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Before Members of the
House Insurance Committee

Written Proponent Testimony on House Bill 308
Workers' Compensation/Disability Retirement for First Responders

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Chairman Brinkman, Vice Chair Antani, Ranking Member Boggs and members of the committee, thank you for the opportunity to submit a proponent statement in support of House Bill 308, which, if enacted, would allow Ohio's first responders to receive disability retirement or file a claim with the Bureau of Worker's Compensation (BWC) for Post-traumatic Stress Disorder (PTSD) without an accompanying physical injury.

I am writing today on behalf of the Ohio Psychiatric Physicians Association, a statewide medical specialty organization whose more than 1,000 physician members specialize in the diagnosis, treatment and prevention of mental illness and substance use disorders.

My name is Megan Testa, M.D. and I am a physician practicing forensic psychiatry in Cleveland, Ohio. I completed medical school at Case Western Reserve University School of Medicine. I completed residency training in psychiatry at University Hospitals of Cleveland. After graduating from residency, I completed fellowship training in forensic psychiatry, during the course of which I was trained in evaluating Worker's Compensation claimants and participated in numerous independent medical evaluations for the BWC. I currently devote my clinical skills to treating individuals with mental illness and addictions.

Ohioans depend on our first responders – our police officers, emergency medical responders, and fire fighters – to answer our calls and go into crisis situations, no matter what they may face, in order to help us all. Every day in service to Ohioans, first responders are exposed to traumatic events, including homicides, suicides, and fatal medical emergencies. Our first responders work through crisis after crisis, day after day, to help others. Most do not develop post-traumatic stress disorder (PTSD), however, some do, and those who develop PTSD should not be excluded from filing a claim with the BWC. PTSD is a well-defined and scientifically validated mental disorder that affects only a small fraction of individuals who are exposed to trauma. Ohio law currently prohibits first responders from filing a claim with the BWC for a diagnosis of PTSD, unless the PTSD is related to a compensable physical injury. This is a disservice to the resilient professionals who develop PTSD due to what they witness and experience during the course of their work protecting and serving Ohioans.

It is true that PTSD, along with other mental disorders, was excluded as an allowable BWC condition when it was initially developed. However, given the advances in medicine that have been made since the inception of BWC, which have provided a better understanding of PTSD, and the passage of the federal Mental Health Parity legislation, there is no justification for continuing to exclude PTSD as an allowable condition for compensation.

First, I would like to discuss the diagnosis and treatment of PTSD. Post-traumatic stress disorder is well-defined in the Diagnostic and Statistical Manual of Mental Disorders – 5th edition (DSM-5). The DSM-5 is the handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders. The DSM-5 contains descriptions, symptoms, and other criteria for diagnosing mental disorders. In order to be diagnosed with PTSD a person must have experienced an objectively-defined trauma as delineated in the DSM-5. The person must then demonstrate that, in response to the trauma, they developed numerous wide-ranging symptoms affecting cognition, mood and arousal. The diagnosis is rigorous and is based not simply on the report of the claimant, but also on symptoms observed through mental status examination. Experienced clinicians diagnose PTSD with good inter-rater reliability.

Once diagnosed, PTSD is treatable. As a psychiatrist, when I see an individual with PTSD, I have solid clinical guidelines to refer to and develop a treatment plan that has a substantial likelihood of helping that person recover from PTSD. It is understandable that employers and other stakeholders are concerned about cost and the sustainability of the BWC program. It is important to know that there are many affordable (and generic) medications available to treat the symptoms of PTSD, and trauma therapy is affordable and effective in restoring functioning. In fact, the success rate for treating PTSD can exceed the success rate for treating conditions which are currently allowed by BWC, such as chronic back pain. When PTSD was allowed in Canada as a compensable injury, neither costs nor premiums rose significantly.

Second, I would like to discuss the issue of mental health parity. As medicine has advanced our societal understanding of mental illness has evolved. We have come to an understanding as a society that mental illnesses are brain disorders, and we have decided to do away with the idea that treating mental illness is optional and/or unnecessary. This idea was rooted in stigma and poor understanding of the medical nature of mental illness. The passage of the federal Mental Health Parity Act in 1996 signified that individuals' physical and mental disorders were equally important components of health, and that this should be reflected in the healthcare system. The Bureau of Workers' Compensation should evolve as well, because the exclusion of PTSD runs counter to mental health parity.

In conclusion, the Ohio Psychiatric Physicians Association supports a legislative change that would allow Ohio's first responders to file a claim with BWC for PTSD, unrelated to any other physical condition. We owe a responsibility to our first responders – who put their lives on the line for all of us every day – to treat PTSD that results from their work, whether or not the precipitating trauma was a physical injury.

Thank you for the opportunity to submit written testimony today in support of HB 308.