

What Our Members Need to Know About Public Act No. 19-17:

An Act concerning Workers' Compensation benefits for certain mental or emotional impairments, mental health care for Police Officers and wellness training for Police Officers, Parole Officers and Firefighters.

– Guidance on the new bill which expands Workers' Compensation coverage to include PTSD.



Connecticut Interlocal Risk Management Agency
545 Long Wharf Drive, 8th Floor
New Haven, Connecticut 06511
www.CIRMA.org

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Public Act No. 19-17 is effective July 1, 2019

Many states have presumption laws for first responders including firefighters, police officers, and EMTs. The purpose of these presumption laws is to shift the burden of proof on medical causation so that the disease is presumed to be work related unless rebutted by the weight of the evidence. Overcoming the presumption of compensability is very difficult as you have to prove that exposures outside of work are the cause of the disease. The latest presumption issue driving legislation is around PTSD.

Public Act No. 19-17 is not a presumption law. Injured workers claiming PTSD **must** provide medical causation.

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that is triggered by a terrifying event – either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

For the DSM 5 Diagnosis of PTSD see
<https://www.verywellmind.com/ptsd-in-the-dsm-5-2797324>

Mental/Mental Claim - A claim based on a mental injury caused purely by mental stress unaccompanied by any physical trauma or impact.

No-Fault Insurance System - A no-fault insurance system, such as Workers' Compensation, works by paying claims regardless of who is to blame for an accident. This means that the insurance pays Workers' Compensation benefits no matter who is found to be at fault for the accident that resulted in the workers' injuries.

In the Line of Duty - Any action that a police officer, parole officer or firefighter is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the police officer or firefighter is compensated by the public entity such officer or firefighter serves, except that, in the case of a volunteer firefighter, such action or service constitutes fire duties, as defined in subsection (b) of section 7-314b of the general statutes.

Introduction

In response to the recent changes to the Workers' Compensation Act that will expand coverage to include Post Traumatic Stress Disorder (PTSD) for police officers, paid firefighters, volunteer firefighters and parole officers, CIRMA has developed this white paper to provide information on this recent legislation and raise awareness among CIRMA's municipal members. In addition, CIRMA is providing recommended best practices and guidance for claims and risk management.

Current Legislation and History

Connecticut's Workers' Compensation system is a no-fault system of benefits, including both medical and wage replacement, that are provided as a result of injuries arising out of and in the course of employment.

It is important to have a basic understanding of the current Workers' Compensation Act as it relates to mental/mental claims and PTSD.

Mental / Emotional Impairment Claims

The Workers' Compensation Act, before July 1, 2019, as it relates to mental/mental claims and PTSD:

- **Prior to June 30, 1993**, mental/mental Workers' Compensation claims were compensable.
- **Effective July 1, 1993**, coverage for these claims was eliminated except for psychological injuries that arise out of a physical injury.
- **On July 1, 2012**, **medical coverage** by a psychologist or psychiatrist for police officers and firefighters who suffer mental or emotional impairment was added back to the Connecticut Workers' Compensation Act. However, this coverage was limited to only two qualifying events:
 1. Conditions involving police officers' mental or emotional impairment must have arisen from use of deadly force or subjection to deadly force in the line of duty.
 2. Firefighter exposure must have risen from witnessing the death of another firefighter while engaged in the line of duty and be diagnosed with PTSD.

(Note: Under the new legislation this provision has been repealed.)

Impact on First Responders

Police officers and firefighters respond to and witness some of the most tragic events that happen in our communities. These events may have a significant impact on their physical and mental well-being. PA No. 19-17 expands the current Workers' Compensation statutes to include a limited wage replacement and specialized medical care for police officers and firefighters who incur PTSD as a result of a qualifying work event. Additionally it requires employers to develop and maintain standard policies for critical incidents and peer support programs for these employees.

PA No. 19-17 (New Legislation Effective July 1, 2019)

PA No. 19-17 expands the Workers' Compensation benefits currently available for Police officers, Paid Firefighters, Volunteer Firefighters and Parole Officers who are diagnosed with PTSD.

Who is Eligible?

1. Police officers (State and Local)
2. Firefighters (Paid and Volunteer)
3. Parole officers

When is PTSD covered under Workers' Compensation?

1. Officer or firefighter must be acting in line of duty.
2. The PTSD must not be the result of disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement or similar action.
3. The police officer or firefighter must have been subjected to a qualifying event.
4. Qualifying event must be a substantial factor in the PTSD.

What Events Qualify?

In order for the PTSD claim to be compensable, it must be the result of a qualifying event. These events, **which must occur on or after July 1, 2019** as outlined in Section Two of the Act, are as follows:

1. Views a deceased minor.
2. Witnessing the death of a person or an incident involving the death of a person.
3. Witnessing an injury to a person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause.
4. Has physical contact with and treats an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and **not as a result of any other intervening cause**.
5. Carries an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause.
6. Witnesses a traumatic physical injury that results in the loss of a vital body part or a vital body function that results in permanent disfigurement of the victim.

What Workers' Compensation Benefits are Available for a Police Officer or Firefighter with PTSD?

The Act limits the Workers' Compensation benefits available to a police officer or firefighter with PTSD to the following:

1. Medical treatment as prescribed by a board-certified psychiatrist or a licensed psychologist.
2. Wage replacement (temporary total disability or temporary partial disability) for a maximum of 52 weeks from the date of diagnosis.
3. Wage replacement is capped so the injured worker cannot receive a weekly benefit more than their weekly wage when combined with other benefits such as contributory and non-contributory retirement, short-term disability, long-term disability or social security.
4. The injured employee is not eligible for any benefits beyond four years from the date of the qualifying event.

Mental Health Professional -

A board-certified psychiatrist or a licensed psychologist pursuant to Chapter 383 of the CT General Statutes, who has experience diagnosing and treating post-traumatic stress disorder. (See *listings* on page 7)

A Peer Support Program will reduce the stigma associated with seeking assistance. The goal of peer support is to provide all Firefighters and Police Officers in an agency the opportunity to receive emotional and tangible support through times of personal or professional crisis and to help anticipate and address potential difficulties. A Peer Support Program is not an element of the Employee Assistance Program (EAP), nor is it a substitute for professional help. The program is an opportunity for discussing issues or pressures a Firefighter and Police Officer may encounter during their careers. Peer support programs must have support from the highest levels within an organization to work effectively.

Additional Provisions Outlined in PA No. 19-17

1. No law enforcement unit shall discharge, discipline, discriminate or otherwise penalize a police officer solely because he/she sought mental health care services or seize his or her firearm, ammunition or electronic defense weapon during the time the police officer seeks or receives mental health.
2. Prior to returning a weapon to a police officer, the department can require he/she submit to an examination with a mental health professional.
3. No civil action may be brought against a law enforcement unit for damages arising from an officers use of his or her own personal weapon during the time they surrendered their firearm or when they are receiving mental health care.
4. **No later than January 1, 2020** the Police Officers Standards and Training Council (POST-C), the Department of Corrections, and the Commission on Fire Prevention and Control (CFPC), shall develop a model critical incident and peer support policy to support mental health care and wellness for police officers, parole officers and firefighters.
5. **No later than July 1, 2020** the Department of Corrections, each municipal or state paid or volunteer fire department and each municipality employing a fire marshal, fire investigator, and/or fire inspector shall adopt and maintain a written policy that meets or exceeds the standards in the model policy to make peer support available and/or refer the police officer or firefighter seeking mental health care to a mental health professional.

To File a New Claim:

Please visit www.CIRMA.org. From the homepage, click on the Workers' Compensation tab then scroll down to "Workers' Compensation Claims Reporting - NetClaim Portal".

Formal Notice of Claim (Form 30C) -

In Connecticut, a Form 30C is an optional form that can be completed and filed by the injured worker to formally place the employer on notice that he/she intends to pursue a Workers' Compensation Claim. The completed form must be completed by the injured employee and hand delivered or sent by certified mail to the Town Clerk and the State of Connecticut Workers' Compensation Commission. Filing of this form is optional. One of the critical components of a Form 30C is employer/carrier response time. For the majority of Workers' Compensation claims, the respondents has 28 days following receipt of this form to either accept or formally deny the claim with a Form 43. Failure to do so may have adverse consequences.

Under PA 19-17, the employer's/carrier's response time has been extended to 180 days, provided the respondent begin paying "without Prejudice" benefits on or before the 28th day following the receipt of the Form 30C.

6. Each police officer basic training program conducted by the Division of State Police within the Department of Emergency Services and Public Protection (DESPP) shall provide resilience and self-care technique training for any individual who begins basic training as a police officer.

What to Do Upon Receipt of a PTSD Workers' Compensation claim as of July 1, 2019

1. **As of July 1, 2019:** Any new claim for PTSD by a police officer or firefighter should be reported immediately to your insurance carrier or third-party administrator.
2. **As of July 1, 2019:** Any police officer or firefighter who makes a claim for PTSD should seek immediate treatment with a board-certified psychiatrist or a licensed psychologist (*see listings on page 7*).

Further Steps Municipalities Must Take to Comply with the Act

1. **As of July 1, 2019:** Prior to returning a surrendered firearm, ammunition, or electronic defense weapon to a police officer, the law enforcement agency must request that he or she undergo an examination by a mental health professional to determine whether the police officer is ready to report for official duty. The law enforcement agency shall pay for the examination.
2. **Effective July 1, 2020:** Each law enforcement agency shall refer a police officer seeking mental health care services to a mental health professional.
3. **Effective July 1, 2020:** Each municipal or state paid or volunteer fire department and each municipal entity employing a fire marshal, deputy fire marshal, fire investigator, and/or fire inspector shall refer a firefighter seeking mental health care services to a mental health professional.
4. **On or before July 1, 2020:** Each law enforcement agency, municipal or state paid, or volunteer fire department and each municipal entity employing a fire marshal, deputy fire marshal, fire investigator, and/or fire inspector must make peer support available to police officers and firefighters.
5. **On or before July 1, 2020:** Each municipal, state paid or volunteer fire department and each municipality employing a fire marshal, fire investigator, and/or fire inspector shall adopt and maintain a written policy that meets or exceeds the standards in the model policy to make peer support available and/or refer the police officer or firefighter seeking mental health care to a mental health professional.
6. **On or after January 1, 2020:** Every police basic training program conducted or administered by the Division of State Police within DESPP, POST-C or a municipal police department in Connecticut shall provide, in consultation with the Department of Mental Health and Addiction Services (DMHAS), resilience and self-care technique training for any individual who begins basic training as a police officer.
7. **On or after January 1, 2020:** In consultation with DMHAS, the Commission of Fire Prevention and Control, State Fire Marshal, Codes and Standards Committee, and any other state or municipal entity providing training to a firefighter shall provide resilience and self-care technique training to every firefighter who begins initial training.

Best Practices for Managing Post Traumatic Stress Disorder

- 1 Develop Risk Management Program for Managing PTSD**
- 2 Develop Strategies, Programs and Policies and Tailor to Specific Workplace**
- 3 Develop Education and Training**
- 4 Identify Mental Health Providers**
- 5 Seek Early Intervention and Treatment**

Best Practices

- 1. Develop Risk Management Program for Managing PTSD**
 - Ensure senior leadership support mental health and wellness in the workplace.
 - Develop a communication plan to ensure everyone knows their rights and responsibilities, programs, policies and resources.
 - Support a change in culture.
- 2. Develop Strategies, Programs and Policies and Tailor them to Specific Workplace**
 - Implement anti-stigma campaigns to ensure employees seek help and support when needed.
 - An effective anti-stigma campaign needs to:
 - Have different components targeting all levels of the organization (management, supervisors, HR, employees).
<https://www.realwarriors.net>
 - Establish and implement a peer support program.
<https://www.theiacp.org/resources/peer-support-guidelines>
 - 3. Develop Education and Training**
 - Develop resiliency training and sensitivity programs.
 - *Adopt and maintain a written policy that meets or exceeds the standards in the model policy developed by the POST-C and the Commission on Fire Prevention and Control (CFPC) to make peer support available.*
<https://www.nami.org/find-support/law-enforcement-officers>
<https://www.firerescuemagazine.com/articles/print/volume-12/issue-3/features/firefighters-and-trauma.html>
 - Increase employee knowledge and understanding of mental health.
 - *Fire and Police departments should approach the issue of mental health with openness and sensitivity.*
 - Screenings for PTSD and other disorders should be made common practice within an agency.
 - Conversations about mental health should be made the norm - not taboo.
 - Supervisors should be especially alert for warning signs that include changes in behavior, attitude, or performance.
 - *A robust resource for this is NAMI's "Preparing for the Unimaginable: A Report on Officer Mental Health".*
<https://www.nami.org/About-NAMI/Publications-Reports/Public-Policy-Reports/Preparing-for-the-Unimaginable/Preparing-For-The-Unimaginable.pdf>
 - Train supervisors with skills to identify symptoms.
 - Equip families of first responders with knowledge to support their loved ones.
 - 4. Identify Mental Health Providers**
 - Ensure mental health providers understand first responder's culture.
 - Effectively utilize Employee Assistance Programs (EAPs). Must have objective professionals who can identify and direct care.
 - Establish a network of mental health providers.
 - *Police officers and firefighters and who are seeking assistance need to be referred to a mental health professional.*
 - 5. Seek Early Intervention and Treatment**
 - Early intervention is key.
 - *Develop an early intervention plan.*
 - *Immediate Care when a First Responder is involved in an acute trauma situation.*
 - *Do not ignore stress situations. Report a claim early even if there has not been a diagnosis of PTSD.*
 - Recognize the signs and symptoms of mental health issues early.
 - *Occasionally, various behaviors may raise concerns of instability, a physical danger to themselves and/or to others, or ineffective in discharging responsibilities. Such behavior may occur on or off duty and may manifest in such ways as:*

- *Domestic violence*
- *Excessive force*
- *Lack of alertness*
- *Substance abuse*
- *When such behavior occurs, a fitness-for-duty evaluation (FFDE) may be necessary to assess the nature of the psychological problem and its impact on the ability of the police officer or firefighter to carry out their job functions.*
- Create in-house peer support programs.
 - *Departments should develop resilience and self-care techniques training for police officers and firefighters. This requires departments to identify those officers who will be "peers" and provide them with formalized training so they understand the effects of stress and are able to recognize, prevent, and refer their peers for assistance.*
- Provide peer support services to families.
- Incorporate critical incident stress debriefing.
- Ensure return to work plans are flexible and collaborative.
- Maintain privacy and confidentiality.

Frequently Asked Questions:

1. **When should a police officer or firefighter seek treatment after a qualifying event?**
 - Mental health professionals believe early intervention is the key to a successful outcome. CIRMA recommends immediate care with a board-certified psychiatrist or licensed psychologist for any police officer or firefighter who has had a qualifying event.
2. **How does a CIRMA member file a claim when a police officer or firefighter has had a qualifying event?**
 - CIRMA members can file Workers' Compensation claims online at www.NetClaim.net.
3. **What should a CIRMA member do if they receive a Form 30C?**
 - Please refer to CIRMA's white paper regarding Public Act No. 16-112 (September, 2016) which specifically addresses the handling of all Form 30Cs.
4. **How does a CIRMA member find a mental health professional?**
 - CIRMAcare's network list of preferred physicians can be found on CIRMA's website at CIRMA.org. From the homepage, click on the Workers' Compensation tab then scroll down to "CIRMAcare Medical Care Plan Provider Search". For the Connecticut Worker's Compensation Chairman's list of Board-Certified Psychiatrists and Licensed Psychologists see page 7.
5. **If someone is a volunteer firefighter and also employed as an EMT, are they covered?**
 - Currently EMTs and Paramedics are **not** covered under PA No. 19-17. However, if the injured worker is an active volunteer or paid firefighter and their duties include EMT or paramedic work, they will be covered.
6. **Will this Act be expanded to cover EMTs or Department of Corrections employees?**
 - The Labor and Public Employees Committee must examine the feasibility of expanding this coverage to EMTs and/or Department of Corrections employees by February 1, 2020. If the Committee determines expansion is feasible, a bill must be originated during the next legislative session.

The Connecticut Workers' Compensation Chairman's List of Board-Certified Psychiatrists and Licensed Psychologists*

St. Francis Hospital Outpatient Behavioral Health

Locations:

675 Tower Avenue, Hartford
114 Woodland Street, Hartford
27 Sycamore Commons, Glastonbury
1502 Hopmeadow Street, Simsbury
Phone: (860) 714-2750
Dr. Neelu Gill (psychiatrist)

Trinity of New England

10 North Main Street, West Hartford
Phone: (860) 573-5528
Dr. Yana Frenkel (psychiatrist)

Behavioral Health Consultants

3018 Dixwell Avenue, Hamden
Phone: (203) 288-3354

Psychologists:

Dr. John Cline
Dr. Arnold Holzman
Dr. Mark Kirschner
Dr. Nancy Legow

CT Behavioral Health Associates

Locations:

Groton - 616 & 620 Goldstar Highway • Phone: (860) 552-7305
Glastonbury - 200 Oak Street, Unit C • Phone: (860) 780-2262
Hamden - 2969 Whitney Avenue • Phone: (203) 691-7634
New Britain - 85 Lexington Street • Phone: (860) 233-1111
New London - 41 Faire Harbour Place • Phone: (860) 437-6914
Norwich - 22 Case Street • Phone: (860) 823-1399
Old Saybrook - 954 Middlesex Turnpike • Phone: (860) 391-8661
Pawcatuck - 118 South Broad Street • Phone: (860) 572-8834
Plainfield - 13 Babcock Avenue • Phone: (860) 564-2242
Southington - 41 Old Turnpike Road • Phone: (860) 276-9295

Psychiatrists:

Dr. Mark Aron (Old Saybrook)
Dr. Bassam Awwa (Southington)
Dr. Richard Bloom (New London)
Dr. Diaa Noaman (Southington)
Dr. Amanda Speicher (New London)
Dr. Ammar Traboulsi (Norwich)

Comprehensive Neuropsychological Services

Locations:

1095 South Main Street, Cheshire
225 Hopmeadow Street, Simsbury (Weatogue)
1420 Main Street, Glastonbury
Phone: (203) 271-3809

Neuropsychologists:

Dr. J. Dennis Johnston
Dr. Stephen Sarfaty
Dr. Brett Steinberg

Psychologists:

Dr. Beth Karassik
Dr. Karina Gitman
Dr. Stephanie Pennington

UCONN Health – University Physicians

Locations:

John Dempsey Hospital - 100 Hospital Drive, Farmington
(Connecticut Tower)
10 Talcott Notch, Farmington
99 Woodland Street, Hartford
65 Kane Street, West Hartford

Psychiatrists:

Dr. Naila Azhar (Farmington)
Dr. Philip Blumenshine (Farmington)
Dr. Eric Brueckner (Farmington)
Dr. Daniel Connor (West Hartford)
Dr. Jonathan Covault (Farmington)
Dr. Srinath Gopinath (Farmington)
Dr. Neha Jain (Farmington)
Dr. Jayesh Kamath (Farmington)
Dr. Glenn Konopaske (Farmington)
Dr. Thomas Lawlor (Farmington)
Dr. Sarah Nguyen (Farmington)
Dr. Diana Paez Anaya (Farmington)
Dr. Surita Rao (Farmington)
Dr. Michael Rayel (Farmington)
Dr. Andrew Winokur (Farmington)
Dr. Kristina Zdanys (Farmington)

Psychologists:

Dr. Margaret Evans (Farmington)
Dr. Julian Ford (Farmington)
Dr. Carolyn Greene (West Hartford)
Dr. Jacqueline Guajardo (Hartford)
Dr. Cassandra Holinka (Farmington)
Dr. Jason Lang, (West Hartford)
Dr. Mark Litt (Farmington)
Dr. Kevin Manning (Farmington)
Dr. Jessica Meyer (Farmington)
Dr. Aaron Sardell (Farmington)
Dr. Karen Steinberg (Farmington/West Hartford)
Dr. Howard Tennen (Farmington)

Psychologist/Neuropsychologist:

Dr. Beth Springate (Farmington)

Dr. David Israel

1250 Summer Street
Stamford, CT 06902
Phone: (203) 376-3760

Dr. Andrew Meisler, PhD

664 Prospect Avenue
Hartford, CT 06105
Phone: (860) 236-8087

For more information about this topic,
please contact your CIRMA Risk
Management Consultant

Resources

1. American Journal of Psychiatry - post-911 analysis of acute stress disorder, PTSD and depression in disaster or rescue workers
By Carol S. Fullerton, Ph.D., Robert J. Ursano, M.D., and Leming Wang, M.S.
https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.161.8.1370?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&
2. NIH study of mental health among 9-1-1 operators
By MM Lilly and CE Allen of the Department of Psychology at Northern Illinois University.
<https://www.ncbi.nlm.nih.gov/pubmed/25964163>
3. U.S. Substance Abuse & Mental Health Services Administration - supplemental research bulletin on first responders
<https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
4. NCCI research briefs:
 - On PTSD
https://www.ncci.com/Articles/Pages/II_Insights-PTSD-Injuries.aspx
 - On Presumption
<https://www.ncci.com/Articles/Documents/Insights-Research-Brief-Presumptive-Coverage.pdf>
5. National Alliance on Mental Illness - estimate of PTSD in general population
<https://www.nami.org/Learn-More/Mental-Health-Conditions/Posttraumatic-Stress-Disorder>
6. University of Phoenix - Study of PTSD in First Responders
https://www.phoenix.edu/about_us/media-center/news/uopx-releases-first-responder-mental-health-survey-results.html
7. Force Science Institute - results from Washington State Study on Corrections Workers
<https://www.forcescience.org/2018/07/ew-study-prison-workers-have-ptsd-symptoms-at-war-zone-level/>
8. Veterans' Administration - National Center for PTSD
<https://www.ptsd.va.gov/>
9. BC First Responders Mental Health - Best Practices
<https://bcfirstrespondersmentalhealth.com/wp-content/uploads/2017/05/Recommended-Practices-for-Supporting-Mental-Health-in-First-Responders-170615.pdf>

The Connecticut Interlocal Risk Management Agency, CIRMA, is Connecticut's leading provider of municipal risk financing and risk management services. A member-owned and governed agency, CIRMA provides high quality insurance for municipalities, school districts, and local public agencies. CIRMA operates two risk pools, the Workers' Compensation and the Liability-Auto-Property pool. It also provides Heart & Hypertension claims services and claims administration and risk management services to self-insured municipalities. CIRMA's financial strength enables it to provide assured rate stability, open availability, and expert risk control and claims services.

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