

2013 HOUSE INDUSTRY, BUSINESS, AND LABOR

HB 1376

2013 HOUSE STANDING COMMITTEE MINUTES

House Industry, Business and Labor Committee
Peace Garden Room, State Capitol

HB 1376
January 28, 2013
Job 17793

Conference Committee

Kristi Helgen

Explanation or reason for introduction of bill/resolution:

Compensation coverage of mental injuries arising from mental stimulus.

Minutes:

Testimony 1,2

Meeting called to order.

Hearing opened.

Representative Scott Kelsch,: Introduced bill. Emergency responders train how to respond to various incidents. However, there is no way to train for the mental or emotional stress an EMS responder might face when working at a scene. Attachment 1 for information about post-traumatic stress disorder. (ended 3:25)

Representative Ruby: How many cases per year for this type of injury?

Kelsch: It varies, I have encountered two over a period of about 3 and a half years.

Representative Ruby: It talks about unusual conditions as opposed to normal conditions. It also talks about it does not apply, doesn't really talk about what are normal duties.

Kelsch: This language is modeled after Nebraska law. It means that if you have a disagreement or dispute with your employers, it does not cover that. In terms of what is normal or not normal, we deal on a daily basis with elderly people who are lifeless. That would be considered within the normal course of duties.

Representative Frantsvog: (6:08) How do you define mental stimulus?

Kelsch: That is defined as an injury or triggering event that triggers some sort of adverse mental health condition. If I may, please refer to the language on page 2 regarding the preponderance of evidence and burden of proof.

Representative Kreun: 7:25 In certain instances, these situations arise, and the mental status of the individual is apparent quickly. Does this cover those particular counseling type situations? Or is that a workers comp issue at that time?

Kelsch: 8:00 We have what we call critical incident, stress management program through our own department. That is basically sitting around with your coworkers and talking about the incident. We also have the employee assistance program that offers services to professional counselors.

Representative Becker: When an employee who claims sexual harassment, would that fall under this because it is a mental stimulus that is not part of normal employment?

Kelsch: There are other types of recourse for situations like that, some are legal settlements. I talked with Rep. Fehr, a psychologist with the military. He did say that if you had any questions about what constitutes a legal definition of PTSD, he does have that answer for you.

Chairman Keiser: In the language, page 2 line 13, who defines that?

Kelsch: That would be a professional counselor. It falls under burden of proof.

Chairman Keiser: Could there be an additive determination that continued exposure to these situations eventually reaches the point where it becomes a question of if it would then qualify?

Kelsch: 11:15 It can certainly be a cumulative effect.

Representative Ruby: 11:30 This talks about if a person is a first responder. Is that only in the case of if they are part of a specific group or employer or is it also if a person works in a plant and is one of the first people to assist another? How broad is that?

Kelsch: 12:00 This language is designed to specifically apply to all volunteer and professional fire fighter, ambulance, police officers (including highway patrol).

Representative Ruby: Under that definition, it would not apply to those employee?. But what if an employee is on the road and sees an accident and offers help and has problems coping with that situation, are we going to be expecting a bill to expand on that also?

Kelsch: It is not their normal course of employment; they are acting as a good Samaritan.

Chairman Keiser: What about people working in emergency rooms? Last time we heard this bill we talked about whether or not to add emergency personnel? In many times, the gruesome effects have been mitigated by the time emergency room personnel see the people.

Kelsch: That is a good question, I did try to formulate an answer for you. Typically when you are the first to arrive on the scene, you are seeing the raw damage. I am fine adding emergency room staff as well, but they are the secondary level of care.(13:50)

Representative Kasper: Is there a percentage of causation with the new definition?

Kelsch: There is a definition already in the code that says 50%, with mental health; it is not something for which you can provide tests and x-rays to reveal physical proof. It falls on the burden of proof, the professions at WSI offer that determination.(15:00)

Opposition

Tom Balzer, North Dakota Motor Carriers Association: The mental of mental/mental is something North Dakota has not delved into. The business community has been very _ concerned about the impact to the fund. As you see from your fiscal note, it is a difficult issue to determine what the impact to the fund will be. We do realize without question that PTSD is an issue and that first responders are there at the crucial time of the event. However we believe this needs a closer look to answer questions about what that impact is. And when it should be workers compensation become liable for that? When you use the term first responder, it is not just the professionals. There are a lot of unknowns with this legislation and we believe this should be examined closely. Once this door is open to cover mental/mental, where does it end? (ended 17:20)

Representative Boschee: If this has come up before and it has been looked during last session then has there been any research or studies done since then?

Balzer: I do not think so. Other states have used it, but North Dakota has not delved into this. ND is not a mental/mental state.

Chairman Keiser: 17:58 One of the concerned raised last time, when we pass policies we try not to be discriminatory in the application of policies. If we create the mental/mental category, should we open it to all situations in which there is a mental/mental situation possible? As the committee recalls, we had a bank robbery, and the woman involved had interaction with the robber that had a gun, she declared PTSD after the incident. Shouldn't we open this up to be consistent in the policy?

Balzer: That is our exact fear that it will have to open up to everyone by the next session. The bank example has some merit. Where does the mental injury from mental stimulus end? Once that door is cracked, it will open.

Chairman Keiser: If it is a legitimate issue that should be covered, then it should be covered, regardless of where you work. Not just with emergency responders.

Balzer: (20:52) That is why we oppose.

Representative Becker: 21:00 I see a difference between the first responders. The bank teller had something outside of her normal job. A first responder's job description includes going to scenes of carnage time and time again. I think that a person could justifiably separate from the first responders.

Neutral:

Rob Forward, staff attorney at Workforce Safety and Insurance: Refer to written testimony, attachment 2.

Representative Ruby: Would WSI consider that someone designated by their employer as a first responder for their facility as being included under the definition in this bill?

Forward: Under this definition, No.

Representative Gruchalla: Doesn't WSI already treat police and fire in a separate category when it to heart and respiratory conditions?

Forward: That is correct, there is a presumption in the law that if a full time firefighter or police officer has a heart, cancer, or respiratory condition that is presumed to be caused by their employment.

Representative N. Johnson: What other states have a mental/mental? Did WSI talk to them about how much it is utilized?

Forward: This language comes from Nebraska. We have not spoken to anyone from Nebraska. When we look at where we stand with mental injuries, we are a physical/mental state. There are other jurisdictions which are mental/mental. I am speculating that those states do not make any special allowances for their firefighters and other first responders because they will be covered. I believe it was real recent and one of the first to carve out a mental/mental, the state of Nebraska.

Representative Amerman: 27:00 In our WSI, when a physical injury is proven to have caused at least 50% of the mental injury and is covered, what process is used? How do you get to where someone is covered under our current law?

Forward: We ask the question of the treating psychologist or psychiatrist. We may request an IME, and to be evaluated by mental health professional. In the situations where we are considering a mental injury, the person is being treating for the physical injury most of the time refer patient to a mental health specialist.

Representative Amerman: (28:45) Is there a lag time before the mental condition shows up?

Forward: I would say that in most of the cases with which I'm familiar, that is true.

Representative Ruby: (29:30) If this bill passed, what kind of time limit would be set on the period of time after an incident before this would kick in?

Forward: He has one year in which to file that claim from the first day he has wage loss for that claim or seeks treatment for that claim. Theoretically it could take some time however in most cases it happens fairly quickly.

Representative Becker: 32:47 Please tell me more about how volunteers are covered. The language says employee. How will that apply to volunteers?

Forward: 33:15 Political subdivisions can purchase optional coverage for their volunteers, its optional.

Chairman Keiser: 33:32 On the physical/mental, in most of those cases, is the mental depression, not PTSD?

Forward: That is correct.

Hearing closed.

2013 HOUSE STANDING COMMITTEE MINUTES

House Industry, Business and Labor Committee
Peace Garden Room, State Capitol

HB 1376
January 29, 2013 am
Job 17883

Conference Committee

Kristi Helzer

Explanation or reason for introduction of bill/resolution:

Compensation coverage of mental injuries arising from mental stimulus.

Minutes:

Chairman Keiser: Opens HB 1376

Representative M. Nelson: Moves a Do Pass.

Representative Boschee: Second

Representative Becker; 0:45 My concern is that it will open a door that will be greatly expanded by the judiciary.

Representative Gruchalla: 1:41 I've heard some reservations about that issue. Suggestion to put a sunset clause on this to see how it plays out.

Nelson and Boschee withdraw motion

Representative Gruchalla: proposed motion to amend with a sunset, two year.

Representative Kreun: Seconds.

Representative Kasper: What would be the effect if the bill goes into effect, and then there is a precedent because of the sunset?

Chairman Keiser: Goes through sunset law.

Representative Kasper: 5:10 What if it actually happened 5 years ago and now the individual believes it started affecting them during this 2 year period?

Representative Ruby: (6:03) I do not support bill and those that do should not support a sunset clause, decide yes or no.

Vote on amendment to place the sunset clause.

Motion to amend fails 3-10-2.

Representative Kasper: Motion on do not pass

Representative Ruby: Second.

Rep Kreun: This states a regular position for those particular individuals. I support HB 1376.

Rep Boschee. I will vote No on the Do Not Pass. I would be cautious to whom we should limit this too at this point.

Representative Ruby: 12:08 First responders are aware of what their position entitles, there is a reason people like me would not want to be in their position, what triggers the mental stress? How does the employer manage the risks?

Chairman Keiser: 14:40 What other injury does WSI cover for only one group? This bill is discriminatory.

Vote:

Yes: 13

No: 1

Absent: 1

Representative M. Nelson: Moves to reconsider, would like to amend and have it made broad, take out "first responders".

Representative (?): Second

Representative Kasper: 18:40. I resist the motion. The change is too large and WSI is not here to respond.

Vote on bringing back HB 1376 for purposes to amend

Yes: 3

No: 11

Absent: 1

Motion failed.

Chairman Kaiser. HB 1376 is a Do Not Pass, reconsideration failed.

FISCAL NOTE
Requested by Legislative Council
01/21/2013

Bill/Resolution No.: HB 1376

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2011-2013 Biennium	2013-2015 Biennium	2015-2017 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

The proposed legislation expands the definition of "compensable injury" to include mental injury arising from mental stimulus if the injured employee is a first responder as defined under section 23-27-02.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

see attached

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*
- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*
- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: John Halvorson

Agency: WSI

Telephone: 328-6016

Date Prepared: 01/23/2013

WORKFORCE SAFETY & INSURANCE
2013 LEGISLATION
SUMMARY OF ACTUARIAL INFORMATION

BILL NO: HB 1376

BILL DESCRIPTION: Mental-Mental First Responders

SUMMARY OF ACTUARIAL INFORMATION: Workforce Safety & Insurance, together with its actuarial firm, Bickerstaff, Whatley, Ryan & Burkhalter Consulting Actuaries, has reviewed the legislation proposed in this bill in conformance with Section 54-03-25 of the North Dakota Century Code.

The proposed legislation expands the definition of “compensable injury” to include mental injury arising from mental stimulus if the injured employee is a first responder, i.e. a law enforcement officer, a firefighter, or emergency medical services personnel as defined under section 23-27-02.

FISCAL IMPACT:

Not quantifiable. We don’t anticipate that the proposed legislation will have a material impact on statewide premium rate levels; however, rates for the specific first responder classifications may increase over time as a result of the expanded coverage. To what extent is unclear as we don’t have access to an appropriate base of historical experience to use in deriving the estimates.

DATE: January 23, 2013

Date: 1-29-2013an

Roll Call Vote #: 7

**2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1376**

House Industry, Business, and Labor Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider Consent Calendar

Motion Made By Nelson Seconded By Boschee

Representatives	Yes	No	Representatives	Yes	No
Chairman George Keiser			Rep. Bill Amerman		
Vice Chairman Gary Sukut			Rep. Joshua Boschee		
Rep. Thomas Beadle			Rep. Edmund Gruchalla		
Rep. Rick Becker			Rep. Marvin Nelson		
Rep. Robert Frantsvog					
Rep. Nancy Johnson					
Rep. Jim Kasper					
Rep. Curtiss Kreun					
Rep. Scott Louser					
Rep. Dan Ruby					
Rep. Don Vigesaa					

Total Yes _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Motion withdrawn

Date: 1-29-2013

Roll Call Vote #: 1

**2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1376**

House Industry, Business, and Labor Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider Consent Calendar

Motion Made By Gruchalla Seconded By Kreun

Representatives	Yes	No	Representatives	Yes	No
Chairman George Keiser		✓	Rep. Bill Amerman	abs	
Vice Chairman Gary Sukut		✓	Rep. Joshua Boschee		✓
Rep. Thomas Beadle		✓	Rep. Edmund Gruchalla	✓	
Rep. Rick Becker		✓	Rep. Marvin Nelson	✓	
Rep. Robert Frantsvog		✓			
Rep. Nancy Johnson	abs				
Rep. Jim Kasper		✓			
Rep. Curtiss Kreun	✓				
Rep. Scott Louser		✓			
Rep. Dan Ruby		✓			
Rep. Don Vigessaa		✓			
		✓			

Total Yes 3 No 10

Absent 2

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Sunset clause

Date: 1-29-2013

Roll Call Vote #: 2

**2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1376**

House Industry, Business, and Labor Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider Consent Calendar

Motion Made By Kasper Seconded By Ruby

Representatives	Yes	No	Representatives	Yes	No
Chairman George Keiser	✓		Rep. Bill Amerman		ob
Vice Chairman Gary Sukut	✓		Rep. Joshua Boschee	✓	
Rep. Thomas Beadle	✓		Rep. Edmund Gruchalla	✓	
Rep. Rick Becker	✓		Rep. Marvin Nelson	✓	
Rep. Robert Frantsvog	✓				
Rep. Nancy Johnson	✓				
Rep. Jim Kasper	✓				
Rep. Curtiss Kreun		✓			
Rep. Scott Louser	✓				
Rep. Dan Ruby	✓				
Rep. Don Vigesaa	✓				

Total Yes 13 No 1

Absent 1

Floor Assignment Frantsvog

If the vote is on an amendment, briefly indicate intent:

Date: 1-29-2013

Roll Call Vote #: 3

**2013 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1376**

House Industry, Business, and Labor Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider Consent Calendar

Motion Made By Nelson Seconded By Boschee

Representatives	Yes	No	Representatives	Yes	No
Chairman George Keiser		✓	Rep. Bill Amerman		
Vice Chairman Gary Sukut		✓	Rep. Joshua Boschee	✓	
Rep. Thomas Beadle		✓	Rep. Edmund Gruchalla	✓	
Rep. Rick Becker		✓	Rep. Marvin Nelson	✓	
Rep. Robert Frantsvog		✓			
Rep. Nancy Johnson		✓			
Rep. Jim Kasper		✓			
Rep. Curtiss Kreun		✓			
Rep. Scott Louser		✓			
Rep. Dan Ruby		✓			
Rep. Don Vigasaa		✓			

Total Yes 3 No 11

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1376: Industry, Business and Labor Committee (Rep. Keiser, Chairman)
recommends **DO NOT PASS** (13 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING).
HB 1376 was placed on the Eleventh order on the calendar.

2013 TESTIMONY

HB 1376

PubMed Health. A service of the National Library of Medicine, National Institutes of Health.

A.D.A.M. Medical Encyclopedia. Atlanta (GA): A.D.A.M.; 2011.

① 1-28-2013
HRB 1376

Post-traumatic stress disorder

PTSD

Last reviewed: February 13, 2012.

Post-traumatic stress disorder is a type of anxiety disorder. It can occur after you've seen or experienced a traumatic event that involved the threat of injury or death.

Causes, incidence, and risk factors

PTSD can occur at any age. It can follow a natural disaster such as a flood or fire, or events such as:

- Assault
- Domestic abuse
- Prison stay
- Rape
- Terrorism
- War

For example, the terrorist attacks of September 11, 2001 may have caused PTSD in some people who were involved, in people who saw the disaster, and in people who lost relatives and friends.

Veterans returning home from a war often have PTSD.

The cause of PTSD is unknown. Psychological, genetic, physical, and social factors are involved. PTSD changes the body's response to stress. It affects the stress hormones and chemicals that carry information between the nerves (neurotransmitters).

It is not known why traumatic events cause PTSD in some people but not others. Having a history of trauma may increase your risk for getting PTSD after a recent traumatic event.

Symptoms

Symptoms of PTSD fall into three main categories:

1. "Reliving" the event, which disturbs day-to-day activity
 - Flashback episodes, where the event seems to be happening again and again
 - Repeated upsetting memories of the event
 - Repeated nightmares of the event
 - Strong, uncomfortable reactions to situations that remind you of the event
2. Avoidance
 - Emotional "numbing," or feeling as though you don't care about anything
 - Feeling detached
 - Being unable to remember important aspects of the trauma
 - Having a lack of interest in normal activities
 - Showing less of your moods
 - Avoiding places, people, or thoughts that remind you of the event
 - Feeling like you have no future
3. Arousal
 - Difficulty concentrating
 - Startling easily

- Having an exaggerated response to things that startle you
- Feeling more aware (hypervigilance)
- Feeling irritable or having outbursts of anger
- Having trouble falling or staying asleep

You might feel guilt about the event (including "survivor guilt"). You might also have some of the following symptoms, which are typical of anxiety, stress, and tension:

- Agitation or excitability
- Dizziness
- Fainting
- Feeling your heart beat in your chest
- Headache

Signs and tests

There are no tests that can be done to diagnose PTSD. The diagnosis is made based on certain symptoms.

Your health care provider may ask for how long you have had symptoms. This will help your health care provider know if you have PTSD or a similar condition called Acute Stress Disorder (ASD).

- In PTSD, symptoms are present for at least 30 days.
- In ASD, symptoms will be present for a shorter period of time.

Your health care provider may also do mental health exams, physical exams, and blood tests to look for other illnesses that are similar to PTSD.

Treatment

Treatment can help prevent PTSD from developing after a trauma. A good social support system may also help protect against PTSD.

If PTSD does occur, a form of treatment called "desensitization" may be used.

- This treatment helps reduce symptoms by encouraging you to remember the traumatic event and express your feelings about it.
- Over time, memories of the event should become less frightening.

Support groups, where people who have had similar experiences share their feelings, may also be helpful.

People with PTSD may also have problems with:

- Alcohol or other substance abuse
- Depression
- Related medical conditions

In most cases, these problems should be treated before trying desensitization therapy.

Medicines that act on the nervous system can help reduce anxiety and other symptoms of PTSD.

Antidepressants, including selective serotonin reuptake inhibitors (SSRIs), can be effective in treating PTSD.

Other anti-anxiety and sleep medicines may also be helpful.

Support Groups

You can get more information about post-traumatic stress disorder from the American Psychiatric Association -- www.psych.org.

Expectations (prognosis)

You can increase the chance of a good outcome with:

- Early diagnosis
- Prompt treatment

- Strong social support

Complications

- Alcohol abuse or other drug abuse
- Depression
- Panic attacks

Calling your health care provider

Although traumatic events can cause distress, not all feelings of distress are symptoms of PTSD. Talk about your feelings with friends and relatives. If your symptoms do not improve soon or are making you very upset, contact your health care provider.

Seek help right away if:

- You feel overwhelmed
- You are thinking of hurting yourself or anybody else
- You are unable to control your behavior
- You have other very upsetting symptoms of PTSD

You can also contact your health care provider for help with problems such as repeated upsetting thoughts, irritability, and problems with sleep.

Prevention

Research into ways to prevent PTSD is ongoing.

References

1. Bisson J, Andrew M. Psychological treatment of post-traumatic stress disorder (PTSD). *Cochrane Database Syst Rev*. 2007;(3):CD003388.
2. Hetrick SE, Purcell R, Garner B, Parslow B. Combined pharmacotherapy and psychological therapies for post traumatic stress disorder (PTSD). *Cochrane Database Syst Rev*. 2010;(7):CD007316.
3. Roberts NP, Kitchiner NJ, Kenardy J, Bisson JI. Early psychological interventions to treat acute traumatic stress symptoms. *Cochrane Database Syst Rev*. 2010;(3):CD007944.
4. Gilbertson MW, Orr SP, Rauch SL, Pitman RK. Trauma and posttraumatic stress disorder. In: Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, eds. *Massachusetts General Hospital Comprehensive Clinical Psychiatry*. 1st ed. Philadelphia, Pa: Mosby Elsevier; 2008:chap 34.

Review Date: 2/13/2012.

Reviewed by: Linda J. Vorvick, MD, Medical Director and Director of Didactic Curriculum, MEDEX Northwest Division of Physician Assistant Studies, Department of Family Medicine, UW Medicine, School of Medicine, University of Washington; and Timothy Rogge, MD, Medical Director, Family Medical Psychiatry Center, Kirkland, WA. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M. Health Solutions, Ebix, Inc.

(2) 1-28-2013

HB 1376

2013 House Bill No. 1376
Testimony before the House Industry, Business, and Labor Committee
Presented by: Rob Forward, Staff Attorney
Workforce Safety & Insurance
January 28, 2013

Good morning Mr. Chairman and Members of Committee:

My name is Rob Forward. I am a staff attorney at Workforce Safety & Insurance (WSI) and on behalf of the agency I am here to offer technical assistance on HB 1376.

This bill proposes to create a new benefit and allow claims by first responders for mental injuries caused by extraordinary and unusual mental stimulus, excluding conditions caused by human resource situations like terminations, evaluations, and demotions.

Currently, claims for mental injuries are accepted when they are caused by a physical injury but only when that injury is at least 50% of the cause of the mental condition, and only when the mental condition did not preexist the injury. This law applies to the state's entire workforce, not just first responders.

As you review the language of HB 1376, you may want to consider the following:

- WSI's actuaries are not able to price this bill because there is no reliable claims data to analyze in North Dakota or other states;
- The bill proposes to include claims from firefighters and ambulance crews who are volunteers;
- The bill does not account for nonwork stimulus that contributes to the condition, and does not account for preexisting mental conditions;

-
- Other occupations that expose people to traumatic situations, like emergency room doctors and nurses, et cetera, are not included in this bill;
 - The WSI Board of Directors has taken a neutral position on this bill and suggests that this area of the law should be studied before changes are considered.

This concludes my testimony. I'd be happy to answer any of your questions.