

April 5, 2024

The Honorable Stephen M. Casey
House Municipal Government and Housing Committee
Rhode Island State House
82 Smith St.
Providence RI, 02903

RE: Bill Number: 7464 AN ACT RELATING TO TOWNS AND CITIES -- RELIEF OF INJURED AND DECEASED FIRE FIGHTERS AND POLICE OFFICERS

Dear Chairman Casey and Honorable Members of the House Municipal Government and Housing Committee:

We are following up with the Committee to address House Bill 7464 and its implications. This bill, which extends injured-on-duty benefits to police officers and firefighters suffering from diagnosed post-traumatic stress injury (PTSI) resulting from actions in the course of their employment, or from rendering emergency assistance, is undoubtedly crucial in supporting the mental health needs of our first responders. However, we have concerns regarding specific aspects of the bill that we believe warrant further attention and clarification.

We believe that any legislation must prioritize treatment and services over cash payouts. As requested, in Minnesota, as in other states, treatment options for Post-Traumatic Stress Injury (PTSI) typically involve a combination of psychotherapy, medication, and support services. Here are some common treatment options for PTSI used in Minnesota:

Psychotherapy/Counseling:

- **Cognitive Behavioral Therapy (CBT):** CBT is a widely used therapy for PTSI that helps individuals identify and change negative thought patterns and behaviors associated with trauma. Trauma-focused CBT specifically addresses symptoms related to traumatic experiences.
- **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR is a specialized form of therapy that involves focusing on traumatic memories while engaging in bilateral stimulation, such as following hand movements or auditory tones, to help process and reduce distress associated with the memories.
- **Prolonged Exposure Therapy (PE):** PE involves gradually approaching trauma-related memories, feelings, and situations in a safe and controlled manner to reduce avoidance and distress associated with traumatic experiences.

Medication:

- **Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):** Antidepressant medications such as SSRIs (e.g., sertraline, fluoxetine) and SNRIs (e.g., venlafaxine) are commonly prescribed to help manage symptoms of PTSI, including depression, anxiety, and intrusive thoughts.
- **Prazosin:** Prazosin is a medication sometimes used to reduce nightmares associated with PTSI.

Supportive Services:

- **Support Groups:** Support groups provide a supportive environment where individuals with PTSI can connect with others who have similar experiences, share coping strategies, and receive emotional support.
- **Case Management:** Case managers can help individuals with PTSI navigate the healthcare system, access resources, and coordinate care among various providers.

Holistic Approaches:

- **Mindfulness and Meditation:** Mindfulness-based practices and meditation techniques can help individuals with PTSI cultivate present-moment awareness, reduce stress, and improve emotional regulation.
- **Yoga and Exercise:** Physical activity, including yoga, aerobic exercise, and strength training, can help alleviate symptoms of PTSI by promoting relaxation, reducing anxiety, and improving mood.

Complementary and Alternative Therapies:

- **Acupuncture:** Some individuals find relief from symptoms of PTSI through acupuncture, which involves the insertion of thin needles into specific points on the body to promote balance and healing.
- **Art Therapy:** Art therapy allows individuals to express themselves creatively, which can be therapeutic for processing traumatic experiences and emotions.

It's important for individuals with PTSI to work with qualified mental health professionals to develop a personalized treatment plan tailored to their specific needs and preferences.

Furthermore, alongside discussing treatment options, we would like to highlight certain concerns related to specific aspects of the bill that we believe require additional attention and clarification.

Qualifications for Diagnosing PTSI:

The requirement in Section 45-19-1(2) that the diagnosis of PTSI must be made by a licensed mental health professional raises valid concerns about the qualifications necessary for such diagnoses. While the bill mandates that the diagnosis come from a licensed mental health professional, the absence of a requirement for Ph.D in a relevant field may potentially lower the standards currently in place for determining disabilities and pension eligibility.

We propose that any amendments or clarifications to the bill require a Ph.D to uphold the high standards of professionalism and expertise required for assessing and certifying disabilities, especially those related to mental health.

Opposition to the language proposing “deemed”: "any individual who is awarded compensation under this section shall be deemed to have sustained an injury in the line of duty" can be framed based on several considerations:

1. **Impact on Definition of Injury:** The proposed language would effectively broaden the definition of "injury in the line of duty" to cover any individual awarded compensation under the specified section. This broad interpretation may not align with traditional definitions of duty-related injuries, potentially leading to ambiguities and unintended consequences.
2. **Legal and Administrative Implications:** The proposed language could introduce complexities in legal and administrative processes. For instance, determining the validity of claims and assessing the appropriateness of compensation awards might become more challenging if all recipients are automatically classified as having sustained a duty-related injury.

The League’s opposition to the proposed language stems from concerns regarding clarity, potential misuse, and fairness in defining duty-related injuries for compensation purposes. Preserving the specificity and integrity of duty-related injury determinations is crucial for maintaining transparency, accountability, and fairness within the context of compensation programs.

Definition of "Qualifying Event":

The bill lacks clarity in defining a "qualifying event." It is essential that the events outlined in the legislation are clearly defined to ensure consistency and fairness in determining eligibility for benefits. We suggest including specific criteria in the definition to encompass a range of traumatic incidents that may contribute to the development of post-traumatic stress injuries among first responders.

"Qualifying Event" means an event occurring in the line of duty on or after July 1, 2024, in which a police officer, firefighter, or emergency medical services personnel:

- i.** Views a deceased minor;
- ii.** Witnesses the death of a person or an incident involving the death of a person;
- iii.** Witnesses an injury to a person who subsequently dies before or upon admission at a hospital or other medical facility as a result of an injury and not as a result of an intervening cause;
- iv.** Has physical contact with and treats an injured person who subsequently dies before or upon admission at a hospital or other medical facility as a result of the injury and not as a result of any other intervening cause;
- v.** Carries an injured person who subsequently dies before or upon admission at a hospital or other medical facility as a result of the injury and not as a result of any other intervening cause; or
- vi.** Witnesses a traumatic physical injury that results in a loss of a vital body part or a vital body function that results in permanent disfigurement of the victim.

Benefits should not be extended for posttraumatic stress injury arises out of any disciplinary action, work evaluation, job transfer, demotion, termination or similar job action OR police or firefighters who are hired after July 1, 2024 have not had – prior to joining the department – engaged in a mental health evaluation at the hiring entity’s expense.

When PTSI does not arise solely acting within the course of their job any conclusion that the injury was sustained in the line of duty may be rebutted by a preponderance of the evidence.

By incorporating these criteria, we can ensure that the legislation appropriately addresses the traumatic incidents that may lead to post-traumatic stress injuries among our first responders.

Presumption of Eligibility:

The current draft of the legislation stipulates that an individual diagnosed with PTSI is "entitled to receive an accidental disability retirement," a phrase that establishes a conclusive presumption of eligibility. While the bill mandates a cursory proof of a PTSI diagnosis related to a potentially traumatic event endured while providing emergency assistance in Rhode Island, both on and off-duty, it lacks provisions for the state to thoroughly review and rebut such claims. We concur with the Treasurer's office recommendation to remove the language "entitled to receive an accidental disability retirement."

It is imperative to strike a delicate balance between offering essential support to individuals with valid claims of PTSI and safeguarding the integrity of the accidental disability retirement system. Allowing a conclusive presumption of eligibility without affording the state an adequate opportunity to scrutinize and evaluate claims may lead to potential abuse of the system and impose unnecessary strain on state resources. It is important to note that these provisions as currently written could potentially impose significant financial burdens on cities and towns, as they may need to expend hundreds of thousands of dollars to disprove claims of accidental disability retirement based on PTSI diagnoses.

Therefore, the League respectfully urges that the language in House Bill 7464 concerning accidental disability retirement benefits for individuals diagnosed with PTSI be amended to ensure that the state maintains the capability to thoroughly assess and adjudicate claims on a case-by-case basis. This may involve integrating provisions enabling the state to counter claims with credible evidence or expert testimony, thereby ensuring that only authentic claims receive the benefits they merit. By ensuring that the language of the bill reflects the appropriate standards for assessing disabilities, we can continue to support our first responders while upholding the integrity of our disability pension system.

State Presumption Fund:

The League proposes the creation of a State Presumption Fund totaling \$2 million to address presumption-related claims. This fund mirrors similar initiatives in other states aimed at providing financial assistance for such claims.

Here's a breakdown of the key points and implications of this suggestion:

1. **Purpose of the Fund:** The State Presumption Fund aims to cover the costs associated with claims related to certain presumptions. These claims often require financial compensation and can potentially financially burden cities and towns if not addressed adequately.
2. **Unfunded Mandate Concerns:** The proposal addresses concerns that H7464 might lead to an expansion of an existing unfunded mandate. By establishing a State Presumption Fund, the financial burden of funding these claims would shift from local communities to the state government.
3. **Risk Mitigation for Communities:** Without a state-funded pool like the proposed State Presumption Fund, communities could face significant financial challenges if there's a surge in presumption claims. Large numbers of claims, especially those related to serious illnesses, could strain local resources and potentially harm communities' financial well-being.

4. Benefits and Implications: The establishment of a State Presumption Fund could have several benefits:
- Financial Relief: It would provide financial relief to communities facing presumption-related claims.
 - Fairness and Equity: It ensures a more equitable distribution of the financial burden associated with presumption claims by shifting it to the state level.
 - Risk Management: By centralizing the management of presumption claims, the fund can efficiently allocate resources and manage risks associated with potential claims.

Other states have created state-funded pools to pay for any presumption-related claims. As H7464 looks to be an expansion of an unfunded mandate, we believe the state should pay any direct benefits associated with presumption claims. Without a state-funded pool, a community could be harmed by a large number of presumption claims.

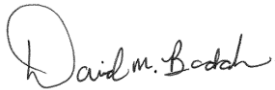
The proposal for a State Presumption Fund is a proactive approach to addressing the financial implications of presumption-related claims, ensuring that communities are not unduly burdened by these costs and providing a mechanism for fair and equitable compensation.

As we have previously testified, the current IOD system needs to be reformed before new benefits are considered. In 2019, the General Assembly made significant improvements to IOD for state public safety officials but did not include cities and towns in those much-needed reforms.

We stand ready to collaborate with the sponsor to achieve these important objectives while ensuring responsible and effective support for our police officers and firefighters.

On behalf of the League of Cities and Towns thank you for allowing us the opportunity to express our views and we look forward to continued collaboration on this critical issue.

Sincerely,



David M. Bodah
Associate Director

Cc: House Municipal Government and Housing Committee
Ernie Almonte, Executive Director