

Medication Management in Workers' Comp. Presumption Claims

Continuing Education Webinar

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3:00 PM ET

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MyMatrixx
By EVERNORTH

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Medication Management in Workers' Comp. Presumption Claims

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Today's presenters



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Agenda

Define
presumptions

Identify common
presumptive
illnesses in
workers'
compensation

Legislative
actions for
presumptive
coverage

Medication
management of
presumptive
cases

Takeaways

What are Presumptions?

Presumptions are legal rules that establish certain conditions or injuries as work-related without the employee having to prove it directly

Shift the Burden of Proof from the employee to the employer

'Benefit of a Doubt' that the condition/injury came from their job duties

Targeted Occupations (typically) where there is a strong connection to work-related conditions, but it is difficult to directly prove, such as firefighters, police, EMTs, and healthcare providers.

In workers' compensation:

Historically, presumptions have targeted public entity employees, such as first responders, which includes fire fighters, police, and EMS employees.

Common workers' comp. presumptive conditions or injuries

- + Certain types of cancer
- + Hypertension and other cardiovascular conditions
- + Respiratory conditions, including asthma and COPD, long COVID
- + Mental health conditions mostly targeting Post Traumatic Stress Disorder (PTSD)

NOTE: Not all workers' compensation laws providing coverage for these conditions in first responders are "presumptions"



Long-term conditions that require long-term care

Through presumptive and 'special coverage' legislation, workers' compensation plans are required to provide greater access to care for patients.

More access to care can also mean:

- + Increasing compensable claims and costs
- + A new approach to managing care and costs



A new approach to managing care and costs

- + Manage specialty medications and therapies critical to patients with complex conditions
- + Promote treatment adherence
- + Educate the patient and caregiver
- + Address high-risk and high-cost therapies

For chronic conditions in workers' compensation, we are not treating an injury. We are helping to manage a disease.

Presumptive legislation and the medication management of the conditions in workers' compensation

In 2025, there were over **100** bills proposed that were related to extending or updating workers' comp coverage to address cancer, mental, heart, and lung conditions, most often for first responders



Cancer presumptive or special coverage legislation

2025 examples



- ↑ **Tennessee SB 288:** Amended firefighter cancer presumption to add prostate, breast and pancreatic cancers
- ↑ **Virginia HB 1933 & SB 920:** Amended presumption for first responders with throat cancer to include specific forms of related cancer
- ↑ **Utah HB 65:** Expanded firefighter presumptive cancers list; Excluded respiratory cancers related to cigarettes, tobacco, marijuana use
- ↑ **California SB 230:** Expanded presumptions for cancer or PTSD to firefighters providing fire protection to a commercial airport; Expanded presumptions for heart disease, hernias, pneumonia, tuberculosis, blood-borne infectious disease or MRSA, bio-chemical illness, and meningitis to firefighters that provide protection to a commercial airport, NASA installation, or U.S. DOD installation
- ◆ **California SB 632:** Would define "injury" for certain hospital employees to include infectious diseases, cancer, musculoskeletal injuries, PTSD, and respiratory diseases (including COVID-19) and create rebuttable presumptions that these are compensable

Managing cancer medications



CANCER TYPES

- + Lung cancer, leukemia, skin cancer
- + Associated with exposure to chemicals or radiation



COMMON MEDICATIONS

- + Chemotherapy agents (e.g., cisplatin, paclitaxel)
- + Targeted & immunotherapies (e.g., dasatinib, imatinib, nivolumab)



Managing cancer medications



WHAT TO LOOK FOR

- + Confirm diagnosis and linkage to occupational exposure (presumptive laws may apply)
- + Not all cancers behave the same, and treatment is matched to the exact type of cancer rather than a one-size-fits-all-approach
- + New cancer therapies are introduced on the market at a rapid pace, many are high-cost brand name medications
- + Ensure prescribed medications align with evidence-based guidelines

Managing cancer medications



SIDE EFFECTS

- + Fatigue, nausea/vomiting, neuropathy, infection risk due to immunosuppression
- + Will often require medications to address (e.g., ondansetron, anti-infective prophylaxis)



BEST PRACTICES

- + Early engagement with clinical team – help ensure proper medication and counseling about medication dosing and monitoring
- + Coordinate care for comorbidities and clinical counseling on medication to prevent and address side effects
- + Educate injured workers on adherence and side effect reporting to prevent complications

PTSD presumptive or special coverage legislation

2025 examples



- ↑ **New York S 755:** Reversed 2024 bill that expanded coverage for stress to all workers
- ↑ **Tennessee HB 310:** Expanded PTSD presumption to include law enforcement and emergency medical responders
- ↑ **West Virginia HB 2797:** Expanded professionals who may diagnose PTSD in first responder claims; Removed “sunset” provision of PTSD law
- ↑ **Maine HP 46:** Extended first responder PTSD presumption indefinitely
- ↑ **California SB 230:** Expanded presumptions for cancer or PTSD to firefighters providing fire protection to a commercial airport; Expanded presumptions for heart disease, hernias, pneumonia, tuberculosis, blood-borne infectious disease or MRSA, bio-chemical illness, and meningitis to firefighters that provide protection to a commercial airport, NASA installation, or U.S. DOD installation

PTSD presumptive or special coverage legislation

2025 examples



- ↑ **Nevada AB 142:** Added civilian employees of law enforcement agencies whose primary duties involve responding to and investigating crime scenes to list of persons who constitute a first responder who may be authorized to receive compensation for certain stress-related claims
- ↑ **Virginia HB 1600:** Extended benefits for PTSD, anxiety disorder, or depressive disorder from 52 to 104 weeks
- ◆ **California SB 632:** Would define "injury" for certain hospital employees to include infectious diseases, cancer, musculoskeletal injuries, PTSD, and respiratory diseases (including COVID-19) and create rebuttable presumptions that these are compensable
- ◆ **Illinois HB 1292:** Would add PTSD to list of conditions rebuttably presumed covered for certain first responders

PTSD presumptive or special coverage legislation

2025 examples



- ↓ **Montana SB 394:** Would have specified PTSD in certain first responders as eligible for benefits (vetoed)
- ↓ **Kentucky HB 467:** Would have amended law to provide that if an educator is diagnosed with PTSD by a qualified mental health professional within three years of the last active date of employment, there shall be a rebuttable presumption that the PTSD is compensable
- ↓ **Oregon SB 606:** Would have added certain employees of the Oregon State Hospital and Oregon Department of Human Services to list of workers whose stress disorders give rise to a presumption that a claim is compensable
- ↓ **Texas HB 673:** Would have made PTSD a compensable injury for certain first responders if certain diagnosis criteria met

Managing Post Traumatic Stress Disorder (PTSD) medications



WHY PTSD IN PRESUMPTIVE CLAIMS?

- + High-risk roles (first responders, law enforcement, EMTs)
- + Presumption laws: PTSD assumed work-related after traumatic exposure



COMMON MEDICATIONS

- + First-line: SSRIs – Sertraline, Paroxetine (FDA-approved)
- + Alternatives: Fluoxetine, Venlafaxine
- + Adjunctive: Prazosin (nightmares), limited antipsychotic use



Managing Post Traumatic Stress Disorder (PTSD) medications



WHAT TO MONITOR

- + Symptom improvement (PCL-5)
- + Adherence & tolerability; pharmacogenomics testing available
- + Comorbidities: depression, substance use, chronic pain



SIDE EFFECTS

- + SSRIs/SNRIs: nausea, insomnia, sexual dysfunction
- + Prazosin: hypotension
- + Antipsychotics: sedation, metabolic changes

Managing Post Traumatic Stress Disorder (PTSD) medications



BEST PRACTICES

- + Combine meds + psychotherapy (CBT, EMDR)
- + Medication doses will be increased up gradually and can take up to 6-8 weeks for full therapeutic benefits
- + ODG: Y vs N drug differences based on indication
 - Sertraline and fluoxetine 'Y' drugs for mental health and 'N' drug that need preauthorization for pain
 - Prazosin is 'Y' drug for PTSD and nightmares and 'N' drug for hypertension
- + ACOEM: Avoid benzodiazepines and cannabis
- + Monitor effectiveness; discontinue ineffective medications gradually
- + Coordinate care and document functional recovery

Respiratory presumptive or special coverage legislation

2025 Examples



- ◆ **California SB 632:** Would define "injury" for certain hospital employees to include infectious diseases, cancer, musculoskeletal injuries, PTSD, and respiratory diseases (including COVID-19) and create rebuttable presumptions that these are compensable
- ◆ **Massachusetts HB 2122:** For certain health care employees would consider a COVID-19 diagnosis prima facie evidence the claim comes within the scope of workers' comp coverage
- ◆ **Michigan HB 4096 & SB 161:** Would extend the existing presumption for heart and respiratory diseases to certain members of police, fire, and public safety departments

Managing respiratory medications



TYPES OF CONDITIONS

- + Asthma, COPD, bronchitis, smoke inhalation injuries



COMMON MEDICATIONS

- + Bronchodilators (e.g., albuterol, levalbuterol, salmeterol)
- + Inhaled corticosteroids (e.g., fluticasone, budesonide)
- + Combination inhalers, leukotriene modifiers (e.g., montelukast), biologics (e.g., omalizumab)



Managing respiratory medications



WHAT TO LOOK FOR

- + Confirm relatedness to work injury (presumptive laws may apply)
- + Medication adherence and correct inhaler technique
- + Signs of overuse of rescue inhalers (may indicate poor control)
- + Potential drug interactions



SIDE EFFECTS

- + Bleeding risk, dry cough, low blood pressure, oral thrush



BEST PRACTICES

- + Evidence-based formulary use – several respiratory medications included on state-mandated workers' compensation formularies
- + Encourage environmental control to reduce exposure to irritants
- + Monitor for comorbidities that can complicate claims (e.g., obesity, smoking)

Cardiac presumptive or special coverage legislation

2025 Examples



- ↑ **Texas HB 331:** Expanded first responder heart attack or stroke presumptions to include more eligible situations and adds post-shift timeframe that heart attack or stroke can occur and be presumed
- ↑ **California AB 1125:** Added peace officers employed by the State Department of State Hospitals to an existing presumption law for heart trouble
- ↑ **California SB 230:** Expanded presumptions for cancer or PTSD to firefighters providing fire protection to a commercial airport; Expanded presumptions for heart disease, hernias, pneumonia, tuberculosis, blood-borne infectious disease or MRSA, bio-chemical illness, and meningitis to firefighters that provide protection to a commercial airport, NASA installation, or U.S. DOD installation

Managing cardiac medications



TYPES OF CONDITIONS

- + Coronary heart disease, hypertension, arrhythmias, post-myocardial infarction care



COMMON MEDICATIONS

- + Beta blockers (e.g., metoprolol, atenolol, carvedilol)
- + ACE inhibitors/Angiotensin receptor blockers (e.g., lisinopril, losartan)
- + Statins (e.g., atorvastatin, rosuvastatin)

Managing cardiac medications



WHAT TO LOOK FOR

- + Ensure the medication is related to the compensable condition and not a pre-existing disease



SIDE EFFECTS

- + Bradycardia, low blood pressure, fatigue, headache, muscle weakness



BEST PRACTICES

- + Follow evidence-based guidelines for medication appropriateness
- + ODG formulary includes several antihypertensive medications
- + Coordinate with prescribers to confirm indication and duration
- + Monitor comorbidities that may complicate recovery

Managing blood disorder medications



TYPES OF CONDITIONS

- + Clotting disorders (e.g., deep vein thrombosis, pulmonary embolism)
- + Bleeding disorders (e.g., hemophilia)



COMMON MEDICATIONS

- + Anticoagulants – warfarin, heparin, Lovenox (enoxaparin), Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran)
- + Antiplatelets – aspirin, clopidogrel
- + Antihemophilic products – e.g., Hemlibra (emicizumab)



Managing blood disorder medications



WHAT TO LOOK FOR

- + Confirm relatedness to compensable injury – often used in coordination with surgery to prevent excess bleeding or clotting; some may be used in presumptive cardiovascular claims
- + Drug interactions, especially with pain medications or antibiotics



SIDE EFFECTS

- + Bleeding risk (nosebleeds, GI bleeding, bruising)



BEST PRACTICES

- + Evidence-based formulary use – several anticoagulants included on state-mandated workers' compensation formularies
- + Regular monitoring for lab testing (especially with warfarin) and side effects

Presumptive or special coverage legislation

2026 examples

- ◆ **Connecticut HB 5279:** Would add witnessing serious physical injury that does not result in death or permanent disfigurement as qualifying event eligible for PTSD coverage
- ◆ **Illinois HB 4226:** Would add a hospital security guard to existing presumption for bloodborne pathogen, contagious staph infection, lung or respiratory disease or condition, heart or vascular disease or condition, hypertension, tuberculosis, or cancer
- ◆ **Kentucky HB 26:** Would modify definition of "injury" to include mental health conditions not direct results of physical injuries for specific categories of first responders and create a rebuttable presumption for PTSD
- ◆ **New Jersey A 1870 & S 1379:** Would provide that injury/illness in public safety worker who participated in response to September 11th attacks and is treated or monitored through WTC Health Program is presumed compensable under state workers' comp law without respect to when claim is filed
- ↓ **Virginia HB 130:** Would extend existing presumption for several cancers to include sheriffs and deputy sheriffs

Takeaways

Claims professions should:

- + Be aware of the presumption-related conditions that might be in your claims
- + Ask questions about unfamiliar or high-cost medications
- + Keep informed of the proposed presumptions in your state

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