

BULLETIN

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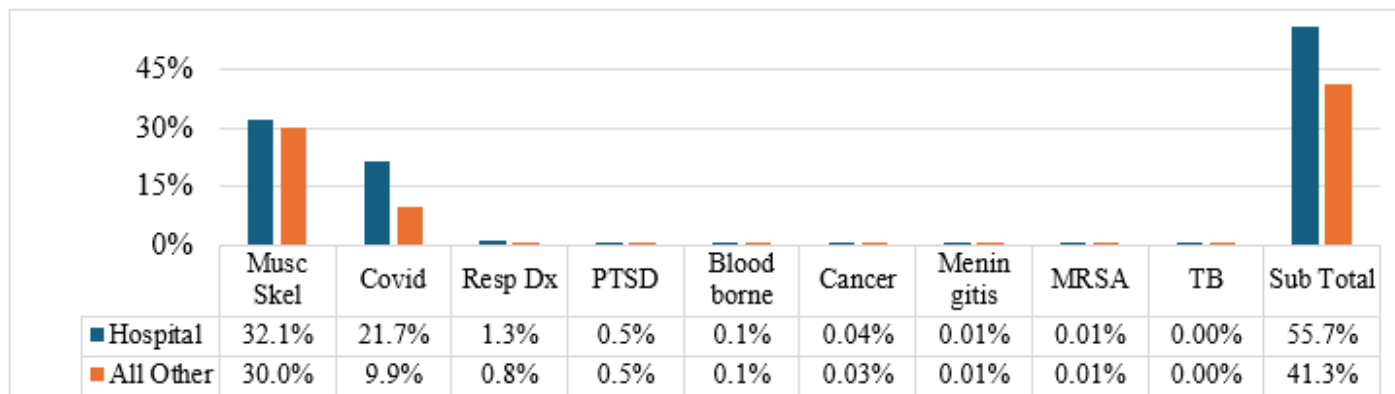
July 8, 2025

A bill that would give a rebuttable presumption of compensability to a wide range of job injury and illness claims filed by workers who provide direct patient care in California’s acute care hospitals would require hospitals to expend significant resources and accept injuries that would normally be denied after investigation, increase litigation, and would mark a significant departure from industrial presumptions in current law according to a new CWCI analysis.

Presumptive injury claims, unlike other workers’ compensation claims, do not require the injured worker to prove that their injury or illness was caused by their job; instead, the employer must prove it was not work-related. Because this is very difficult standard to meet, rebuttable presumptions have historically been reserved for public safety officers for injuries such as cancer or heart disease that may arise from the unique risks inherent in those public sector jobs, and even then, only when there is clear and compelling evidence of a lack of hazard abatement, a high incidence of injury, and a high claim denial rate. However, [SB 632](#) (Arreguin), now pending before the California Assembly, would extend presumptions into the private sector by granting presumptions to direct care hospital workers for claims involving nine different categories of injuries and illnesses. Those covered conditions include several common injury and illness claims, including musculoskeletal injuries, methicillin-resistant staphylococcus aureus (MRSA) skin infections, COVID-19 from SARS-CoV-2 and its variants, respiratory diseases (including asthma), cancer, and post-traumatic stress disorder (PTSD). The scope of the presumptions would be far-reaching, as together, the nine injury and illness categories that would be presumed compensable encompass more than 250 conditions classified by the World Health Organization with specific International Classification of Disease (ICD-10) codes. Furthermore, the Institute notes that the bill does not define the term “direct patient care worker,” and because the line between direct and indirect patient care can be murky, SB 632 would create confusion and potential litigation over which hospital workers are covered by the law.

To analyze the prevalence of the presumptive injuries and illnesses among hospital workers and the general workforce, CWCI used accident year (AY) 2019–2024 claims data from its Industry Research Information System (IRIS) database to determine the percentage of workers’ compensation claims by hospital workers that involved the injuries covered by SB 632. That result was then compared to the percentage of claims from the general workforce that involved those injuries. The Institute then determined the distribution of claims across the nine injury categories and calculated the claim denial rates for the hospital worker claims, again comparing the results for hospital workers to those for the general workforce.

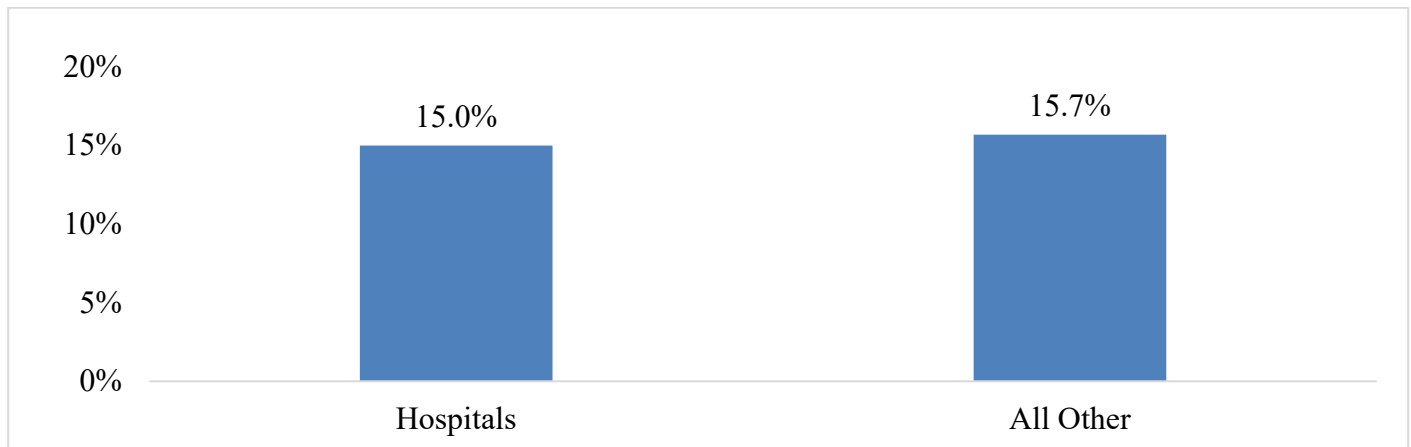
The analysis found that over half (55.7 percent) of all hospital worker claims from AY 2019-2024 would be presumptive injury claims under SB 632. Breaking them down by injury category showed musculoskeletal injury claims were the most common hospital worker claims, representing 32.1 percent of all hospital worker claims during the 6-year study period.



Notably, that period included the pandemic years of 2020–2022, when hospital workers were granted a COVID-19 presumption, so COVID-19 claims accounted for 21.7 percent of the hospital employee claims, while other respiratory diseases accounted for 1.3 percent. All other injury categories covered by the proposed presumptions together comprised less than 1 percent of all hospital worker claims.

Similarly, within the general workforce, musculoskeletal injuries were also the most prevalent of the injuries covered by SB 632, accounting for 30.0 percent of all claims in the study sample. Among the other presumptive injuries and illnesses, COVID-19 again ranked second, representing 9.9 percent of the general workforce claims, while respiratory diseases again ranked third with 0.8 percent. As with the hospital worker claims, all other injuries covered by SB 632 represented less than 1 percent of all general workforce claims.

The claim denial rates for injuries and illnesses that would be covered by SB 632 were similar for hospital workers and the general workforce.



For hospital workers the claim denial rate was 15.0 percent; for the general workforce, it was 15.7 percent. Thus, the data show that hospitals accept liability for the presumptive injuries and illnesses at a marginally higher rate than they are accepted in the general workforce.

Workers’ compensation presumptions shift the burden of proving that a claim is work-related from the employee to the employer. Because they create exceptions to the grand bargain of workers’ compensation, they have been limited to public safety officers for specific injuries that may result from the hazardous conditions associated with those public service jobs, where it is often difficult to safeguard the employee from the dangerous conditions inherent in their work. Such is not the case for hospitals, which have extensive loss control programs and safety procedures. Furthermore, CWCI’s analysis found hospitals and the general workforce have similar injury distributions, except for COVID-19 claims, where hospital workers were covered by a presumption during the pandemic. This, combined with nearly identical claim denial rates for hospital worker and general workforce claims involving injuries covered by SB 632, shows a lack of evidence supporting the need for a presumption, especially given that it would open the door to private sector presumptions.

CWCI has published its analysis of SB 632 as a Legislative Impact Analysis report, which is available to the public for free under the Research tab at www.cwci.org.

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