
Detailed Fiscal Analysis

Overview

The bill allows a peace officer, firefighter, or emergency medical worker who is diagnosed with post-traumatic stress disorder (PTSD) resulting from his or her employment to be eligible to receive medical and lost-time benefits under Ohio's Workers' Compensation Law, regardless of whether the PTSD is connected to a compensable physical injury. According to the Ohio Peace Officer Training Academy's (OPOTA) annual report for FY 2013, there were 33,592 peace officers in Ohio. According to the National Fire Department Census Database, there are approximately 42,125 firefighters in Ohio. The Ohio Department of Public Safety's Division of Emergency Medical Services' FY 2013 annual report indicates there are 42,342 total emergency medical workers in Ohio. Extending these benefits to peace officers, firefighters, and EMS workers will increase both the number of claims filed and amount of medical benefits and lost time paid by the Bureau of Workers' Compensation (BWC) from the State Insurance Fund. There will be similar impacts on self-insured public employers.

Lost-time claims

Depending on the severity of the PTSD diagnosis, treatment may require time off from work. Consequently, a major factor in determining the fiscal impact of the bill on state and local public employers of peace officers and firefighters is the amount of additional lost-time claims that would be paid by BWC or would be self-insured. Lost-time benefits are based on an eligible claimant's wages. The National Bureau of Labor Statistics (BLS) data for 2013 indicate that the median peace officer salary in Ohio was \$53,700,¹ and the median firefighter salary in Ohio was \$42,730 in 2013.² BLS data for 2013 indicate that the median emergency medical technician salary in Ohio was \$29,630.³ Ultimately, the amount of compensation paid for lost wages related to PTSD claims allowed under the bill is related to a claimant's wages and depends on how long the claimant would be unable to work as a result of a PTSD diagnosis.

Medical costs

Because of the wide spectrum of conditions suffered by individuals with PTSD, quantifying the additional cost of medical benefits that the State Insurance Fund or a self-insured public employer would incur under the bill is difficult. There appears to be little data on the costs involved with the medical treatment of PTSDs. While LSC found a February 2012 Congressional Budget Office (CBO) study of PTSD and traumatic brain

¹ Information obtained on June 3, 2014 at <http://www.bls.gov/oes/current/oes333051.htm#st>.

² Information obtained on June 3, 2014 at <http://www.bls.gov/oes/current/oes332011.htm>.

³ Information obtained on June 4, 2014 at <http://www.bls.gov/oes/current/oes292041.htm#st>.

injury cases and related costs among combat veterans treated by the Veterans Health Administration (VHA) from 2004 through 2009,⁴ caution should be used in applying these findings to PTSD treatments and medical costs for the public safety employees covered under this bill. Specifically, the CBO study found that the first year of treatment for a combat veteran with PTSD cost approximately \$8,300, with cost decreasing to \$4,200 in the second year, \$3,900 in the third year, and \$3,800 in the fourth year of treatment. Caution in applying these figures to the potential costs of treatment for peace officers, firefighters, and emergency medical workers is warranted since it is quite possible that PTSD injuries suffered by public safety personnel differ in severity and scope of treatment from such injuries among combat veterans.

Typically, the VHA provides PTSD treatment that includes a combination of psychotherapy and pharmacology. The VHA study mentioned above indicated that PTSD patients who undergo some form of psychotherapy generally require at least nine such treatment sessions,⁵ with the average case including 11 sessions. The report also indicated that approximately 5% of all PTSD diagnoses involved psychiatric hospitalization. Overall, the U.S. Department of Veterans Affairs indicates that approximately 7% to 8% of the total population will have PTSD at some point in their lives.⁶ For purposes of this bill, it can reasonably be assumed that police and firefighters would likely have a PTSD occurrence rate higher than that of the general population, but likely lower than that of combat veterans. If eligible police, fire, and emergency medical employees were diagnosed with PTSD at a rate of 10%, given the approximate 118,000 total peace officers, firefighters, and emergency medical workers statewide in 2013, then there could be as many as 11,800 PTSD diagnoses in a given year. If the rate of diagnosis was 15% for these individuals, there could be as many as approximately 17,700 such diagnoses in a given year. If there were a diagnosis rate of 20%, then there could be as many as 23,600 PTSD diagnoses in a given year.

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⁴ *The Veterans Health Administration's Treatment of PTSD and Traumatic Brain Injury Among Recent Combat Veterans*. Congressional Budget Office, February 2012.

⁵ *Journal of Traumatic Stress*, vol. 23, no. 1 (February 2010), pp. 5-16.

⁶ Information obtained on June 3, 2014 at <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>.