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September 19, 2025

Health Policy Unit, Office of the Medical Director
Attn: IIMAC Treatment Guidelines
PO Box 44321
Olympia, WA 98504-4315 DELIVERED to: iihcac@lni.wa.gov

Re: Comments on Draft PTSD Clinical Guidelines for First Responders

Dear Members of the Industrial Insurance Medical Advisory Committee (IIMAC):

On behalf of the Washington Council of Police & Sheriffs (WACOPS) and the thousands of currently commissioned and retired peace officers in our membership we write today to urge the Department of Labor & Industries (Department) to heed the suggestions from us and others that are either first responders, or provide care to first responders. To be sure, no peace officer in Washington state is making a PTSD claim on a lark. While some agencies are slowly moving their culture toward one of openness and support of shared trauma, that is not the norm. Any peace officer making a claim has suffered and has concluded the risk of exposure and negative fallout is better than the way they are currently living.

Prior to crafting this letter, we had the opportunity to review some of the feedback already submitted to the Department. We send this letter in solidarity with the comments of first responders, clinicians, and the Washington State Council of Firefighters as noted below.

Before we go into the specifics, please know that we deeply appreciated the opportunity to talk with the contractors from MasDyne Research and we appreciate our ongoing interactions with Dr. Jutte and others at the Department. Inclusion in these discussions is crucial for our members across Washington, and we appreciate it.

As a civilized society we ask people to serve and protect us. We hold them to an incredibly high standard because we give them enormous responsibility. However, we owe them a great debt. Officers must work for at least 20 years, (it is much longer for most), to earn their pension and retire. Even at retirement, most take another job if only to fund their monthly health insurance. The burdens officers carry, the violence, sadness and tragedy they witness over a career must be acknowledged by employers and the state. While much can be done, and must be done, to shift the culture and publicly recognize this truth about police work, we are faced today with the impact and damage done by a history of ignoring their needs.

We fought to add the presumption language in state statute because there was pent up demand, and a variety of factors working against getting officers the care they needed. We appreciate the work the Department has done to implement the presumption and to process the predicted increase in claims that came from that. Not only was there pent up demand from decades of direct and indirect

obstacles to care, but law enforcement has also been facing 15 years of growing negative sentiment from the communities they serve.

Officers not only carry the trauma of things witnessed in their day to day, but they have been further impacted by the negligent rhetoric of the Washington State legislature, mainstream media, national elected officials, and in some cases even the reckless, premature, public statements of elected officials responsible to the communities in which they work. Add to that, the intensity of the summer of 2020, with violent riots, extensive public protests, doxxing of officers, and threats to their personal property and family, naturally there has been a spike in claims. After 2020, agencies across the state saw a significant uptick in separations and retirements and a significant decline in an already limited recruiting pool. Officers in most agencies are working extensive overtime and in some agencies overtime has been mandatory.

With all this on the table, we must recognize the long career timelines, increase in community violence and an officer's exposure to tragedy, the lack of appropriate staffing, and the failure of leaders to message respect for these brave men and women has exacerbated the need for help and support.

We urge L&I to take seriously the following concerns and recommendations, consistently raised across multiple submissions:

- **Residential and Inpatient Treatment Must Remain Available** – Residential care is playing a lifesaving role. It has restored careers and prevented suicides and excluding it will endanger lives and public safety.
- **Continuum of Care is Essential** – Effective treatment must include a stepped-care model.
- **Complex PTSD in Active First Responders is Distinct** – The work of first responders is unique. Research limited to veterans or civilians cannot be directly applied to active-duty first responders exposed to chronic and cumulative trauma.
- **Return-to-Work Expectations Must Be Realistic** – When LnI sets unrealistic care timelines, it further injures the worker. Relying on assumptions that responders can return to duty after only a few therapy sessions dangerously misrepresents the complexity of the injury. Premature return risks retraumatization and compromises both worker and public safety. As contributed by Officer Perisho and others, the arbitrary 3–6 month coverage limits are incompatible with the non-linear recovery course of occupational PTSD.
- **Evidence, Data, and the Lived Experience of First Responders Must Guide Policy** – Please use Washington's outcome data before restricting care. We support the WSCFF, Olympia Center, Fire Fighter Johansen (retired), and Officer Perisho and their emphasis on this point. Restrictive timelines and treatment limits betray the sacrifices of first responders.
- **Law Enforcement Input is Essential** – Ongoing and future guideline development must include a significant voice from law enforcement officers.
- **Cultural Disconnect Must Be Addressed** – Fire Fighter Johansen (retired), Officer Perisho, and Olympia Center all remarked, and we agree, that the guidelines reflect an academic perspective and ignore peer support, union involvement, and the lived realities of fire and police culture.
- **Outcome Tracking Must Be Flexible** – The State Council of Fire Fighters remarked that the current tracking system is burdensome and risks undermining personalized care. We support them in this concern.
- **Prior Authorization Delays Harm Treatment** – We are concerned about a practice for prior authorization that interferes with the care timeline appropriate to save lives. The current practice is unclear and slow (weeks not days and days not hours). Solutions must be found so that all tools are on the table and lives can be saved.
- **Suicide Prevention Requires Flexibility** – As a State we are very early in the development of data related to effective tools for our first responders. All reasonable care options must be available. Use those treatment experiences to develop data, but to withhold care because the option is missing from your guidelines is dangerous.
- **CAPS-5 Requirement is Impractical** – The Olympia Center emphasizes that CAPS-5 is too rigid, time-consuming, and subject to malingering, advocating instead for semi-structured interviews. We trust their experience in this and urge resolution.

- **Medication Coverage Should Be Expanded** – We understand that comments from professionals and first responders with lived experience are asking for expanded formulary access. We support their recommendation.

- **Accelerated Resolution Therapy (ART) Should Be Covered** – We understand that Dr. Odom, and others cite evidence and first responder preference for ART as a rapid, cost-effective treatment. We urge the Department to comply.
- **Language Must Avoid Stigma** – The Olympia Center made important observations about the power of words. We agree and urge the Department to use due care in this area. It is one of the easiest changes to make.

Conclusion
We respectfully urge L&I to revise its draft PTSD Clinical Guidelines to reflect the consistent concerns raised by stakeholders. First responders face unique cumulative trauma, and their recovery requires flexible, individualized, evidence-informed care. Residential treatment, expanded modalities, and realistic return-to-work pathways are not luxuries—they are necessities to safeguard both responder health and public safety.

Please reach out if I can provide further input or information. We look forward to our continued work on this issue.

Sincerely,

Teresa Taylor
Executive Director