

**2025 SENATE INDUSTRY AND BUSINESS**

**SB 2181**

# 2025 SENATE STANDING COMMITTEE MINUTES

## Industry and Business Committee Fort Union Room, State Capitol

SB 2181  
1/21/2025

A bill relating to posttraumatic stress disorder duration limits; relating to worker's compensation coverage for posttraumatic stress disorder; to provide for application; and to provide

2:00 p.m. Chairman Barta called the meeting to order.

Members present: Chairman Barta, Vice-Chairman Boehm, Senator Klein, Senator, Kessel, Senator Enget,

### Discussion Topics:

- Workforce Safety and Insurance (WSI), physical injuries and compensable expenses
- PTSD fatalities, suicide, and examples
- Claim data review
- Premium/rate impact
- Disability benefit duration limits
- Officer deadly force encounters
- Officer wellness, mental health, and prevention
- Accessibility, affordability, and timeliness of help and therapy
- Local traumatic incidents and impact
- Workers' Compensation System change
- Compensable injury definition amendment and clarity
- Financial impact, litigation costs, and adjudication of benefits
- Unusual stress definitions
- Objective verification and fraudulent or exaggerated claims
- Work related and non-work related
- Increased administrative costs and claim volume
- Shortage of local qualified mental health experts
- Current networks and resources

2:00 p.m. Senator Dean Rummel, District 37, testified in favor and introduced the bill.

2:07 p.m. Dr. Gordy Leingang, medical advisor for the Bismarck and Mandan Police Officers and former Emergency/Trauma Doctor, police officer and veteran, testified in favor.

2:22 p.m. Aaron Moss, former Licensed Peace Officer on behalf of ND Fraternal Order of Police State Lodge, testified in favor and submitted testimony #30477.

2:34 p.m. Darren Schimke, President of the Professional Firefighters of ND, testified in favor and submitted testimony #30386.

2:44 p.m. Steven Mayer, Off-Duty State Trooper with 28 years in Law Enforcement, testified in favor and submitted testimony #30527.

2:55 p.m. Jared Attanasio, Mandan Police Officer and military veteran, testified in favor.

3:01 p.m. Tim Wahlin, Chief of Injury Services for Workforce Safety and Insurance, testified in opposition and submitted testimony #30490.

3:24 p.m. Art Thompson, Director of WSI, answered the committee's questions.

3:25 p.m. Arik Spencer, President and CEO of the Greater ND Chamber, testified in opposition.

3:29 p.m. Brady Pelton, Vice President of the ND Petroleum Council, testified in opposition.

3:36 p.m. Russel Hanson, Vice President of the Associated General Contracting Association of ND, testified in opposition.

3:40 p.m. Matt Gartner, Executive Director of the ND League of Cities, testified in opposition.

3:46 p.m. Scott Meske, ND Motor Carriers Association, testified in opposition.

3:47 p.m. Art Thompson, Director of ND Workforce Safety and Insurance, testified in opposition.

3:53 p.m. Brady Pelton, Vice President of the ND Petroleum Council, testified in opposition.

3:56 p.m. Arik Spencer, President and CEO of the Greater ND Chamber, testified in opposition.

**Additional written testimony:**

Hayen Micheal, resident of Napoleon ND, submitted testimony #29936 in favor.

Tyler P. Tucker, Senior Fire Inspector with the Dickinson Fire Department, submitted testimony #30314 in favor.

Mitchel S. Baesler, resident of Dickinson, ND, submitted testimony #30293 in favor.

Jaclyn Hall, Executive Director of the ND Association for Justice, submitted testimony #30497 in favor.

3:58 p.m. Chairman Barta adjourned the meeting.

*Audrey Oswald, Committee Clerk*

Written Testimony on SB 2181  
Senate Industry and Business Committee  
January 21, 2025

My name is Michael Hayen, and I have been a full-time licensed law enforcement officer for nearly 20 years. Currently, I serve in North Dakota. I respectfully urge the Senate Industry and Business Committee to vote in favor of SB 2181 with a **DO PASS** recommendation.

First responders are the backbone of our communities, selflessly stepping into harm's way to protect and serve. While North Dakota has long recognized the importance of safeguarding their physical health, the evolving understanding of mental health underscores an equally vital need: addressing mental injuries like posttraumatic stress disorder (PTSD). To truly honor the service of these heroes, North Dakota's Workforce Safety Department should provide comprehensive coverage for first responders diagnosed with PTSD when their condition meets stringent, evidence-based criteria. This is not only a moral imperative but also a practical necessity to ensure the continued strength of our public safety and first responder system.

The demands placed on first responders are extraordinary. Police officers, firefighters, paramedics, and emergency personnel routinely face traumatic events far beyond the emotional strain of most occupations. From responding to fatal crashes and violent crimes to witnessing the most disturbing aspects of humanity, these individuals endure a relentless series of emotionally charged and often harrowing experiences. Their stress is not fleeting—it accumulates over time, each incident compounding the mental toll. This cumulative exposure significantly increases the risk of developing PTSD, a debilitating condition that affects personal well-being and professional performance.

Unlike the challenges faced by the average worker, the mental strain experienced by first responders is inherently tied to the extreme and unpredictable nature of their duties. Addressing this unique risk requires a targeted and thoughtful approach, ensuring that first responders receive the support they need while maintaining the integrity of the system.

North Dakota's proposed coverage for PTSD is designed with rigorous safeguards to ensure fairness and reliability. Diagnoses must be made by licensed psychiatrists or psychologists, ensuring assessments are conducted by highly qualified professionals. Additionally, diagnoses must adhere to the DSM-5-TR, the gold standard for mental health evaluations, promoting consistency and scientific validity. Pre-existing conditions are excluded, ensuring that the program focuses on injuries directly resulting from the demands of first responder duties. Finally, claims require reasonable medical certainty that at least 50% of the causation stems from work-related trauma, prioritizing resources for those whose mental health challenges are primarily tied to their service.

These robust criteria strike a careful balance: they provide critical support for those in genuine need while safeguarding the program against potential misuse. By upholding such standards, North Dakota ensures the system remains both compassionate and sustainable.

Failing to address PTSD among first responders would represent a profound moral failing. These men and women sacrifice their own mental and physical health to protect the public, often at great personal cost. Ignoring their needs risks exacerbating their suffering, potentially leading to devastating outcomes such as substance abuse, family breakdowns, and even suicide. Untreated PTSD also carries ripple effects, impacting families, colleagues, and the broader community. By offering comprehensive coverage, North Dakota can mitigate these risks, foster healing, and uphold the dignity of its first responders.

Providing this support sends a powerful message: North Dakota values and stands by those who dedicate their lives to public safety. Beyond the moral obligation, the practical benefits are undeniable. Supporting first responders' mental health facilitates recovery, enabling them to return to their essential roles. Proactively addressing PTSD reduces long-term costs associated with absenteeism, turnover, and disability claims.

Moreover, fostering a culture of mental health awareness and support reduces stigma, encouraging first responders to seek help without fear of judgment. This shift strengthens the workforce, enhances recruitment and retention, and ensures that experienced personnel remain in service. In a competitive labor market, offering comprehensive mental health benefits demonstrates a forward-thinking commitment to employee well-being, ultimately benefiting the state and its citizens.

Critics may voice concerns about the cost or potential for misuse of such programs. However, the strict eligibility criteria address these worries, ensuring that only legitimate claims are approved. The initial investment in mental health coverage is far outweighed by the long-term savings and societal benefits, including reduced disability claims, improved workplace productivity, and stronger community trust in public safety institutions.

North Dakota has an opportunity to lead by example, aligning with national trends that prioritize mental health and recognize the profound sacrifices of first responders. Providing PTSD coverage under the outlined framework is more than a financial commitment—it is a declaration of respect, compassion, and gratitude for those who protect us.

The extraordinary challenges faced by first responders demand an extraordinary response. By addressing their mental health needs with the seriousness and care they deserve, North Dakota can uphold its duty to protect those who protect us. It is time to act decisively, ensuring that our first responders receive the support they need to continue serving our communities with strength and resilience.

Respectfully,



Michael Hayen  
PO Box 70  
Napoleon, ND 58561

**Mr. Chairman and Members of the Committee**

Every day across North Dakota, people go about their lives unaware of the heartbreak and horror some workers face in their line of duty. These moments are not temporary, ----- they linger, haunting those who were there. For these individuals, the trauma doesn't clock out when their shift ends. It follows them home, invades their dreams, and often leaves scars deeper than any physical injury.

Imagine the firefighter who responds to a call and finds a young man hanging from a tree in a cemetery, his family standing nearby, paralyzed by grief.

Consider the medic who hears the blood-curdling wails of a mother whose infant passed away in a baby swing.

Picture the first responder pulling a truck from a river, only to discover the lifeless bodies of an elderly couple who were trapped inside.

These workers are not strangers; they are our neighbors, friends, and family members. They are the ones who see the world's darkest moments so the rest of us don't have to.

They attempt to comfort crying children as they watch paramedics desperately perform CPR on their father after an overdose.

They stand over the broken body of a woman who met her untimely death on the interstate.

They enter a room where a student's pain ended with a gunshot, leaving their life on the wall behind them.

These are not just stories. They are real, and they take a toll that words cannot fully capture.

Senate Bill 2181 acknowledges that while these workers may seem unshakable, they are human.

The extraordinary stress and trauma they endure in their jobs can lead to post-traumatic stress disorder (PTSD), a condition that can cripple even the strongest among us. This bill ensures that when the weight of these moments becomes too much to bear, these workers will have access to the help they need to heal.

Mental injuries like PTSD are no less real than broken bones or burns. They affect a person's ability to work, maintain relationships, and enjoy life. By including a PTSD diagnosis as a compensable injury under workers' compensation, Senate Bill 2181 ensures that those who experience extraordinary trauma in the workplace are supported, not ignored or left to cope alone.

This is not just about first responders. Workers across industries can experience extraordinary trauma. Teachers may witness tragic accidents in the classroom. Healthcare workers might lose countless patients under heart-wrenching circumstances. Factory workers could find themselves first on the scene of an industrial disaster.

Trauma does not discriminate, nor should the protections offered by our laws.

By providing coverage for PTSD, this bill offers a lifeline to all workers in North Dakota. It ensures that when the unthinkable happens, those who step up in our most critical moments are not left behind.

This is more than a policy; it's a statement about what kind of state we want North Dakota to be. Passing this bill demonstrates that we value the people who hold our communities together in times of crisis. It tells them that their sacrifices will not go unnoticed and that their well-being matters.

Untreated PTSD doesn't just harm individuals; it affects families, workplaces, and entire communities. By addressing it early, this bill will help workers recover and return to their jobs, creating a stronger, healthier, and more resilient workforce for the future.

The sights, sounds, and experiences described above are not hypothetical; many of them are my own. --They are real, -- and they are happening in our communities.

For those who carry these burdens, Senate Bill 2181 offers a path toward healing and hope. It's time for us to step up for the people who step up for us every day.

I humbly ask the committee to Pass Senate Bill 2181 and show North Dakota's workers that their sacrifices matter, their mental health matters, and that they are not alone.

Mr. Chairman and Members of the Committee,

Thank you for your time.

Mitch Baesler

959 4<sup>th</sup> Ave W.

Dickinson ND 58601

Fire Fighter / Advanced Emergency Medical Technician

**Mr. Chairmen and Members of the Committee,**

My name is Tyler Tucker, and I am currently a fire inspector. I am here today to speak on behalf of those who bear the unseen scars of their service and to urge you to pass the PTSD bill for mental health injuries.

As a firefighter, I've witnessed firsthand the toll our work can take—not just on our bodies but also on our minds. Whether pulling someone from a burning building, responding to a tragic accident, or comforting a family in their darkest moment, these experiences don't leave us when the job is done. They stay with us, often in ways that can deeply affect our mental health.

PTSD, or Post-Traumatic Stress Disorder, is not limited to first responders like myself. It can affect anyone who has faced trauma—teachers, nurses, doctors, veterans, and countless others in our communities. This bill is not just for firefighters, paramedics, or police officers. It is for anyone who struggles with the weight of their experiences and needs healing support.

Mental health injuries are just as real and debilitating as physical ones. When a firefighter breaks a leg on the job, no one questions the need for medical care. When a nurse's back gives out from years of lifting patients, no one hesitates to support their recovery. PTSD should be no different. Passing this bill will ensure that all who struggle with mental health injuries, regardless of their occupation or background, have access to the resources and care they need to recover.

This legislation sends a powerful message: that mental health matters, that we value the well-being of our neighbors, and that no one should suffer in silence because of the stigma surrounding mental health. By passing this bill, you are standing with all those who dedicate their lives to serving others and showing that we, as a society, are committed to their healing and resilience.

Your support will save lives and bring hope to those who need it most. I urge you to pass this compassionate and much-needed legislation for the sake of every individual and family it will touch.

Thank you for your time and your commitment to this vital issue.

Tyler Tucker

2223 6<sup>th</sup> Street West, Dickinson, ND 58601

Firefighter/EMT



# Professional Fire Fighters of North Dakota

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Darren Schimke, President | 218-779-4122 | [dschimke@wiktel.com](mailto:dschimke@wiktel.com)

1/21/2025

Senate Industry and Business Committee

Re: SB 2181

Chairman Barta and members of the Senate Industry and Business Committee.

My name is Darren Schimke, President of the Professional Fire Fighters of North Dakota. I represent approximately 420 professional firefighters throughout North Dakota. We appreciate the opportunity to provide testimony in support of SB 2181.

Paramedics, EMTs, police officers, firefighters, and rescue workers are the first to respond to emergencies. The scene of critical incidents often involves exposure to life threatening situations, frightening events, and stressful experiences. These experiences can lead to post traumatic stress disorder (PTSD) among first responders.

Firefighters and other rescue personnel develop PTSD at a similar rate to military service members returning from combat, according to an August 2020 study from the Journal of Occupational Health Psychology. The report reveals that approximately 20% of firefighters and paramedics meet the criteria for PTSD at some point during their career. This compares to a 6.8% lifetime risk for the general population. The connection between PTSD and traumatizing rescue work is clear.

An increasing number of firefighters are dying by suicide as a result of suffering from behavioral health issues including post-traumatic stress disorder (PTSD) from exposures that they have suffered while

delivering emergency services to the public.

Did you know that nearly 37 percent of EMS personnel and firefighters in the US have contemplated suicide at some point in their lives? This is nearly 10 times the rate in average Americans.

The number of firefighter suicides is estimated to be at least 100 per year. According to the “Ruderman White Paper on Mental Health and Suicide of First Responders,” the suicide rate for firefighters is 19 per 100,000 compared to 12 per 100,000 for the general public.

More than 80 percent of first responders experience traumatic events on the job. And because they face challenging and dangerous situations, first responders are at a high risk of developing PTSD as a work-related injury or condition.

According to one study, PTSD is present in approximately: 15% of emergency personnel (paramedics), 13% of rescue teams, 10% of firefighters, 5% of police officers. In absolute numbers, an estimated 400,000 first responders in America have at least some symptoms of PTSD.

The most common symptoms of PTSD are nightmares and flashbacks of distressing events. PTSD can also cause physical symptoms such as chronic pain, sweating, jitteriness, headaches, dizziness, and chest pain. Other PTSD symptoms include irritability, angry outbursts, sleep problems, difficulty concentrating. Mental health problems like depression and anxiety, alcohol and/or substance abuse, suicidal thoughts. The symptoms of PTSD can make it difficult for emergency workers to do their job properly. First responders with PTSD sometimes experience emotional numbing and avoidance, leading to strained relationships with friends and family. The clinical picture can be further complicated by the presence of chronic pain, opioid dependence, depression, weight gain, and sleep problems among PTSD patients.

PTSD is a debilitating condition that affects first responders at a disproportionately higher rate.

Yet, several barriers prevent first responders from receiving proper care for PTSD, including: Cost of Treatment, Transportation to clinic, Difficulty getting time off work, Lack of availability of effective PTSD Treatments, Stigma associated with seeking help, Fear of job repercussions.

Because PTSD can cause such a wide range of symptoms, the treatment for this condition needs to be multi-pronged. State government has a responsibility to protect those who protect us by investing in the protectors' mental health. We are doing everything we can to combat this disease. Peer-supported behavioral health and wellness programs within fire departments have been established within 8 out of the 9 departments that have member representation in the PFFND. Resources should be available to health care providers highlighting best practices for addressing PTSD among public safety officers. According to evidence-based research, behavioral health awareness campaigns provide effective intervention methods. It is our collective responsibility to provide those who serve with the tools they need to help themselves and each other. Those tools start right here with SB 2181.

It is our position that we need to provide behavioral health resources and suicide prevention initiatives for all firefighters and employees. Like other injuries, early detection, access to culturally competent behavioral health specialists and proper screening can help reduce the effects of PTSD. Many insurance providers cap the costs related to behavioral health assistance, and treatment centers for behavioral health programs are often out of the reach of the average firefighter and employee.

The PFFND respectfully requests a Do Pass on SB 2181. I stand for any questions at this time.

Darren Schimke

## NORTH DAKOTA SENATE INDUSTRY AND BUSINESS COMMITTEE

1/21/2025

Senate Bill 2181

To: Chairman Jeff Barta and members of the Industry and Business Committee

From: Aaron Moss – North Dakota Fraternal Order of Police State Lodge, Sergeant at Arms  
(Lobbyist 1531)

Thank you for the opportunity to testify on SB 2181. The North Dakota Fraternal Order of Police supports this bill and urges a DO PASS to the Senate Floor.

The presence of debilitating mental injuries suffered by law enforcement officers across the country is increasing at alarming rates. North Dakota is unfortunately not immune from these devastating injuries. While statistical accuracy of precise numbers of officers afflicted with all manner of mental injuries, not only PTSD, are difficult to demonstrate due to non-uniform data collection and analysis, the numbers of completed suicides continue to rise. Nationwide estimates, by the National Fraternal Order of Police, incidents of officers taking their own lives occur at rates consistently fifty percent higher the rest of the population. In North Dakota, in the last two years, five officers have taken their own lives.

What has become clear is that the patchwork of policies, procedures, and programs to address mental health challenges of our officers across the Peace Garden State, not enough is being done. This bill stands as a commitment by its sponsors to take seriously the responsibility we all share in caring for those whom our communities rely on to keep our neighborhoods and roads safe when those Peace Officers suffer a PTSD injury in the line of duty. When our officers are supported after injuries in the line of duty, without having to worry about how or where they will receive the emergency, urgent, or rehabilitative care, the more likely they are to return to duty, serving our communities and state. Our response in providing this support for officers injured by PTSD should be no different and has the very real potential to save lives.

The North Dakota Fraternal of Police urges a DO PASS vote on SB 2181.



Aaron Moss  
Sergeant at Arms  
North Dakota Fraternal Order of Police  
(Lobbyist 1531)

**2025 Bill No. 2181**  
**Testimony before the Senate Industry & Business Committee**  
**Presented by Tim Wahlin, Workforce Safety and Insurance**  
**January 21, 2025**

Mr. Chairman and Members of the Committee: My name is Tim Wahlin, Chief of Injury Services for Workforce Safety & Insurance (WSI). I am here today to provide testimony regarding Senate Bill No. 2181. The WSI Board voted unanimously to not support this bill. Within the deliberation of the bill, the Board expressed support for additional study and exploration of the subject, but it opposed the approach the bill employs and expressed apprehension about making such a profound change to our workers' compensation system with so little formal study and professional input.

Senate Bill 2181 amends the definition of "compensable injury" to, for the first time, include mental injuries from mental stimuli, making these non-physical injuries a compensable condition. Significant alterations to our workers' compensation system have the potential to be disruptive and can be costly. As a result, caution and discretion are important.

There are a number of areas in the bill that WSI submits should be considered and addressed. I will identify each within the respective bill sections.

**SECTION 1:**

Explicit clarity is required when defining compensable conditions, especially in an area that poses significant financial impacts. If clarity is lacking, it is generally provided through litigation which can be slow and expensive. Most importantly, lack of clarity jeopardizes the prompt and accurate adjudication of benefits due our injured employees. We urge further clarification at lines 13-17 on page 2, as it appears a typographical error exists. Perhaps the term "condition" at line 14 should be replaced with "work related incident." If this is not a typographical error, WSI is uncertain of the intent of the sentence.

Likewise, the term "mental injury" on line 18 and again on line 27 on page 2, should more specifically be "posttraumatic stress disorder." This would help to eliminate any possible confusion with other mental conditions that may preexist the post traumatic stress disorder or with which the posttraumatic stress disorder is to be compared.

Beginning at line 15 on page 2, the bill defines and uses the term "unusual stress." It defines the term as "stress of a greater dimension than the day-to-day emotional strain and tension experienced by similarly situated employees." A different definition of the term "unusual stress" already exists in NDCC 65-01-02(11)(a)(3) which coincidentally begins on line 23 of page 1 of the bill. There "unusual stress" is defined as "stress greater than the highest level of stress normally experienced or anticipated in that position or line of work." This definition is established, and litigation has clarified its meaning. Consequently, it would be WSI's preferred definition.

Next, the bill requires the post traumatic stress disorder be diagnosed by a psychiatrist or psychologist and meet the criteria in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, (5th edition, text revision 2022) (hereafter DSM). To assist in your understanding, I have attached to this testimony an excerpt of the relevant portion taken from the National Institute's of Health website within its National Library of Medicine. The DSM requires eight diagnostic criteria that must be met. The first is exposure to an actual or threatened death, serious injury, or sexual violence. It must be directly experienced, witnessed in person, or

involve a close family member or friend, and must have been violent or accidental. And under the proposed language of this bill, been experienced in a work-related capacity.

The bill provides the disorder may not preexist the event. And it must be determined with reasonable medical certainty to be at least fifty percent of the cause as compared with all other contributing causes combined.

The second portion of subsection seven places WSI in a role in which it has never been. Sub part (b) makes posttraumatic stress disorder compensable in the event it arises from an employment action taken in bad faith. With this inclusion, it places WSI claims adjusters in the position of judging the motivations of employment actions in order to determine compensability. WSI is currently unequipped for these determinations. Claims adjusters do not have the requisite human resource expertise and would presumably need to build those skillsets in order to handle these claims.

This role would also undermine relationships built over years of interaction between the claims adjusters and the employers they assist. Currently, claims adjusters handle employer defined caseloads. The intention of this is so a claims adjuster can get to know an employer, learn their work practices, and coordinate any possible return to work issues. The goal is to establish rapport and positive relationships in order to assist with claims handling. That could easily be sacrificed if an adjuster is required to investigate motives surrounding an employer's human resource actions.

In 2015, the Legislative Assembly considered two bills establishing PTSD coverage for first responders. In those bills, personnel matters were specifically excluded from coverage. The relevant language was as follows:

The posttraumatic stress disorder may not have resulted from an event or series of events that are incidental to normal employer and employee relations, including a personnel action by the employer such as a disciplinary action, work evaluation, transfer, promotion, demotion, salary review, or termination.

This language would eliminate WSI's concern of evaluating personnel matters in PTSD claims and is the preferred language to use.

## **SECTION 2:**

This section repeats verbatim the terms of Section 1 which is necessary because of how the Century Code is arranged and how effective dates are reflected in the definition section.

## **SECTION 3:**

This section apparently establishes caps on the duration of disability to thirty-two weeks and two claims per lifetime. It does not establish any caps on medical benefits which will run as long as the PTSD is active and requires medical care. Note that there appears to be a typographical error at line 5 on page 7. If the term "or" is correct, WSI is uncertain whether the two claims may result in sixty-four weeks of disability, or cumulatively thirty-two weeks. Clarification of this is necessary.

In addition, at Subsection (F.) of the attached DSM guidelines, post traumatic stress disorder may only be diagnosed if the “duration of the disturbance (Criteria B, C, D and E) is more than 1 month.” The question then arises: Does disability begin at the point of diagnosis or is it to become retroactive up to thirty days from the point of diagnosis?

**SECTION 4:**

This act would apply for injuries sustained on or after August 1, 2025.

**SECTION 5:**

This act will expire or sunset without further legislative action on July 31, 2029.

**Fiscal Impact:**

Because this legislation has no precursor for comparison within North Dakota, there is insufficient data to comprehensively evaluate the impacts. However, using other jurisdictions as a guide, our actuaries anticipate that,

“If passed in its present form, the legislation will act to increase both rates and reserves. For certain classes of business such as law enforcement, paid firefighters, and first responders, WSI anticipates that the rate increases could be significant.”

Most employees in these classes are employed by governmental bodies so any rate increases will flow through to those tax structures.

We have seen PTSD legislation pass in Minnesota and the impacts have been significant.

This concludes my testimony. I am happy to answer any questions you may have.

## **DDSM Exhibit:**

Link to exhibit source: [Diagnostic Criteria for PTSD](#)

### **Exhibit 1.3-4 DSM-5 Diagnostic Criteria for PTSD**

**Note:** The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled “Posttraumatic Stress Disorder for Children 6 Years and Younger” ([APA, 2013a](#)).

- A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
  - 1. Directly experiencing the traumatic event(s).
  - 2. Witnessing, in person, the event(s) as it occurred to others.
  - 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
  - 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.
- B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  - 1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). **Note:** In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
  - 2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
  - 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific reenactment may occur in play.
  - 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
  - 5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).



- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
  2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia, and not to other factors such as head injury, alcohol, or drugs).
  2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” “The world is completely dangerous,” “My whole nervous system is permanently ruined”).
  3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
  4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
  5. Markedly diminished interest or participation in significant activities.
  6. Feelings of detachment or estrangement from others.
  7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
  2. Reckless or self-destructive behavior.
  3. Hypervigilance.
  4. Exaggerated startle response.
  5. Problems with concentration.
  6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.

- G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

**With dissociative symptoms:** The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted). **Note:** To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify whether:

**With delayed expression:** If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

Source: [APA, 2013a](#), pp. 271–272.



**North Dakota Association for Justice**  
PO Box 365  
Mandan, ND 58554  
*The Trial Lawyers of North Dakota*

Jaclyn Hall, Executive Director  
jaclyn@ndaj.org

Chair Barta and members of the Senate Industry and Business Committee, my name is Jaci Hall, Executive Director of the North Dakota Association for Justice. Today, we are in support of SB2181.

Members of our association provide legal support to injured workers all across North Dakota. This support is crucial to assist an injured worker navigate their injury and the WSI System.

Many injured workers also have mental injuries that either coincide with or are a result of a traumatic event. Creating a pathway to provide additional support to mental injuries is important.

**We believe that SB2181 will be more valuable if these tests along with other independent medical examinations are covered by WSI in its entirety and not the burden of the injured worker.** Many times, these workers do not have the funds to cover the cost for additional tests. These tests and examinations can solve the issue of whether their injury is compensable or not.

Thank you for the opportunity to discuss this issue and to support expansion of Workers Compensation benefits.

Please support SB2181 and add the disclosure that these tests and examinations are covered by Workers Compensation and not the burden of the injured worker.

Jaci Hall

NDAJ

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Honorable Ladies and Gentlemen and Mr. Chairman. My name is Steven Mayer, and I am here in support of Senate Bill 2181. I am here to testify as an off-duty State Trooper with almost 28 years in law enforcement.

I chose to come in today instead of attending the funeral of a friend of mine. Lt. Matt Mcleod a veteran police officer shot and killed himself in Minot last week while on duty. This marks the 3<sup>rd</sup> suicide within the Minot PD in less than two years. Enough is enough, more needs to be done to stop this trend.

Currently I have lost at least 10 good friends due to suicide who have worked as police officers or correctional officers and countless others who have simply quit the profession because there was no help available for them or the help was substandard.

According to research, a first responder is estimated to experience around 800 traumatic events over their career, compared to a civilian who might experience only around 10 in their lifetime, highlighting the significantly higher exposure to trauma faced by first responders due to the nature of their job.

Police officers and firefighters are more likely to die by suicide than in the line of duty, according to research. Experts suggest that chronic workplace stress may place first responders at increased risk for suicide and mental health issues, such as post-traumatic stress disorder and substance abuse.

When we experience a traumatic event, our day does not end. We are off to another call and are expected to put on a smile and act as if nothing ever happened. We may have just done CPR on a 3-month-old child and lost them. We can't go home after these events because others may need us. We suck it up and move on to the next one. Maybe telling a family member that their 14-year-old kid won't be coming home because he just shot himself at the park. When our shift is over the thoughts and sights, we have seen throughout the day do not end. They follow us home to our families and even haunt us into our retirement.

EAP is not adequate for first responders, although it might be beneficial for the lay person it is not adequate for those in our field.

My wife performed CPR on me for 15 minutes when I had a heart attack, and she needed to speak with someone after. She went into EAP and was told after the very first visit that she had great coping skills and would be able to handle things on her own and there was no need for her to come back in.

We have had officers who live in the rural areas who needed to speak with someone and were told that the only opening was a month out and they would have to travel over 100

miles to the appointment. This husband and wife had young children which even compounded the problem. Could you imagine calling 911 and being told that it would take a month to respond to your emergency?

The same year I had my heart attack; I was involved in a shooting where I unfortunately took the life of another. I needed help processing everything. I reached out to our counseling program through work and left a message. A week later I received a call from them apologizing for missing the call and asking if I would like to schedule an appointment. During that time, I found a therapist who specializes in PTSD for first responders but was not in our network.

I went to her and had great results. However, after my 6<sup>th</sup> visit, I was billed \$185 for each visit due to it not being covered by insurance. The incident I dealt with was the direct result of an incident due to work and now I am paying a punishment financially for it. Others might have been deterred from further visits due to the high cost and unaffordability of the service thus putting them at risk mentally and physically.

When we are sick, we are allowed to pick our physician who we want to see for the most part. One who we feel comfortable visiting with and are confident that they can help cure what ails us. When it comes to mental health, we are not allowed to see who we wish to. We are told to go to EAP or one of the designated counsellors who our agency states we should see regardless of our comfort level and how we feel about them. This is not beneficial to helping us cope with the things we see and do. We may end up seeing someone who specializes in forensic psychology and not PTSD and Trauma. You don't go to a heart doctor for your eyes, do you?

Society has changed, it has gotten more violent, and individuals flat out hate law enforcement unlike respecting them like years past. We are continuously being degraded in public and on TV and expect that it does not bother us. We can often push it to the side and ignore it but at some point, enough is enough and we can no longer take it anymore. As stated earlier, first responders are more apt to die from suicide than dying in the line of duty. It is more dangerous for us to go home and sit on our couch than it is to go to work.

Irony of it all is the ND Supreme Court is now asking for 10 hours of therapy sessions for jurors who sit in on cases that are traumatic. HB 1047 is the bill that would assist jurors with counseling sessions within 6 months of a court hearing. It seems as though the ND Supreme Court is recognizing a need for help for individuals who are sitting on a bench and hearing and seeing testimony. Could you imagine them actually being on the scene then and having to deal with it like a first responder?

It would help us all immensely if PTSD was covered by WSI and we would be allowed to see the therapist that matches our needs. This is more of a work-related issue than anything else due to what we experience in our job, and it is costing people their lives without it.

When you and your family are in dire need of help you call 911. The first responder you speak with is the dispatcher. Police, firefighters, ambulance all will come running to you or your family members to help them any way that they can. But when the first responders need help who can they call? Right now, we are calling 911 with the passage of SB 2181. Will you answer our call?

# 2025 SENATE STANDING COMMITTEE MINUTES

## Industry and Business Committee Fort Union Room, State Capitol

SB 2181  
1/28/2025

A bill relating to posttraumatic stress disorder duration limits; and relating to workers' compensation coverage for posttraumatic stress disorder; to provide for application; and to provide an expiration date.

9:50 a.m. Chairman Barta opened the hearing on SB 2181.

Members present: Chairman Barta, Vice-Chairman Boehm, Senator Klein, Senator Kessel, Senator Enget

### Discussion Topics:

- Department of Health and Human Services
- Residual COVID funding
- Mental health counseling
- Program goals
- Political subdivision expansion
- Necessary personnel and training
- Existing programs and other similar bills
- Workforce Safety and Insurance
- Employee inclusion
- Expiration of funds and renewal

10:00 a.m. Senator Klein moved a Do Not Pass.

10:00 a.m. Senator Kessel seconded the motion.

Senators	Vote
Senator Jeff Barta	Y
Senator Keith Boehm	Y
Senator Mark Enget	Y
Senator Greg Kessel	Y
Senator Jerry Klein	Y

Motion passed 5-0-0.

Senator Barta will carry the bill.

10:01 a.m. Chairman Barta closed the hearing.

*Audrey Oswald, Committee Clerk*

**REPORT OF STANDING COMMITTEE**  
**SB 2181 ([25.0544.02000](#))**

**Industry and Business Committee (Sen. Barta, Chairman)** recommends **DO NOT PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2181 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.