

Monday April 10, 2023  
Assembly Committee on Commerce and Labor  
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**WRITTEN TESTIMONY IN FAVOR OF PASSAGE OF ASSEMBLY BILL 410**

I have worked with public safety personnel both in the handling of their workers' compensation claims as a licensed third-party administrator for self-insured public entities for seventeen years, and now as a workers compensation representative for the Reno Police Protective Association, Washoe County Sheriff's Deputies Association, and the Truckee Meadows Firefighters Association.

Prior to 1999 there was little or no coverage under the workers' compensation system for public safety mental health claims. Even with the 1999 amendments to NRS 616C.180 claims are routinely denied, forcing the individual to incur more stress and anxiety in dealing with the workers' compensation system and going through years of hearings and appeals.

Following are several identified problems with coverage and care for work related mental health disorders in the public safety sector:


1. Treatment is not readily available in the workers' compensation system. Most insurer networks contain some clinical psychologists, but not necessarily PHDs with experience or specialty in traumatic stress disorders.
2. If a claimant needs treatment which includes pharmaceuticals there are currently no psychiatrists in Northern Nevada and only one in Las Vegas who have agreed to treat workers' compensation patients.
3. Providing care for these conditions outside the workers' compensation system results in the use of personal leave banks instead of the delivery of temporary total disability benefits. The employee is also not eligible for vocational rehabilitation services, and the right to an impairment award for those conditions which result in permanent partial disability impairment.
4. Employees access accrued retirement benefits prematurely reducing their retirement benefits.
5. Not covering claims under the workers' compensation system shifts the cost of the injury and or disease to employee funded insurance programs, the veterans administration and other social programs.
6. Group health plans often limit treatment and coverage for care. Employee assistance programs also limit the number of visits per year. These conditions require intensive extended care and can include in-patient care and often a lifetime of care.

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A.B. 410

Anticipated Cost Savings with the passage of A.B. 410

1. Unidentified, unreported, and untreated job-related mental disorders often manifest into other medical conditions, including heart disorders, sleep disorders, alcohol and drug abuse. Early diagnosis and treatment would result in higher levels of retention allowing employers to keep valuable experience.
2. Unidentified, unreported, and untreated job-related mental disorders create social problems including, but not limited to, aggressive behavior at work leading to liability claims for the employer.
3. Recruitment, on-boarding, and training to replace public safety employees who retire early due to unreported and untreated job-related mental disorders can easily cost in excess of \$100,000.00.

Respectfully submitted,

  
Leslie Bell, Workers' Compensation Representative  
Reno Police Protective Association