



To: *Members of the 2026 Work Group on Duty Disability and the Public Safety Officer's Benefit Account*

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Date: *July 6, 2026*

Summary of the 2025 Report “Evaluating PTSD Claims in Minnesota’s Worker’s Compensation System”

Overview of the Report

The legislatively mandated 2025 report “[*Evaluating PTSD claims in Minnesota’s worker’s compensation system*](#)” identifies systemic and regulatory changes needed to improve outcomes for Minnesota employees with work-related post-traumatic stress disorder (PTSD). The report provides a framework for legislative recommendations.

The study used case law, administrative data, surveys, and stakeholder interviews. Stakeholders reported that legal complexity, inadequate communication, timelines written for physical injuries, stigma, and limited access to medical providers all contribute to claim denials and added burdens on workers. A major finding was that PTSD claim data is often inconsistently collected and is difficult to analyze.

This memo summarizes findings and recommendations of the report, including the improvement of workers’ experience when diagnosing PTSD, filing a claim, accessing treatment, and returning to work. Each section header references the section of the report being summarized.

Work group members are encouraged to review the full report, in particular the Executive Summary (Section 1) and the Recommendations (Section 10).

PTSD and Worker’s Compensation (Section 2)

PTSD is a mental health condition that develops after exposure to a traumatic event or series of events. Symptoms must be severe and last at least one month. For PTSD to be compensable, diagnosis must be made by a licensed psychologist, psychiatrist, or a licensed mental health nurse practitioner, following DSM-5 TR criteria.

Minnesota recognized PTSD as an occupational disease in 2013. It is the only work-related mental health injury eligible for compensation without an accompanying physical injury. Minnesota is one of 42 states where PTSD is at least partially compensable as a stand-alone injury in the workers’

compensation system. In 2022, PTSD claims accounted for only 1% of non-COVID-related claims submitted to the Department of Labor and Industry (DLI). While **PTSD cases are increasing in certain occupations, PTSD claims overall have declined in recent years. The report notes that DLI's 2023 estimates project a continued decline in PTSD claims.**

Workers may receive wage-loss benefits if they cannot return to their job or become permanently disabled. The workers' compensation system aims to cover medical treatment and help injured workers return to work or retrain for a new career. **Minnesota law requires employers to provide medically necessary and reasonable care for compensable injuries.**

Claims Process and Date of Injury (Sections 3 & 4)

Stakeholders report confusion about the PTSD claims process, largely due to **inconsistent understandings of "date of injury."**

For physical injuries, the date of injury is the day the injury occurred or, for cumulative trauma, the day the condition caused disability and the worker sought care or lost time from work.

For PTSD claims, **the study suggested that the date of injury should ideally be the date of the diagnosis by a qualified provider.** In practice, however, claims may use the date of trauma, first treatment, first day of lost time due to the injury, or last day of employment. **There is no agreed-upon standard in case law or among stakeholders,** resulting in inaccurate data and potentially avoidable denials. The study recommended statutory clarification of the correct date of injury.

Because the date of injury is tied to several procedural steps, early claim timelines should align with the diagnosis date. The current timelines are built around physical injuries, which makes it harder to apply to PTSD cases because the DSM-5 requires one month of symptoms before diagnosis.

Denials and the Rebuttable Presumption (Sections 3 & 4)

PTSD claims are **concentrated in certain occupations and denied at higher rates than physical injuries,** often **resulting in costly settlements.** Many first responders work for self-insured local governments, meaning costs fall on taxpayers.

In 2019, the Minnesota Legislature created a **rebuttable presumption, which presumes that diagnosed PTSD is work-related for workers in specific occupations.** Workers covered by the presumption include first responders, such as police officers, firefighters, paramedics, EMTs, emergency medical professionals, dispatchers, correctional officers, certain security counselors, sheriffs, deputy sheriffs, and State Patrol officers.

Employers may rebut a claim covered by the presumption with substantial evidence. When an insurer denies primary liability, the employee must be notified using the proper form. Employees may contest denials through the Court of Administrative Hearings (CAH), and DLI can also mediate disputes.

Stakeholders question the effectiveness of the presumption. Despite its purpose, denial rates remain high. **Since 2017, presumption-covered workers have had higher denial rates than non-covered workers** (the presumption didn't take effect until 2019, cases rose sharply in 2020, and there are very few non-presumption PTSD cases over this period). High denial rates lead to lengthy and expensive settlements.

The report also highlights that **statutory timelines designed for physical injuries do not easily align with PTSD diagnostic requirements**, contributing to denials.

However, after the presumption was enacted, workers in all occupations began filing PTSD claims more quickly, which possibly suggests earlier recognition of symptoms.

Recommendations include improving education and enforcement around denial narratives and continuing to collect detailed claims data to evaluate the impact of the presumption.

Workers often perceive bias in independent medical examinations (IME). The report recommends using impartial medical experts agreed upon by both parties in disputed cases. This would require substantial statutory changes to the IME process, although neutral evaluations are already allowed under [section 176.155, subd. 2](#).

Data (Sections 4- 6)

Data accuracy

The study showed that PTSD claims are often coded inaccurately; **among PTSD claims identified in the study fewer than half were originally correctly coded**. Inconsistent coding prevents accurate monitoring and analysis.

Key recommendations include:

- improving data quality on FROI forms;
- adding explicit indicators for PTSD and mental injuries;
- standardizing the date of injury as the date of formal diagnosis; and
- ensuring consistent reporting by insurers and self-insured employers.

The Need for More Data

More complete data is needed to inform policy and track long-term outcomes, including return-to-work rates. Current data is limited to what insurers provide. Medical data from self-insured employers is often unavailable.

The report suggests expanding data collection to include:

- medical treatment and long-term outcome data for workers with PTSD claims;
- DEED wage records combined with workers' compensation data to measure return-to-work outcomes;
- settlement data from CAH to analyze settlements; and
- additional data to identify patterns of disparities.

Treatment and Return- to- Work Strategies (Section 7 & 8)

Minnesota adopted PTSD treatment parameters by rule in 2020. Treatment related to accepted PTSD claims must follow these parameters to be covered. **Because PTSD treatment constantly evolves, the report recommended that DLI and the Medical Services Review Board should regularly review and update the rules to ensure workers have access to the most effective, evidence-based treatments.**

The list of diagnosing providers should be expanded to include certain master's-level mental health clinicians to **improve access for workers in rural and underserved areas.**

Many individuals with PTSD respond well to treatment. Early detection and prompt access improve outcomes and support return to work. However, administrative delays and frequent independent medical examinations reduce treatment effectiveness.

Return-to-work data shows that 80% of non-presumption workers with PTSD return to work within one year, compared to fewer than 60% of presumption-covered workers. Police officers account for most of the decline. **The report notes the need for more research on effective return-to-work and claims navigation strategies for presumption-covered workers with high PTSD claims, such as police officers.**

Additional recommendations include increasing outreach about vocational rehabilitation services for denied claims, and promoting best practices such as peer support, post-incident supports, temporary reassignments, and employer assistance navigating the workers' compensation system.