

Date of Hearing: April 23, 2025

ASSEMBLY COMMITTEE ON INSURANCE
Lisa Calderon, Chair
AB 1125 (Nguyen) – As Amended April 21, 2025

SUBJECT: Workers' compensation: peace officers

SUMMARY: Expands an existing rebuttable presumption of occupational injury for heart trouble in security officers at Atascadero State Hospital to include any peace officer employed by the Department of State Hospitals (DSH). Specifically, **this bill:**

- 1) Expands all of the following, which presently apply to security officers at Atascadero State Hospital, to all peace officers employed by DSH:
 - a) Clarification that the term “injury” includes heart trouble that develops or manifests itself during a period while the officer is employed in service of DSH or a state hospital.
 - b) Specification that the compensation awarded for heart trouble includes full hospital, surgical, medical treatment, disability indemnity, and death benefits.
 - c) Requirement that heart trouble in these cases be presumed to arise out of and in the course of employment, that the presumption is disputable and may be controverted by other evidence, and that the presumption be extended to such an officer following termination of service for a period of three calendar months for each full year of the requisite service, not to exceed 60 months in any circumstance.
- 2) Defines “peace officer” to mean an officer of a state hospital under the jurisdiction of DSH, appointed, as specified, under existing law.
- 3) Eliminates a vestigial reference to the California Youth Authority.
- 4) Makes several non-substantive changes.

EXISTING LAW:

- 1) Establishes a workers' compensation system that provides benefits to an employee who suffers from an injury or illness that arises out of, and in the course of, employment, irrespective of fault. (California Constitution Article XIV, Section 4)
- 2) Establishes presumptions that certain injuries or conditions arose out of employment for specified public safety officers, including:
 - a) Heart trouble, pneumonia, or hernia; (Labor (Lab.) Code Sections 3212, et seq.)
 - b) Cancer; (Lab. Code Section 3212.1)
 - c) Tuberculosis; (Lab. Code Section 3212.6)
 - d) Post-traumatic Stress Disorder; (Lab. Code Section 3212.15)
 - e) Blood-borne infectious disease or methicillin-resistant *Staphylococcus aureus* skin infection; (Lab. Code Sections 3212.8)

- f) Exposure to a biochemical substance; (Lab. Code Section 3212.85)
 - g) Meningitis. (Lab. Code Sections 3212.9)
- 3) Provides that the presumptions listed above are rebuttable and may be controverted by evidence. However, unless controverted, the Workers' Compensation Appeals Board (WCAB) must find in accordance with the presumption. (Lab. Code Sections 3212, et seq.)
 - 4) Provides that the compensation awarded for these injuries must include full hospital, surgical, medical treatment, disability indemnity, and death benefits, as provided by workers' compensation law. Specifies that these presumptions tend to run for 5 to 10 years commencing on the last day of employment, depending on the injury and the peace officer classification involved. Peace officers whose principal duties are clerical, such as stenographers, telephone operators, and other office workers are excluded. (Lab. Code Sections 3212, et seq.)
 - 5) Specifically, establishes that, in the case of officers and employees in the Department of Corrections having custodial duties, each officer and employee in the Department of Youth Authority having group supervisory duties, and each security officer employed at the Atascadero State Hospital, heart trouble that develops or manifests during the period of employment is presumed to arise out of that employment, with the presumption available for a period of three calendar months for each full year of service, not to exceed 60 months, from the last date worked in the position. (Lab. Code Section 3212.2)
 - 6) Establishes DSH within the California Health and Human Services Agency (Welfare and Institutions (WI) Code Section 4000), with jurisdiction over the execution of laws relating to care and treatment of persons with mental health disorders under the custody of DSH. (WI Code Section 4011)
 - 7) Defines "state hospital" to mean, and specifies that DSH has jurisdiction over Atascadero State Hospital, Coalinga State Hospital, Metropolitan State Hospital, Napa State Hospital, and Patton State Hospital, as well as specified Admission Evaluation and Stabilization Centers, county jail treatment facilities and other facilities under contract with DSH to provide competency restoration services, and any other DSH facility subject to available funding by the Legislature. (WI Code Section 4001 and 4100)
 - 8) Establishes that the primary purpose of a state hospital is the medical and nursing care of patients with mental health disorders, and that the efforts and direction of the officers and employees of each state hospital be directed to this end. (WI Code Section 4304)
 - 9) Tasks the chief of police services at a state hospital with the responsibility of preserving the peace in the hospital buildings and grounds, and authorizes the chief of police services to arrest or cause the arrest of all persons who attempt to commit or have committed a public offense thereon. (WI Code Section 4311(a))
 - 10) Provides the chief of police services, supervising investigators, investigators, and each hospital police officer with specified powers and authority, and tasks those in these positions with enforcing the rules and regulations of the hospital, preserving peace and order on the premises thereof, protecting and preserving the property of the state, and helping to ensure integration of treatment, safety, and security. (WI Code Section 4313)

- 11) Classifies the officers of a state hospital under the jurisdiction of DSH as peace officers with the authorities and powers conferred thereto. (Penal Code Section 830.38)

FISCAL EFFECT: Unknown.

COMMENTS:

- 1) *Purpose:* According to the author:

Our peace officers face an increased risk of developing heart-related health complications, up to 70 percent higher than the general public, due to the immense stress and emotional trauma they experience in the line of duty. AB 1125 ensures that peace officers employed at any of the five California Department of State Hospitals, are given equitable access to workers' compensation to cover any medical expenses associated with heart problems that may arise during their employment as a peace officer. The bill recognizes their service and the sacrifices they make to keep our state hospitals safe.

This bill is sponsored by the California Correctional Supervisors Association (CCSA).

- 2) *Workers' compensation and peace officer presumptions:* At its core, the workers' compensation system relies on a so-called "grand bargain." If a worker is injured on the job, the employer must pay for the worker's medical treatment, including monetary benefits if the injury is permanent. In exchange for receiving the guarantee of such treatment, the worker surrenders the right to sue the employer for monetary damages in civil court. To receive such care and/or benefits, the worker must be able to demonstrate that it is more likely than not that the injury arose "out of and in the course of employment." According to recent research by the California Workers' Compensation Institute (CWCI) and RAND, more than 90% of all workers' compensation claims and requests for medical treatment are approved.

Occupational injury presumptions (henceforth, "presumptions") reverse this burden of proof. In other words, presumptions shift the dynamic of a claim from a worker having the burden of proving that their injury is work-related to an employer having the burden to prove that the injury is not work-related. Presumptions have never been intended to imply or create work-related injuries when the injuries in question are not work-related. Rather, presumptions of compensability have been adopted, some many decades ago, to reflect unique circumstances where injuries or illnesses appear to logically be work-related, but it is difficult for the injured worker to prove them as such. As a matter of law, employers have the opportunity to rebut the presumption by establishing that the injury or condition was not the result of employment. As a practical matter, however, presumptions are rarely rebutted.

Presumptions benefit the worker by removing a potential hurdle to treatment and minimizing the delay between a worker's injury and their ability to receive care. Historically, presumptions have also been useful for occupational injuries whose causes could be difficult to precisely pinpoint. For instance, this was the case with presumptions for cancer in firefighters, who may have been exposed to carcinogens from any number of burning or crumbling buildings.

There is essentially no difference in care and benefits between an employee who successfully accesses workers' compensation with a presumption and an employee that accesses workers'

compensation without one. A presumption alone does not increase the quality or nature of care that is received. Accordingly, within industries with a low rate of rejected workers' compensation claims, the positive impact of a presumption is limited. The standard medical verification process, which is subverted in the case of presumptions, is intended to minimize fraudulent claims that can drain the resources of the workers' compensation system, maintaining the solvency of the workers' compensation system and ensuring its capacity to cover legitimate claims for injuries in the workplace. As a result, adoption of presumptions where they are not demonstrably necessary has the potential to provide little benefit, while threatening the delicate equilibrium underlying a functional workers' compensation system.

With few exceptions, all existing presumptions for workers' compensation claims apply exclusively to peace officers or firefighters, and are limited to a subset of injuries common in those professions, such as hernias, cancer, and heart disease. This means any additional costs resulting from potentially fraudulent claims made under these presumptions are borne by the state, rather than a private employer. As policy rationales for these presumptions, the Legislature has generally relied on three main characteristics that distinguish these professions and associated injury claims from other workers' compensation claims:

- Peace officers and firefighters take steps to reduce occupational hazards, but it is not possible to effectively abate all occupational hazards in these professions. Peace officers and firefighters are instead responsible for directly confronting occupational hazards such as fires, panic, civil unrest, and violent confrontations.
- Peace officers and firefighters face higher relative injury rates compared to other similarly situated workers.
- Prior to adopting these presumptions, peace officers and firefighters faced high claim denial rates for the specified injuries, largely due to the difficulty in proving the injury was work-related.

This bill seeks to recognize the similarity in work conditions and experience between peace officers subject to presumptions for heart trouble, including peace officers that work at Atascadero State Hospital, and peace officers that work at other state hospitals. By expanding the existing presumption for heart trouble in security officers working at Atascadero State Hospital to apply to peace officers at all state hospitals, the bill would avoid the present two-tiered system that differentiates the workers' compensation claims process for those developing heart trouble at Atascadero State Hospital, and those working at other state hospitals with similar functions, populations, and responsibilities.

- 3) *State hospitals*: DSH operates five state hospitals (Atascadero, Coalinga, Metropolitan, Napa, and Patton) that almost exclusively serve patients subject to forensic or civil commitment. This means their patient populations consist of a total of approximately 12,000 individuals (as of 2018) that have been accused or convicted of crimes associated with a mental illness, or have been identified as a danger to themselves or others. DSH describes their patient population as follows:

Patients admitted to DSH are mandated for treatment by a criminal or civil court judge. More than 90 percent of our patients are forensic commitments. These patients are sent to DSH through the criminal court system and have committed or have been accused of committing crimes linked to their mental illness.

In addition to forensic commitments, DSH treats patients who have been classified by a judge or jury as Sexually Violent Predators. These patients have served prison sentences for committing crimes enumerated under the Sexually Violent Predator Act (*Welfare and Inst. Code Sections 6600 et al.*). They are committed to DSH for treatment until a judge deems they are no longer a threat to the community.

The remainder of the department's population has been committed in civil court for being a danger to themselves or others. These patients are commonly referred to as Lanterman-Petris-Short commitments.

Among the state hospitals, Atascadero State Hospital has historically served the largest patient population, and specifically provides treatment for male forensic commitments, i.e. felony defendants found incompetent to stand trial, patients judged not guilty of felony crimes by reason of insanity, parolees who committed specified crimes and were treated for severe psychiatric disorders associated with that crime, and inmate-patients transferred from the California Department of Corrections and Rehabilitation (CDCR) for inpatient mental health care. This means the criminal population at Atascadero is larger than that of the other state hospitals. Still, all five state hospitals are considered high-security and have patient populations generally assumed to present a higher risk of violence to staff, other patients, or themselves, relative to other psychiatric hospitals.

- 4) *The DHS Police Force*: Atascadero was the first state hospital to employ its own security officers, but the other four state hospitals have since employed security officers for the protection of patients, workers, and the public. According to the sponsors of this bill, the CCSA:

In 1976, California enacted legislation recognizing heart conditions experienced by security guards' staff at Atascadero State Hospital as work-related injuries if they occurred during employment or within three months after leaving the job. This classification made security guards eligible for workers' compensation benefits for heart-related conditions. When this Labor Code section was enacted, it did not include peace officers of the California Department of State Hospitals (DSH) because the DSH Police Force did not exist at that time. Rather, they were designated as "security officers employed at Atascadero State Hospital."

Since that time, the DSH Security Officers have evolved from covering one state hospital to covering all state hospitals and have grown to approximately seven hundred officers who provide public safety service to patients, employees, and the public in and around each hospital. In addition, DSH Security Officers have been reclassified as peace officers covered by Penal Code Section 832 which requires basic peace officer training to hold the position. This makes the DSH Police Force a fully functioning police force with academy standards and qualifications equal to all other California law enforcement officers. The same issues impact these police officers as all other law enforcement listed in this labor code.

Section 4313 of the WI Code tasks the DSH Police Force (i.e. "[t]he chief of police services, supervising investigators, investigators, and each hospital police officer") with "[enforcing] the rules and regulations of the hospital, [preserving] peace and order on the premises thereof, [protecting and preserving] the property of the state, and [helping] ensure integration of treatment, safety, and security." The DSH Police Force is granted full authority to enforce

relevant laws, make arrests, and issue citations. Officers of the DSH Police Force also occasionally assist neighboring law enforcement agencies with their off-site police activities as needed. As a result, their training and day-to-day responsibilities do not differ considerably from other peace officers who, under existing law, are granted an occupational injury presumption for heart trouble occurring during the period of employment.

Staff notes that the 1976 legislation referred to by the CCSA, in recognizing eligibility of security guards for workers' compensation benefits for heart-related conditions, was declarative of existing law, as such conditions would have always been considered compensable were they to demonstrably arise out of employment. Rather, the primary function of that legislation was to establish that heart trouble developing or manifesting while a security guard is employed at the Atascadero State Hospital is *presumed* to arise out of and in the course of that employment for the purpose of awarding workers' compensation benefits.

This distinction is critical, as this bill seeks to extend this *presumption* to peace officers employed at state hospitals other than Atascadero. Absent the passage of AB 1125, peace officers employed at state hospitals other than Atascadero would still be able to receive workers' compensation benefits for heart trouble if they can prove the heart trouble resulted from their employment. Nonetheless, to the extent this presumption is reasonable for peace officers employed at Atascadero State Hospital, and for law enforcement officers in general, under existing law, it is not clear why it would not be similarly reasonable for peace officers employed at other state hospitals.

5) *Pending and prior legislation:*

AB 1336 (Addis, 2025) would create a rebuttable presumption that a heat-related injury arose out of the course of employment where an employer in the agriculture industry, as defined, failed to comply with existing heat illness prevention standards. This bill is currently awaiting hearing the Assembly Insurance Committee.

SB 230 (Laird, 2025) would grant active firefighting members of a fire department that serves a United States Department of Defense installation, a National Aeronautics and Space Administration (NASA) installation, or that provides fire protection to a commercial airport regulated by the Federal Aviation Administration (FAA), as specified, the same workers' compensation presumptive coverages currently afforded to firefighters and public safety officers. This bill is currently in the Assembly Rules Committee pending referral.

SB 632 (Arreguin, 2025) would grant an industrial injury rebuttable presumption for infectious disease, COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder, or respiratory disease to certain hospital employees that provide direct patient care. This bill is currently awaiting hearing in the Senate Appropriations Committee.

SB 1299 (Cortese, 2024) was substantially similar to AB 1336 (Addis, 2025). This bill was vetoed by the Governor.

AB 597 (Rodriguez, 2023) would have extended, for injuries occurring on or after January 1, 2024, an existing industrial injury rebuttable presumption for a diagnosis of post-traumatic stress disorder to emergency medical technicians and paramedics. This bill died in the Assembly Insurance Committee.

AB 699 (Weber, 2023) would have granted year-round, full-time lifeguards employed by the City of San Diego in the Boating Safety Unit the same workers' compensation presumptive coverages currently afforded to firefighters and public safety officers. This bill was vetoed by the Governor.

AB 1145 (Maienschein, 2023) would have extended, for injuries occurring on or after January 1, 2024, an industrial injury rebuttable presumption for a diagnosis of post-traumatic stress disorder to certain nurses, psychiatric technicians, and various medical social services specialists who work in state prisons, state veteran's homes, state developmental centers, and state hospitals, and would have remained in effect until January 1, 2030. This bill was vetoed by the Governor.

AB 1156 (Bonta, 2023) was substantially similar to SB 632 (Arreguin, 2025). This bill died in the Assembly Insurance Committee.

SB 391 (Blakespear, 2023) would have granted an industrial injury rebuttable presumption for skin cancer to certain peace officers of the Department of Fish and Wildlife and the Department of Parks and Recreation. This bill was vetoed by the Governor.

SB 623 (Laird, Ch. 621, Stats. 2023) extends, until January 1, 2029, an existing industrial injury rebuttable presumption for a diagnosis of post-traumatic stress disorder for specified firefighters and public safety officers, and requires the Commission on Health and Safety and Workers' Compensation to submit reports to the Legislature that review the effectiveness of this presumption and workers' compensation claims by public safety dispatchers.

AB 415 (Robert Rivas, 2021) would have granted an industrial injury rebuttable presumption for fire department mechanics and service technicians employed by public entities who develop cancer while working with known carcinogens on the job. This bill died in the Assembly Insurance Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

California Correctional Supervisors Organization, INC.

Opposition

None on file.

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