

**From the Front
Lines of Law:
Essential PTSD
Reforms for First
Responders**

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INTRODUCTION

Post-traumatic stress disorder has reached epidemic proportions among First Responders. The reality is undeniable and universally recognized by professionals at every level.

Industry leaders from all ranks in law enforcement, fire service, emergency medical services, and corrections have seen suicide rates persist for years despite herculean efforts to intervene through traditional approaches like peer support, EAP programs, and educational initiatives.

Beyond the tragedy of suicide, which often draws the most attention, First Responder careers are frequently cut short when mental health issues go undetected due to systemic failures surrounding this problem.

Policymakers have passed special legislation acknowledging the mental health crisis in the First Responder community. Nonprofit organizations, specialized treatment facilities, and peer support groups have proliferated, yet little has changed.

Current approaches are clearly failing to adequately address the problem. At the same time, First Responders are not beginning to even understand, let alone utilize, existing legal protections that could significantly change outcomes.

This paper examines the legal issues surrounding First Responder mental health and demonstrates that full recognition of existing legal rights would significantly improve outcomes.

UNDERSTANDING PTSD AND HOW IT AFFECTS FIRST RESPONDERS

Post-traumatic stress disorder is a mental health condition triggered by experiencing or witnessing a traumatic event or series of traumatic events, as is commonplace for anyone working as a First Responder.

Symptoms include:

- ▶ Intrusive memories (e.g., recurrent distressing memories of the traumatic event, flashbacks, and/or nightmares)
- ▶ Avoidance (e.g., efforts to avoid thinking about or talking about the traumatic event, staying away from places, people, or activities that are reminders of the event or events)
- ▶ Negative changes in mood and thinking (e.g., emotional numbness, hopelessness about the future, memory problems, or difficulty maintaining close relationships)
- ▶ Changes in physical and emotional reactions (e.g., being easily startled or frightened, self-destructive behavior such as drinking too much, difficulty sleeping, or concentrating, being irritable or having angry outbursts)

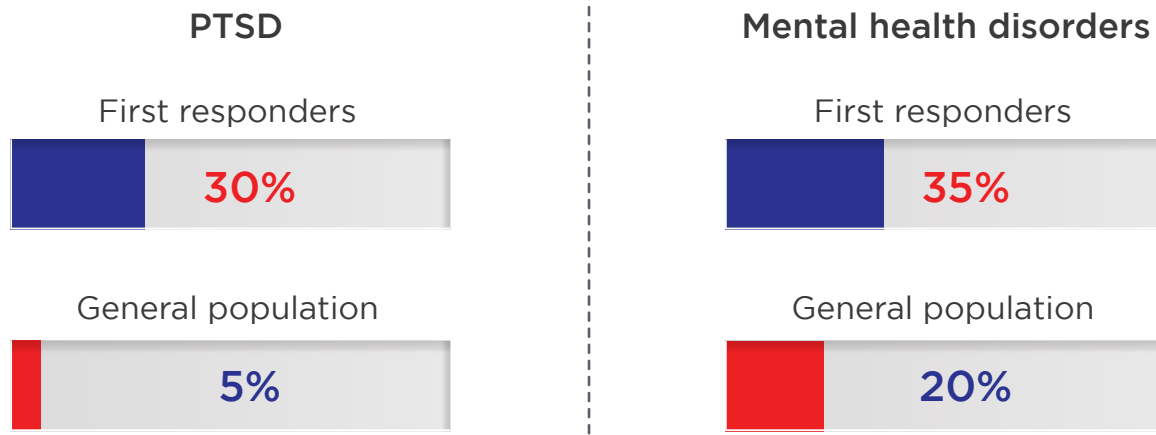
Due to the obvious requirements of employment, a First Responder's repetitive exposure to traumatic events is a given. Gruesome scenes are commonly and regularly encountered, where the worst imaginable carnage is witnessed.

While every First Responder processes trauma differently, the long-term psychological impact is undeniable and clearly reflected in significantly higher PTSD rates compared to the general population. Research conclusively demonstrates this reality.¹

For example, a study published in the International Journal of Environmental Research and Public Health recognized that global estimates of mental health disorders, including PTSD, among First Responders were as high as 35%.²

Specific data related to PTSD in First Responder communities puts the number of individuals suffering from the condition at a staggering 20% to 30%.³ Comparatively, most data demonstrates that less than 5% of the general population suffers from PTSD, and mental health disorders generally are estimated at around 20%.⁴

Comparison between First Responders and General Population



Given the clear differences between First Responders and the general population, PTSD and other mental health disorders must be recognized as occupational diseases under traditional legal standards. Florida took an important first step when F.S. 112.1815 was amended in 2018 following the Pulse and Parkland shootings. The amendments sought to create additional legal rights for First Responders by including specific language related to PTSD and providing limited lost wage protections for those suffering from these conditions.⁵

Unfortunately, the vast majority of eligible First Responders fail to utilize these protections. This creates a false impression that the problem is less serious than it actually is and stalls additional reform efforts.

BARRIERS TO ACCESSING LEGAL RIGHTS UNDER F.S. SECTION 112.1815

Based on available data and analysis of case law, First Responders who could benefit from existing legal protections rarely pursue treatment utilizing the law.

Of the small percentage trying to secure medical care and other benefits, all must navigate a complex and arcane process where claims for coverage are usually denied without adequate explanation or any legitimate defense.

Knee-jerk denials of this kind are arguably illegal but result in many First Responders

simply walking away from available legal protections rather than dealing with the aggravation of taking the next steps to secure coverage. This is one of the reasons a traditional “insurance model” approach to these claims is doing more harm than good.

For example, former Tampa firefighter Stephen “Stevie” LaDue filed a PTSD claim that was denied by his agency. Shortly after this denial, firefighter LaDue retired from his department and continued to experience mental health issues related to PTSD and eventually died by suicide in 2017.⁶

While this case may be an outlier, it demonstrates the general confusion, outrage, and resentment many First Responders feel when trying to access their legal rights. Denials of this nature also send a message to others that it is simply not worth trying to get help.

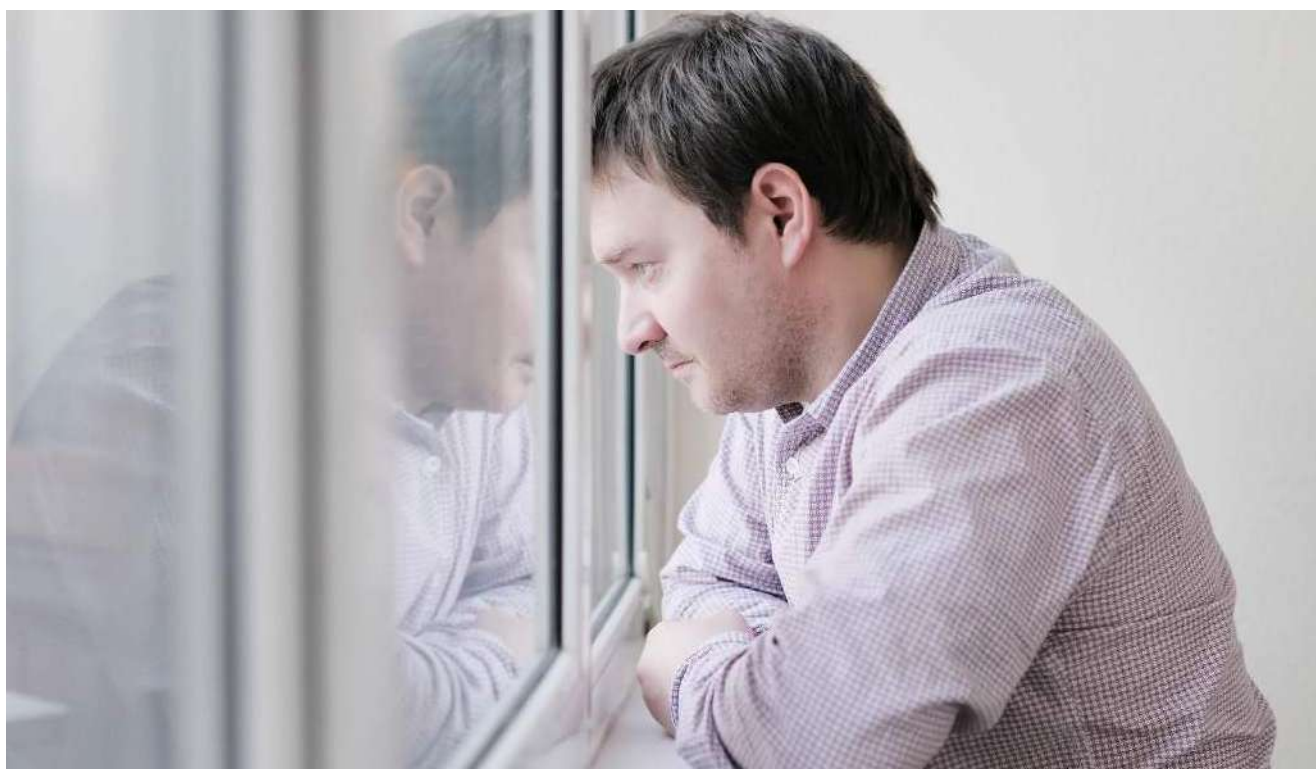


FILING CLAIMS AND TWO TIER BENEFITS

To make a claim under the current law, a First Responder must place their employer on notice through the workers’ compensation process. Since mental or nervous injuries are not typically covered by workers’ compensation law (see F.S. Section 440.093),⁷ there is often confusion at the outset about things like the appropriate accident date to use, and the nature of the benefit being claimed.

Reporting requirements are very specific under the controlling statutory mechanism (see F.S. Section 440.185) and usually require that injuries be reported within 30 days of the alleged incident.⁸ According to the National Institute of Health, PTSD symptoms must persist for at least one month for a diagnosis. Requiring a First Responder to file a claim within 30 days of a traumatic incident only makes sense if the goal is early medical intervention.⁹ One problem frequently encountered is that First Responders often do not understand the long-term impact of repeated trauma exposure, making it difficult to determine a specific accident date. Many simply use the last date of a traumatic incident.

Typically, the date of the exposure utilized as the “accident date” is months or even years before the claim is processed, thus triggering an automatic denial of the claim. In sum, the reporting process for PTSD cases creates an immediate hurdle that most First Responders cannot overcome due to a lack of understanding about legal requirements and proper claim procedures. This barrier requires legislative reform.



The special statutory provisions relating to First Responders with mental or nervous conditions have two separate tiers of benefits that are available depending on the circumstances of the case. A careful reading of both the statute and the case law interpreting the same confirms that medical care is available for any “mental or nervous injury” that arises out of employment, regardless of whether lost wage compensation is available.

The second tier of benefits, which includes lost wage compensation, is limited to specific cases of PTSD where a defined “triggering event,” such as seeing for oneself a deceased minor, occurs and then results in a diagnosis. While some of the triggering events outlined in the statute seem to be relatively self-explanatory, others are ambiguous in requiring that the First Responder witness “grievous bodily harm” of a nature that “shocks the conscience.”

Because the statute fails to define these terms, it authorized the Department of Financial Services to promulgate rules to provide a definition of a “grievous injury” of a “nature that shocks the conscience.” Setting aside the possibility that this is an inappropriate delegation of legislative authority, the rules further limit the potential to recover lost wages in cases that involve PTSD.

For example, “decapitation” is an example under the rule of “grievous bodily harm of a nature that shocks the conscience” and seems imminently reasonable. The rule, however, also has a provision related to “exposure” to internal organs like “kidneys” or “lungs,” which does not provide guidance as to the meaning of exposure, and more problematically, how to identify internal organs in a non-clinical, often chaotic emergency response environment.

Additionally, the First Responder has the burden of proving that the specific internal organs were both exposed (virtually impossible in most instances) and that the exposure to the organ in question was the legal cause of the PTSD. At least one case has gone to trial where the evidence was clear that the First Responder was exposed to internal organs,¹⁰ but they could not identify a specific organ to trigger coverage; the judge in that instance ruled against the First Responder.

Parsing exposure in this way is beyond problematic and sets any claim for coverage up for immediate denial and likely defeat. While this was almost certainly not the intention of the legislature when the law was passed in 2018, it is the reality faced when claims are made. This barrier to coverage should be addressed legislatively.



DECISION-MAKING PROCESS

As noted, the vast majority of First Responders who could benefit from the current law are failing to avail themselves of existing protections as they are. Consequently, the number of claims that have been processed and require review for coverage has been extremely limited.

The shockingly minimal number of cases that make it to the point of coverage determination has served to reinforce a false narrative that mental or nervous injuries, and specifically PTSD, are far less prevalent in Florida First Responders than most experts believe.

Putting this aside for a moment, it is important to understand how the decision-making process related to coverage is exacerbating these conditions in many instances and creating needless confusion, resentment, and distrust in the community the law is intended to serve.

Where and how does the current statute fail our First Responders?

When a claim is processed, the employer's workers' compensation provider must review the matter and make a decision related to coverage. Technically, F.S. Section 440.20(4) requires the workers' compensation provider to "pay and investigate" if there is uncertainty related to the claim being made. Specifically, the statute provides that when the decision maker:

"...is uncertain of its obligation to provide all benefits or compensation, it shall immediately and in good faith commence investigation of the employee's entitlement to benefits under this chapter and shall admit or deny compensability within 120 days after the initial provision of benefits or compensation as required under subsection (2) or s. 440.192(8). Additionally, the carrier shall initiate payment and continue the provision of all benefits and compensation as if the claim had been accepted as compensable, without prejudice and without admitting liability."¹¹

Under this provision, failure to deny entitlement within 120 days will result in a waiver of defenses related to entitlement in most instances. This is extremely important as the language mandates that where there is "uncertainty" about the obligation to provide benefits, the workers' compensation provider must pay the benefit while investigating the claim.

Mental or nervous injuries and PTSD claims almost always involve uncertainty about coverage, which should trigger mandatory "pay and investigate" provisions. Instead, the vast majority result in knee-jerk denials without investigation.

Most judges have failed to enforce this requirement, and without statutory penalties, the mandate is essentially meaningless.

Regardless of whether the request for coverage is denied immediately or after some brief investigation under the above provision, many mental or nervous injuries and/or PTSD claims made by Florida First Responders are denied. This sets up a dynamic where the First Responder is being told directly, in writing, that their mental health issues, if they exist, are not related to employment.

Claim denials have consequences beyond legal ramifications. A First Responder faced with a denial has only two options: initiate costly litigation or accept that their mental health condition is not work-related.

Where litigation is undertaken, the First Responder is thrown into an adversarial process where insurance defense attorneys are paid by the hour to find any potential basis to defeat the First Responder's claim. The process is further outlined below.



LITIGATION PROCESS

F.S. Section 112.1815 requires that disputes related to coverage go through the workers' compensation system as outlined in Chapter 440 (The Florida Workers' Compensation Act, hereinafter "the Act").¹² This means that all the barriers to prevailing in court that apply to anyone claiming a "work injury" are applied to the First Responder claiming that they have suffered a work-related mental health disorder.

It is quite clear from the cases that have been litigated that the legislature overlooked the problems associated with including these claims under the Act. Applying standard work injury restrictions to First Responders' mental health is ineffective, counterproductive, and undermines progress in supporting their mental health.

Over the years, workers' compensation law in Florida has become increasingly restrictive, specifically to limit cases where benefits are available based on assumptions that benefits were too easy to obtain, that benefits were too generous, and that fraud was endemic to the system.

The validity of these assumptions is questionable as they have been championed by insurance companies' interests that profit greatly by limiting the number of cases

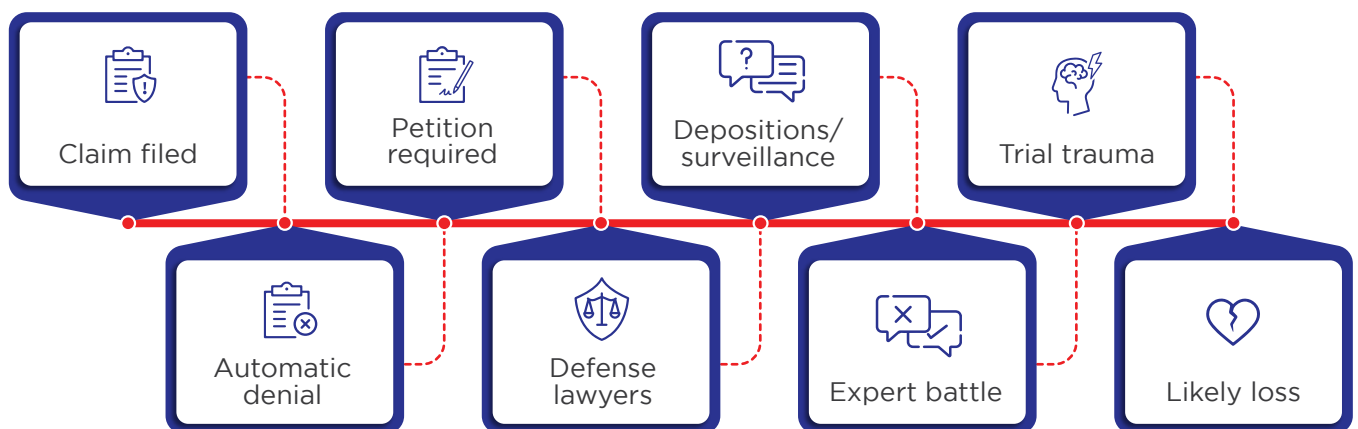
where workers' compensation benefits are available. While beyond the scope of this treatment, there is serious academic debate—and even some questions raised by the courts—as to whether the process and restrictions on benefits violate constitutional requirements.

Setting academic and constitutional arguments aside, First Responders face a hostile and contentious process when their mental health claims are denied.

A First Responder who has a claim for mental health benefits denied under F.S. Section 112.1815 must file something called a “petition for benefits” to challenge the denial.¹³ The petition invokes the jurisdiction of a “judge of compensation claims” who will decide entitlement (assuming the matter is not resolved prior to trial) after a presentation of medical evidence and legal argument related to the First Responders' case.

Once a petition is filed, the workers' compensation provider refers the matter to defense counsel, who is paid hourly to defend the claim using all possible arguments against coverage—typically, a win-at-all-costs, scorched-earth approach. Due to the complicated nature of the process and the engagement of defense counsel, it is nearly impossible for any First Responder to navigate the process of filing a claim and seeing it through to legal determination as to entitlement without competent counsel.

This alone is enough to discourage many from going forward, and many simply choose not to proceed at this point.



If the First Responder does secure counsel to proceed with the litigation of the case, they will experience all the attendant aggravations related to any civil claim you might imagine. Exhaustive background investigations with defense counsel digging into personal history, social media posts, medical history, and even surveillance are typical in these cases as the workers' compensation provider looks for any possible inconsistency or potentially embarrassing information to present at trial.

The First Responder will have to endure a lengthy deposition, and sometimes several depositions, where they are asked to answer often malevolent questions related to their mental health, tragic events in their careers, which must be re-lived in real time, and extremely personal questions related to non-work-related trauma, such as childhood sexual abuse. Again, the defense attorney's goal is to defeat the claim for coverage at all costs, and they are being paid by the hour to do so.

In order to support the denial of a claim of this nature, the workers' compensation provider, along with defense counsel, will inevitably go to "the stable" of well-known defense expert psychiatrists who are handsomely paid to offer opinions that the First Responder either does not suffer from PTSD or another covered mental health injury, or that the claimed condition has no connection to employment.

The First Responder must then find their own expert to support the claim at their own expense. This expense alone may be enough for the First Responder to abandon the claim.

Prior to trial, First Responders must also attend mandatory mediation, which is typically fruitless. Defense counsel routinely declares the claim meritless and threatens litigation costs to intimidate claimants.

The introduction of prevailing party costs against injured workers was added to the Act in 2003 for the first time in the history of Florida workers' compensation law.¹⁴ Since that time, the threat of costs has been utilized as a cudgel in many instances to unfairly leverage defense positions against injured workers, including First Responders, who cannot afford a sanction of this kind.

Prior to 2003, there was no ability to assess costs against an injured worker who brought a good-faith claim for coverage. The system was intended to be self-executing and without cost to the injured worker as common law rights were being sacrificed in exchange for a streamlined process with guaranteed statutory benefits.¹⁵

We are a long way from the foundational principles of the original quid pro quo for workplace injuries and conditions. The point here is that the threat of costs, imposed by the employer because a First Responder sought medical care or other benefits under the law, sends precisely the wrong message:

There is nothing wrong with you; if there is, it's not related to your job. You should never have come forward with this claim, and if you lose this case, you will be penalized simply for having the courage to confront a mental health problem.



ADMINISTRATIVE HEARING DETERMINING ENTITLEMENT

If a First Responder makes it all the way to a merit hearing in front of a judge of compensation claims, they must prove the mental or nervous injury and/or PTSD is work-related through the presentation of “clear and convincing” evidence, as opposed to a “preponderance” of evidence.

Clear and convincing evidence is the most onerous burden of proof required in civil litigation and is a significant additional barrier to prevailing in any case.

Even a conflict in medical evidence, such as the above example where a hired defense expert finds nothing wrong with the First Responder or that the claimed condition is not work-related, may be sufficient to defeat the claim. Even where the evidence is compelling, the judge of compensation claims has wide latitude in determining whether sufficient evidence has been presented to meet the burden of clear and convincing evidence.

Thus, nearly every mental or nervous injury and/or PTSD case will turn on the judge of compensation claims’ interpretation of conflicting medical evidence, statutory ambiguities, and potentially inconclusive lay testimony, further stacking the cards against the First Responder due to the burden of proof.

Trial can also be a deeply unpleasant experience for a First Responder seeking coverage for mental or nervous injuries or PTSD. They will face intense cross-examination, with challenges to both the legitimacy of their condition and the truthfulness of their testimony.

The First Responder may also be questioned as to why they even decided to choose the profession, since exposure to trauma is to be expected. They may be asked deeply troubling questions related to childhood trauma and sexual abuse, with suggestions that this is somehow responsible for any current issues. Embarrassing questions related to marital relations are fair game as well.

For the First Responder in this setting, the conclusion often drawn

The trial experience itself is not something that any First Responder with mental health concerns should have to endure.



is that the employer is not only denying the claim, but also attacking on an unnecessarily personal basis.

After the evidence is closed and final arguments have been made in a workers' compensation trial, the judge of compensation claims will normally render a decision within 30 days. A favorable decision is subject to appeal by the employer, and an unfavorable decision is subject to appeal by the First Responder.

In most appeal cases, the judge's decision on compensation claims is affirmed because appeals courts give strong deference to the trial judge's findings of fact.

CULTURAL BARRIERS: MENTAL HEALTH STIGMA IN THE FIRST RESPONDER COMMUNITY

The societal stigma surrounding mental health issues is multifaceted, impacting individuals and communities in various ways. While this stigma continues to be largely universal, it remains particularly acute in the community of First Responders. Given the focus of this paper, the concentration here will be on the unique nature of stigmatization in paramilitary organizations like police and fire departments.

Generally, there remains a misunderstanding and lack of awareness about the nature and potential severity of mental health problems within most agencies that employ First Responders.

Even with the recent attempts at the highest levels to “change the culture,” the sad reality is that the status quo of ignorance, confusion, and suspicion remains. Lip service paid to “taking care of the troops” by department heads does little or nothing to alter the reality on the ground. First Responders with mental health challenges continue to be frequently stereotyped as weak, unstable, and even dangerous.

At present, there is no real immediate cost for maintaining the status quo. Despite existing legal protections, First Responders who acknowledge mental health problems are often labeled “unfit for duty,” triggering serious career consequences. Potential fallout of this kind adds to feelings of isolation and presents an enormous barrier to seeking professional help.

In some cases, there is truth to the notion that a First Responder suffering from mental health problems is unfit for duty. That is one of the reasons many refuse to acknowledge problems until it is too late: a career is lost, a marriage falls apart, substance abuse takes hold, and in the worst cases, hopelessness leads to suicide.

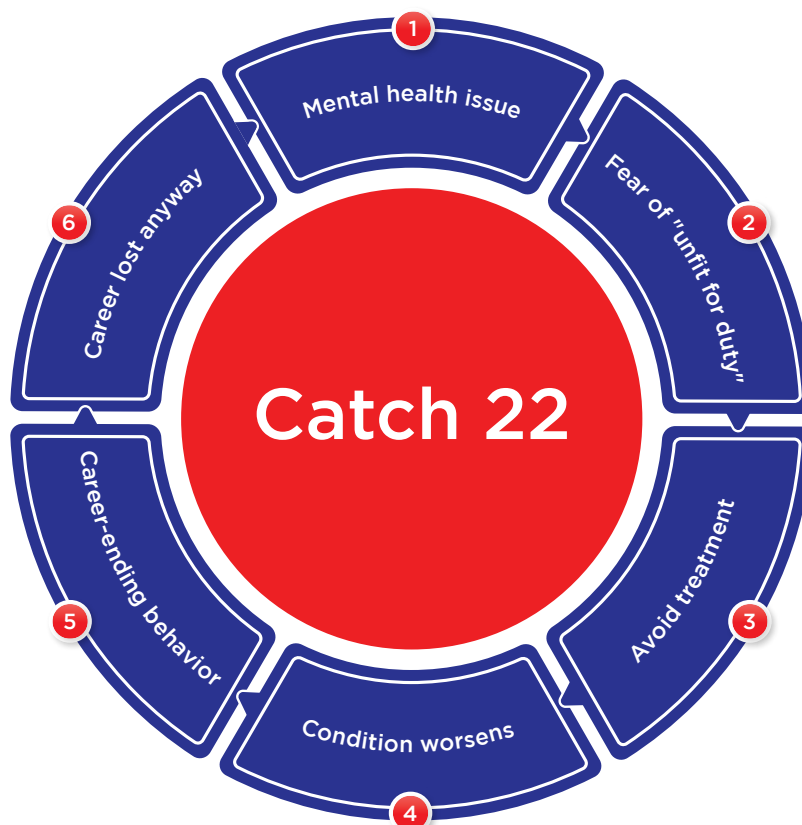
A legitimate Catch-22 exists since early intervention and proactive overall wellness practices could easily prevent these undesirable outcomes, but failure to acknowledge the issue "due to the fear of negative employment consequences" perpetuates and exacerbates any underlying mental health problem.

Fear of judgment and potential impact on employment status is internalized and leads many to adopt societal attitudes leading to feelings of guilt, shame, and decreased self-esteem.

Most First Responders will engage in denial rather than deal with the underlying cause of these feelings, and many turn to unhealthy distractions, further exacerbating the mental health problem and increasing the risk for problematic behavior that may put employment status at risk.

The loss of a career due to mental health issues is a legitimate fear. Ironically, failure to address the problem promptly often creates a self-fulfilling prophecy where uncharacteristic behavior leads to policy violations, investigations, and termination.

Ultimately, it is a confluence of factors, as outlined here, that continue to make attempts to deal with this crisis largely ineffective. Serious review and necessary legislative improvements would go a long way toward helping change the current unacceptable situation. Some recommendations follow.



RECOMMENDATIONS AND SOLUTIONS

Current Law	Recommended Changes
Claims reported to employer, putting employment in jeopardy	Claims confidentially reported to avoid judgement or retaliation
Claims denied without investigation	Required investigation with medical evaluation
Adjuster-selected doctors only	First Responder choice available
Prove specific qualifying events, high burden of proof	Allow coverage for wide range of incidents, lower burden of proof
Litigation cost threats for all claims	Costs only for frivolous claims
\$0 death benefit	\$150K line of duty death benefit

When policymakers recognize a condition as work-related, employers bear the economic burden rather than society. This creates financial incentives for employers to invest in safety measures and early intervention that protect employee health.

Where PTSD is recognized as work-related with proper financial incentives, employee health becomes a priority. Employers will either proactively assist employees or pay the price.

As demonstrated above, most First Responders do not utilize existing law due to ignorance and multiple barriers. Clarifying and modifying Florida law to ease access for First Responders with mental health conditions, while properly placing financial responsibility on employers, will produce significant improvement.



CONFIDENTIAL REPORTING PROCESS FOR MENTAL AND NERVOUS INJURY CLAIMS

The current method of reporting mental/nervous and PTSD claims creates a major barrier to the utilization of the law. Requiring a First Responder to report a mental health concern directly to their employer exacerbates concerns related to how the condition may impact their life and employment.

An alternative reporting process should be implemented for these cases where a First Responder reports the condition directly to the workers' compensation provider, and confidentiality should be strictly protected at the outset. This change alone would make a significant difference for First Responders in need of assistance but are afraid to acknowledge an issue with the employer.



MANDATE GOOD-FAITH INVESTIGATION AND MEDICAL EVALUATION BEFORE DENIALS

As noted above, the requirements of a “good-faith investigation” where there is “uncertainty” related to a claim must be clarified and enhanced for cases involving First Responders requesting benefits for mental health disorders.

It is suggested that every claim of this nature should require a good-faith investigation from the outset. While leaving the employer the option to deny the claim, such a denial would only come at the conclusion of the investigation and after it has authorized a medical evaluation with a qualified mental health practitioner.

At present, the law inexplicably requires an “authorized treating physician,” as defined in the Workers’ Compensation Act, to diagnose PTSD in a First Responder.¹⁶

Only claim adjusters can “authorize” physicians to treat First Responders. Without an authorized psychiatrist, a PTSD diagnosis has no legal effect, creating another Catch-22.

It is suggested that the law should require an authorized evaluation as part of any good-faith investigation of a claim of this nature, and that any qualified medical practitioner (psychiatrist, licensed psychologist, licensed mental health therapist, etc.), be allowed to confirm a diagnosis. Since the adjuster retains the right to select the initial medical provider in these cases, this solution will help alleviate a lot of confusion at the outset when a claim is made without adding substantial additional expense.



ENTITLEMENT TO SECOND OPINION OF FIRST RESPONDER'S CHOICE

At present, a First Responder making a claim for care and benefits under the law is only entitled to see doctors authorized by the adjuster handling their case. This statutory requirement raises concerns that individuals claiming coverage will be directed to partisan and unqualified doctors simply hired to defeat the claim.

A simple solution to this problem is to allow the First Responder a second opinion and a one-time change in treating providers to a new doctor of their choice. The employer would retain all available defenses with this change, but it would even the playing field and reassure the First Responder that they can control their own health care.



SIMPLIFY PTSD COVERAGE BASED ON MEDICAL EVIDENCE AND LOWER BURDEN OF PROOF

As noted above, current claims for PTSD under the law are limited to situations where specific triggering events can be identified and proven with clear and convincing evidence. The language related to triggering events, as defined by the statute and applicable rule, invites unreasonable denials and encourages needless litigation.

It is suggested that changes in the DSM-IV definition of PTSD to include “repeated exposure to traumatic events over time” will reduce defensive tactics, limit unreasonable denials, and ensure coverage for deserving First Responders.¹⁷

The determination of whether PTSD is related to employment should be made by a qualified medical professional based on available diagnostic tools. Utilizing the major contributing cause standard along with the preponderance of the evidence will even the playing field in these cases and give First Responders seeking coverage a reasonable chance of prevailing.



ELIMINATE TAXABLE COSTS FOR GOOD-FAITH BENEFIT CLAIMS

No First Responder should have to worry about being penalized for coming forward with a mental health concern so long as they have a good-faith basis for making the claim.

Costs should only be recoverable when a First Responder brings a frivolous claim without legal merit. A change in the statute in this regard is required to eliminate a needless threat of penalty where a First Responder seeks benefits for a mental health issue and is unsuccessful.



ACKNOWLEDGE PTSD SUICIDES AS LINE OF DUTY DEATHS WITH SUFFICIENT EVIDENCE

The federal government recently amended language related to Public Safety Officer Benefits so that suicide related to PTSD can be considered a line of duty death if there is a valid connection between the condition and employment.¹⁸

While this is controversial in some circles, there is little doubt that PTSD, in the worst instances, has led First Responders to take their own lives.

If the condition is to be recognized as work-related, as it has been in Florida, then all potential consequences of the condition must be accounted for. At present, the death benefit for a line of duty death under the Act is a paltry \$150,000.00, so any argument that a statutory change of this nature would be too onerous is ill-conceived.¹⁹

CONCLUSION

The mental health crisis among Florida's First Responders persists despite 2018 legislation intended to provide relief. With very few eligible First Responders accessing existing protections under F.S. Section 112.1815, the current law has failed to deliver meaningful change due to systematic barriers that discourage utilization rather than promote treatment.

The disconnect between legislative intent and real-world outcomes stems from fundamental flaws: Confidentiality concerns prevent initial reporting, reflexive claim denials occur without proper medical evaluation, and adversarial litigation processes punish those seeking lawful benefits. These barriers have transformed a law designed to help into another obstacle that First Responders must overcome.

The six targeted reforms outlined in this paper address each identified barrier while aligning financial incentives with First Responder welfare. By placing the true economic burden of the condition on the employers, where it belongs, these changes will incentivize early intervention and proper treatment, ultimately reducing both human suffering and long-term costs.

The suggested legislative modifications require no new bureaucracy, impose minimal fiscal impact, and simply align Florida's law with its stated intent. They represent tested solutions that transform an adversarial system into a supportive one, ensuring First Responders receive the care they need without fear of career destruction.

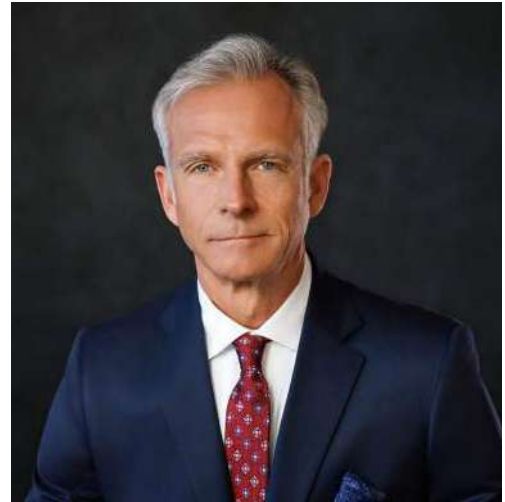
Florida has the opportunity to lead in First Responder mental health policy. The framework exists, the reforms are identified, and the need is undeniable. Florida can afford these reforms. The real question is: Can we afford to continue failing those who protect our communities?

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Geoff Bichler is founding member and managing partner of Bichler & Longo and has represented Florida's first responders in work-related disability cases for over 30 years. A graduate of the University of Miami with both an M.A. and J.D., he is a recognized authority on workers' compensation and pension matters in Florida. Mr. Bichler is active in legislative advocacy, helping amend Florida's "Heart Bill" and playing a key role in passing the 2018 PTSD bill for first responders. He leads litigation involving cancer as an occupational disease among firefighters and regularly teaches and lectures on workers' compensation issues.



Mr. Bichler is AV-rated by Martindale-Hubbell and has been named among Best Lawyers in America and Best Lawyers in Orlando for more than 15 years. He received national recognition as "Applicant Lawyer of the Year" by WorkCompCentral (2018), was inducted into the Workers' Comp Institute Hall of Fame (2019), and the College of Workers' Compensation Lawyers (2022). In 2023, he was honored as a Top Injured Workers' Attorney by the Workers' Injury Law & Advocacy Group (WILG), where he serves on the Board and co-chairs a national task force on firefighter cancer. He is also a former member of the Florida Bar Workers' Compensation Section Executive Council and the Florida Workers' Advocates Board and currently serves on the boards of Kids' Chance of Florida and the For Paul Foundation.