

Dept. of Labor & Industries
Health Policy Unit, Office of the Medical Director
PO Box 44321
Olympia, WA 98504-4315

September 8, 2025

RE: IIMAC Treatment Guidelines - AWC supports the draft Clinical Guideline for PTSD

Dr. Friedman, Dr. Harmon, and members of the advisory committee,

The Association of Washington Cities supports the IIMAC Clinical Guideline for PTSD (draft Guideline) as currently drafted. We think that the draft guidance reflects the best available science regarding treatment of post-traumatic stress disorder and offers practical methods for treating PTSD-related conditions that are both appropriate and supported by scientific evidence as determined by medical experts. We urge you to avoid major changes and keep the final version of the Guideline focused on the best available science and effective treatments for workers impacted by PTSD.

Injured workers deserve treatment options that are supported by science, have track records of effectiveness, and whose results can be replicated for the broad range of individuals that need help. Cities are subject to rapidly increasing workers' compensation costs for first responders that are largely driven by PTSD claims, and we understand our obligation as employers to help heal first responders who developed PTSD while on the job serving the public. However, the treatment that some workers are getting from some providers are both exorbitantly expensive and have not proven effective at actually helping workers heal and return to work. Workers' compensation resources must focus on helping injured workers get better, not waste time and resources on treatments and facilities with little or no evidence of effectiveness.

AWC appreciates the current draft Guideline's focus on evidence-based treatments that are linked to improved outcomes for PTSD-impacted workers. The final Guideline needs to retain those safeguards that ensure workers are being sent to facilities and treatments that are effective and likely to make a positive difference for injured workers. In particular, we note that the Guidelines address the lack of evidence for the effectiveness of in-patient or residential treatment. We are aware that there are interests pushing for continuing to broadly support use of in-patient and residential treatment despite the lack of evidence that it provides better outcomes. We urge the Committee to support the recommendations as submitted. It is noteworthy that these are guidelines and that there is already the ability to deviate in unique and special limited circumstances that provide the need flexibility to address specific individual cases through pre-authorization.

As you know, the final document will ultimately need to serve as medical treatment guidelines for L&I, employers, injured employees, and mental healthcare providers. AWC urges the IIMAC to avoid any changes to the draft Guideline that are primarily based on political considerations or special requests by interest groups. Political maneuvering or catering to special interests will not result in better outcomes for injured workers and will likely only perpetuate the cycle of ineffective treatment for many first responders and high costs for the workers' compensation system. Any changes to the draft Guideline must be grounded in the best available science and aimed at actually improving health outcomes for workers, not in advancing special interests.

AWC Comments on draft Clinical Guidelines for PTSD

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Thank you for the opportunity to provide comments on the draft Clinical Guideline for PTSD. AWC appreciates the work that your committee and staff have put into the draft Guideline so far. We feel that it has resulted in solid, science-backed guidance for treatments that will help PTSD-impacted workers heal and return to work.

Regards,

Candice Bock
Government Relations Director
Association of Washington Cities