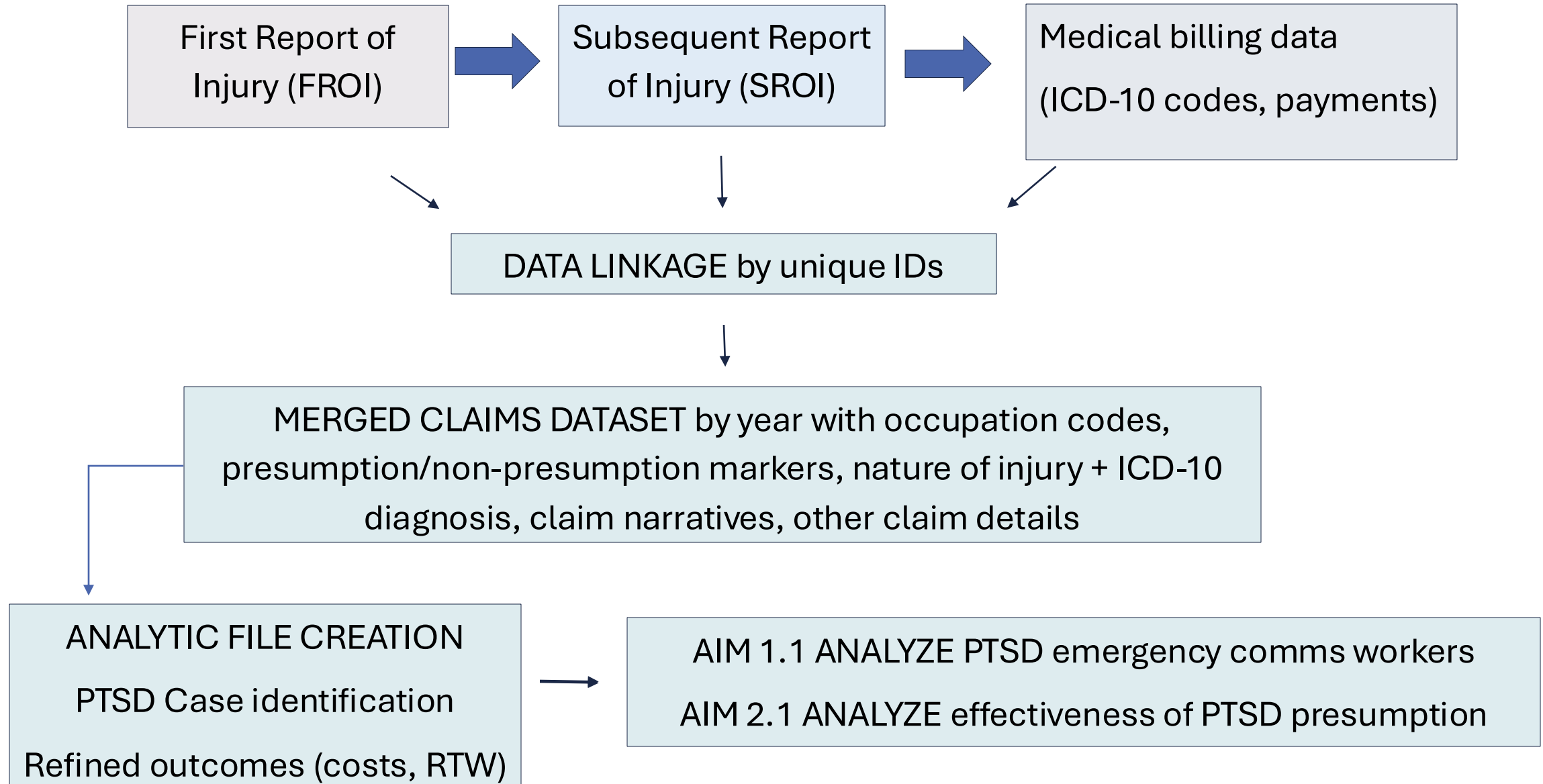
## **Task 1.1 Data Acquisition**

Data Use Agreement: Data extracted for exact industries, occupations and variables need, in consultation with WCIS team.

## **Task 1.2 Data Processing**

Multiple complex datasets linked via unique codes to create a longitudinal dataset, tracking individuals over time.

# Claims Linkage and Analysis



# Quantitative Phase – Tasks

## Task 1.3 Posttraumatic Stress Disorder Ascertainment

- Not always identified initially in the WC process or in isolation as a health condition
- Develop AI / Machine-Learning algorithm to identify PTSD from a combination of variables: nature of injury codes, DRGs, procedure codes, prescription codes, narratives
- Create scoring system of likelihood of PTSD

# Quantitative Phase – Tasks

## Task 1.4 Identify comparison groups

- Presumption vs. Non-Presumption Occupations (need to identify these based on autocoding methods to pull occupations from datasets)
- Negative Health Conditions (cancer, other mental health): control for general trends but should not show same 2020 shifts as PTSD

## Task 1.5 Analysis

- Time to Event: Examine time from initial filing to adjudication to treatment to return to work
- Pre-post comparisons (claims filings, service utilization, return to work)

# Qualitative Phase – Tasks

## Task 2.1 Qualitative Interviews

Sample of Interviewees	Number
First responders, including fire fighters and peace officers covered since 2020, and dispatchers and other communication workers covered since 2025	25-30
Union representatives	7-8
Department chiefs or commanders (Management)	7-8
Claims administrators	3-5
Mental health providers through workers' compensation insurance	3-5
Employee Assistance Program counselors	3-5
Applicants' attorneys	3-5

- Research participants will be recruited through a combination of contacts with unions, other organizational referrals, and snowball sampling.

# Qualitative Phase – Tasks

## Task 2.2 Qualitative Topics for Exploration

Access to Care: awareness of the presumption and the extent to which it facilitates workers identifying need for and accessing care, as well as factors that facilitate access or present barriers.

Navigation experiences: process and impact on administrative burden

Perceived effectiveness: type of care and treatment particularly through the workplace

Other interventions/models to increase access to care

# Outputs

## **Analysis of the effectiveness of the presumption law**

Data science products: How to efficiently capture hidden PTSD claims?

Knowledge about Processes: How are claims processed ? What are the barriers and facilitators to reduce administrative burden?

Impacts of the law claimants: What are the positive and negative impacts (Cost? Time? Care? Return to Work?)

→ Lead to more informed policy making and decisions that impact the health and wellbeing of first responders in California



# Timeline

## IRB

### Technical Advisory Panel Meetings

#### Data Acquisition (CA and Comparison State)

#### Task 1 – Case ascertainment algorithm/ data management

#### Task 1 – Analysis

#### Task 2 – Data management, including combining state datasets and data restructuring for various modeling frameworks

#### Task 2 - Descriptive analysis

#### Task 2 – Interrupted Time Series analysis and Diff-in-Diff Models

#### Task 2 – Recruitment

#### Task 2 – Interviews

#### Task 3 – Qualitative Coding

#### Task 2 – Qualitative Analysis

#### Ongoing reports and consultation

Year 1				Year 2				Y3
Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
X								
X		X		X		X		X
X								
X	X	X						
		X						
			X	X	X			
					X			
						X	X	
	X	X	X					
	X	X	X	X	X	X		
		X	X	X	X	X		
				X	X	X	X	
X	X	X	X	X	X	X	X	X

## Questions?

Marizen R. Ramirez, MPH, PhD  
Professor  
University of CA, Irvine

[marizenr@hs.uci.edu](mailto:marizenr@hs.uci.edu)

THANK YOU