

LAPD Health

An Individually-Tailored Wellness Program



Serving Since 2016

How 250 Officers Lost & Kept Off 3,000 Pounds...
and inspired others across the country

CHIEF OF POLICE
EMPLOYEE RELATIONS ADMINISTRATOR

December 7, 2016

NOTICE
2.2.3

TO: All Commanding Officers

FROM: Employee Relations Administrator

SUBJECT: AUTHORIZED USE OF ON DUTY TIME FOR SELECTED PARTICIPANTS IN AMERICAN E-HEALTH COLLABORATIVE PROGRAM

The Los Angeles Police Protective League (LAPPL), in conjunction with the Los Angeles Police Department has entered into a program to improve the health and wellness of officers. The LAPPL has contracted with American e-Health Collaborative, which is conducting a bi-coastal medical study dedicated to improving the health of police officers nationwide by learning how to reduce, prevent and counter ailments experienced by law enforcement. In mid-January 2017, 250 volunteers will be randomly selected from among those who have signed up to participate in the program. Selected participants will receive one on one consultations to address areas such as; developing wellness goals, monitoring vital signs, management tips for existing conditions, education, and technical support.

In collaboration with the LAPPL, the Department will facilitate the startup phase of the program by allowing participating employees a total of three hours of on duty time (travel time included) to attend their consultation. The commands or watch commanders of selected employees are directed to work with the selected employee(s) to coordinate the best date and time for the consultation. Commands should also attempt to pair up selected employees in order to reduce the impact on operations. It will be the employee's responsibility to schedule the consultation.

The consultations will be offered during a two-week period (dates to be determined). Consultations will typically take place during business hours; however, arrangements are being made to facilitate at least one day for employees working Watch three hours (date to be determined.)

Any questions regarding this Notice should be directed to the Employee Relations Administrator at (213) 486-7600.

APPROVED:

JUSTIN EISENBERG, Commander
Employee Relations Administrator

SEAN W. MALINOWSKI, Commander
Chief of Staff
Office of the Chief of Police

DISTRIBUTION 'B'

Submission for Destination Zero Officer Wellness Award

Chief of Police

Michel R. Moore

Former Chief of Police

Charles L. Beck

American eHealth Collaborative

Jimmy Baldea

Howard A. Rusk, Jr.

Joseph R. Erazo

Dr. Frederick E. Munschauer

Dr. Anthony R. Iorio

Dr. Carole B. Stearns

Dr. Aleksandro Neonakis

Jeremiah J. Leary

Joseph Bellomo

Los Angeles Police Protective League

Craig Lally

Jerretta Sandoz

Jamie McBride

Corina Lee

David Abdalian

Rebecca Martin

Ralph Campos

Joe Massie

Debbie Thomas

Mark R. Cronin (retired)

Goals

Created and refined with the help of officers and their families

Primary

1 To help officers improve their overall states of health

Secondary

2 To reduce preventable municipal expenditures

Tertiary

3 To offer help in a stigma-free environment



About Us

Participants and origins of this wellness program



The Los Angeles Police Department (LAPD) is the municipal police department that serves the City of Los Angeles, California. It was founded on December 13, 1869. It is the third-largest municipal police department in the United States. It consists of 10,000 active sworn and 3,000 civilian staff members. As of 2019, officer demographics consist of 81% male and 19% female, with an ethnic/breakdown of 48.8% Hispanic/Latino, 30.9% Caucasian, 9.62% African-American,

7.66% Asian, 2.46% Filipino, and 0.56% other. The LAPD provides police services 24/7/365 to an area encompassing 468 square miles and 21 community areas, representing approximately 4 million residents. "To Protect and To Serve" is the official motto of the LAPD. Its core values consist of service to the community, reverence for the Law, commitment to leadership, integrity in words and deeds, and respect for people. The Chief of Police is Michel R. Moore.

The Los Angeles Police Protective League (LAPPL) is the labor union that represents the officers of the LAPD. It began in 1922, and is the oldest police labor union, and also the second-largest, in the nation. It is a California non-profit corporation and has 9 directors. The President is Craig Lally. It serves 26 divisions, and there are 250 delegates in total. All LAPPL funds are used for collective bargaining, scholarships, legal matters, government advocacy, and numerous member services and activities. The LAPPL advocated for the creation of this wellness program.

The American eHealth Collaborative (AeHC) is a team of healthcare providers, retired senior public policymakers, first responders, medical researchers, and medical technologists. Its National Advisory Council is chaired by the namesake of the Rusk Institute of Rehabilitation Medicine at New York University / NYU Langone Medical Center. Its purpose is to serve the health and wellness needs of American first responders and essential workers, with a core focus on prevention, rehabilitation, mental health, and family wellness. It distributed thousands of medical devices to LAPD officers in order to create a first-of-its-kind vital sign monitoring database.

This wellness program is police-specific, built from the ground up. Originally an NYPD Sergeants & LAPD bi-coastal health study, LAPD officers volunteer to perform the following every time they wake up: step onto their scale, take their blood pressure, place their index finger into a pulse oximeter, and continually wear their activity/sleep meters. This health data is encrypted and automatically sent to a master database, warehoused on U.S. soil. Daily vital sign readings are interpreted then explained to officers and their families during monthly telemedicine sessions. Patients own their own data. Patient privacy, data security, and HIPAA are strictly enforced.



Voluntary hand-raising

Scale, blood pressure cuff, and more

Monthly telemedicine

Real-time bio-feedback from FDA-approved medical devices

How It Works

The LAPPL has bifurcated this wellness program from the municipality and has worked with the Department to create a stigma-free environment for police officers to receive services in a way that works within the confines of their schedules. Participants volunteer to join this program for a 2-year period. This program automatically renews every year thereafter, into retirement. Participants go through a clinical intake, and baseline measurements and vital signs are taken. They then receive a technology orientation. They are issued medical devices and are granted access to 3 cellular phone apps. They are taught how to use and troubleshoot their devices. They are instructed to take daily readings. A 1-month baseline occurs, where existing behaviors are studied. Participants and their chosen family members attend a telemedicine session after the first month. Goals are established, and individual-tailoring occurs. Participants' genetics, past medical histories, current job roles, and many other factors are considered during the tailoring process. Every wellness program is unique and dynamic, noting that goals can change. Participants and their families attend monthly telemedicine sessions. Histories, vital signs, and goal-achievement progress are reviewed monthly. Participants initially speak with an M.D., then may speak with other providers, including but not limited to a dietician, a fitness trainer, a mental health professional, clergy, or a trained peer. Educational materials are shared monthly through the LAPPL newsletter and digital platforms, and there is 24/7/365 access to these resources. Random blood pressure screenings, seminars, and events occur at different police stations throughout each year. This program has a history of nearly 100% patient compliance, specifically because of the advocacy and oversight of the LAPPL. Vital sign readings are aggregated and studied. The research component is based on the Framingham Study. Results are shared with the LAPPL. A converged effort is extended on a calendar-quarterly basis to recommend the creation of, or to modify existing, public policies that impact the health and wellness of first responders.



Early detection of
COVID-19

Smart thermometer
added

Administrator
dashboard & alerts

Real-time bio-feedback from FDA-approved medical devices

18 near-deaths prevented so far

17% no longer need cholesterol Rx's

Families of 83% of participants join in

Quantifiable Data

Quote from the May 5, 2020 speech to the Presidential Commission on Law Enforcement and the Administration of Justice

“2% of the LAPD has Stage 3 hypertension: 200 officers with a blood pressure of 180/110 as soon as they wake up. After some coffee or energy drinks, that 2 percent grows to 10 percent, meaning 1,000 officers in LA. The CDC warns that hypertension is a risk-factor for COVID-19. We completely eliminated Stage 3 hypertension from our wellness participants. Our first 250 participants lost and kept off 3,000 pounds. 81% of participants experienced overall weight loss and BMI reductions.

13.2% dropped from Obese (30+ BMI) to Overweight (25-29 BMI). 28.5% dropped from Overweight to Normal (18.5-24 BMI). At least 33.1% of participants lost greater than 20 lbs. each. Level II hypertension dropped in 38% of participants. Activity levels increased in 27% of participants. Sleep quality improved in 18% of participants (due to a reduction of sleep apnea, and improved stress management). They became happier. It's now harder for them to get sick. We achieved life-changing improvements within the

first 12 months. Some participants quit, then they saw their co-workers punching holes into their belts, and many came back. There's a white board in the gang unit of 1 of our divisions where everyone walks in and scribbles their blood pressures for that day. They compete against each other! We gave our officers the tools needed for them to autonomously spearhead the improvement of their health culture.”

- Jimmy Baldea

1 Improvements



Hypothetical situation: a hypertensive, pre-obese officer attempts to arrest a subject. The officer encounters active resistance. It escalates to directed aggression. The officer's health may play a role in their ability to resolve the situation in accordance with the Use-of-Force Continuum. A healthier officer may have a greater number of options available to them, than would an unhealthy officer.

Physical and mental health improvements of first responders tend to yield exponential ripple effects. A healthy officer is most likely to experience and emit positive actions, emotions, and thoughts. A healthy officer has the likelihood of being less of a liability to themselves and to others. They may serve their communities more effectively. They may suffer fewer injuries and may recover from workers comp scenarios quicker. They may have the physical energy available to enable them to end threats without escalating further up the Continuum. Police wellness may enhance professionalism and may help reduce anti-police sentiments.

On January 18, 2010, Dr. Michal Eisenberg, Neurology Chairperson at the Rusk Institute of Rehabilitation Medicine at New York University / NYU Langone Medical Center, stated, "... in order for a patient to heal, they must first need to understand and accept what's wrong." Police officers must apply the concept of the Tactical Mindset to their own health: Awareness, Avoidance, Acceptance, and Action. Officers are trained to be independent fact-finders. In general, officers have a propensity to make good decisions. When officers obtain copious amounts of information, their training and experience enable them to draw correct conclusions. As such, this wellness program

provides officers with the platform to do so. Officers in Los Angeles have become in-tune with their vital signs. They now understand what makes the numbers on their weight scales go up, and also go down. They have witnessed, and continue to witness, the effects of poor decision-making whenever they make poor food choices. This daily info-feed helps officers actively improve their own health outcomes. The Gang Unit in Southeast LA scribbled their names on a whiteboard and began to write their daily blood pressures next to their names. They competed against each other and inspired other officers to measure their vital signs. This program changed corporate culture via the means of peer advocacy.



Saves a minimum of \$5,000/year per participant

2 | Savings

Diabetics incur average medical expenditures of \$16,752/year, billable to their health insurances:

<https://www.diabetes.org/resources/statistics/cost-diabetes>

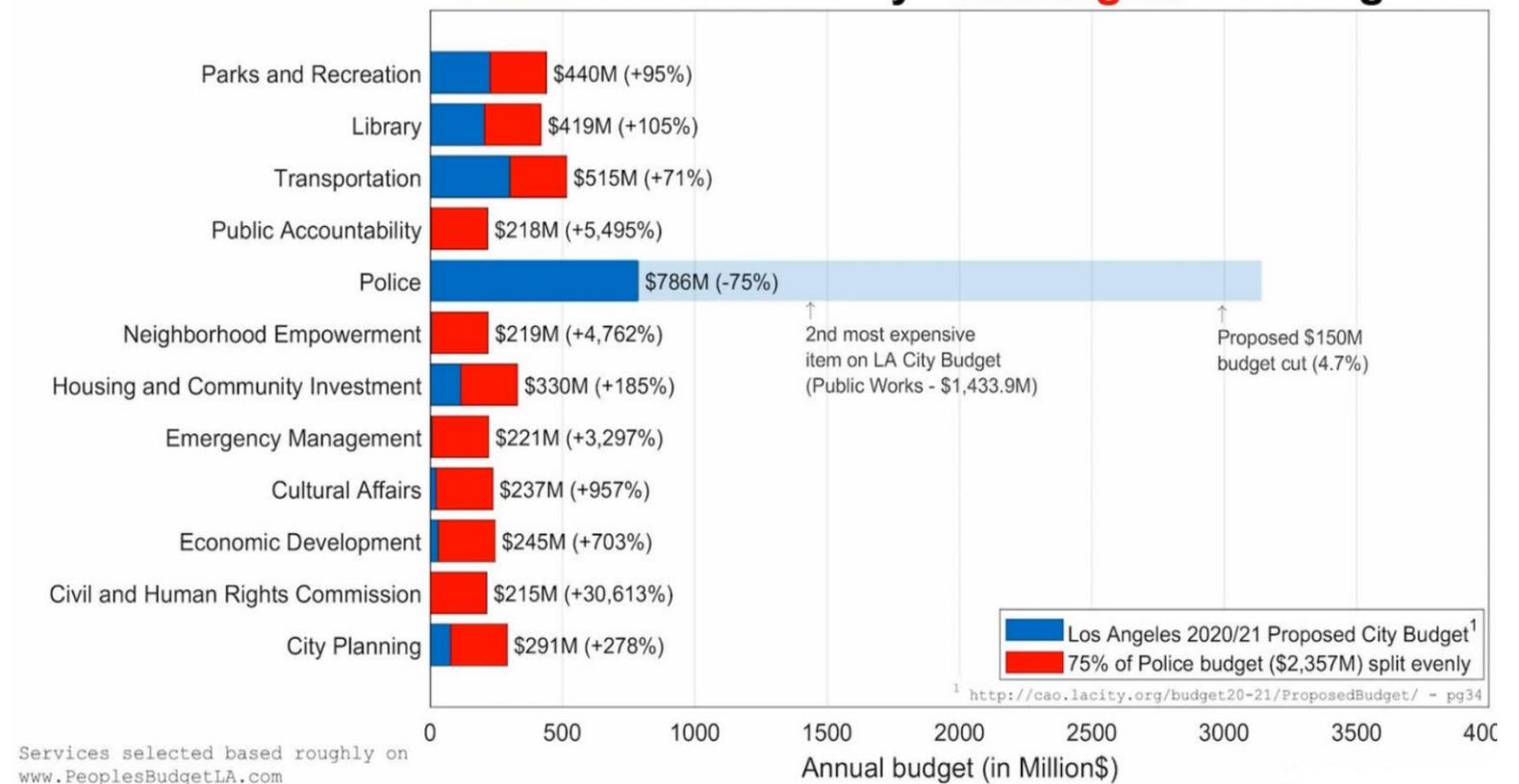
It costs over \$10,000/year to control high blood pressure: <https://www.ahip.org/wp-content/uploads/2016/04/HighPriceDrugsReport.pdf>

The annual per-person cost of asthma is \$3,266: <https://www.ajmc.com/newsroom/cdc-study-puts-economic-burden-of-asthma-at-more-than-80-billion-per-year>

Cholesterol medications cost roughly \$300/month: <https://www.reuters.com/article/us-health-costs-psk9-inhibitors-idUSKCN1C42OK>

What if police officers in major cities can reduce preventable municipal expenditures? What if these funds can be used by police departments for community outreach? What if police can be recognized for funding extra breakfasts for children in underserved communities, and also for funding new community programs, and providing for additional senior services? This can happen now! If the entire police forces (and their families, all of whom are covered under each officers' health benefits insurance) of major cities implement a quantifiable wellness program, the City of Los Angeles (10,000 active sworn not counting their families) could save a minimum of \$50,000,000/year, the City of Chicago could save a minimum of \$65,000,000/year, and the City of New York could save a minimum of a quarter-billion dollars per year! With continued dedication displayed by the officers of the City of Los Angeles, the LAPD may soon become known as "the healthiest police force in the country."

Fund the Community - Reimagine Los Angeles



3 Stigma-Free



Police officers are believed to be one of the most historically non-compliant patient populations in existence. The challenge in starting this wellness program was to generate awareness of its existence and efficacy. The LAPPL has an excellent communication network. Located in each police station in the City are large flat panel TV screens which directly and exclusively link to the LAPPL to serve as a network of electronic billboards for message-delivery. The LAPPL print publication, the *Thin Blue Line*, is a monthly print publication distributed to every officer in the LAPD. The LAPPL utilizes officer cellular phones and emails for the delivery of text messages, emails, surveys, and emergency messages. This wellness program enabled the LAPPL to create a new means of communication: event-specific in-person message delivery, via its free blood pressure monitoring stations and health events. With such success in information-delivery, the team continues to excel in involvement, insistence, preference, and advocacy.

Interviews, surveys, and focus groups revealed that many officers are afraid to take advantage of municipality-related assistance services. Many officers have historically viewed their department social worker and mental health advocate as a “gun-taker.” As employees of their municipality, these resources have certain responsibilities that may supersede clinician-patient confidentiality rights. As such, some officers’ needs go unaddressed simply because of fear of the loss of their paychecks. The LAPPL enabled LAPD officers to receive health services in an environment that was free from fear. One officer constantly bickered with his wife. He felt alone and was sad. He and his wife spent very little time together and rarely spoke. This officer longed for simple pleasantries when leaving home to go to

work. He never was told, “be careful... be safe...” His chronic lumbar pains wore him down. He was depressed. During a telemedicine session, his wife was educated on Sam Brown Syndrome and other conditions that are unique to police officers. Over the next few months, she was taught and encouraged to administer healing therapies. This proved helpful to the officer in many ways. The officer ultimately reported that his feeling of hopelessness had diminished. A suicide may have been prevented. He lost weight, became happier, slept better, and began going on dates with his wife every week. He admitted that he never would have gone to the Department mental health specialist and marriage counselor because of the perceived negative stigmas associated with municipal services.





Different Programs for Each Job

Ask an officer, “what age do you think you’ll live until?”

Some will say, “in my 60’s,” while most will answer in their 70’s, but rarely will anyone say 80’s or 90’s. Officers face many health hazards at work. It takes a container of Altoids just 1 week to disintegrate into powder when placed into the top box of an LAPD motorcycle. Police helicopter pilots all sustain long-term cervical spinal injuries from the orbits they fly. SWAT officers are prone to lead poisoning caused by their extensive training. Officers have a harder time recovering from pneumonia because their chests cannot fully expand because of their plate carriers. Officer exposure to carbon monoxide is grossly misunderstood. Officers throughout the country have erroneously placed their collapsible batons at their center-backs then have gotten rear-ended while driving. Sedentary desk officers throughout the country have had their smartwatches erroneously label them as sleeping. Every police job is different. This wellness program studied them all and created Best Practices in Healthcare to facilitate the prevention of such work-ailments, and rehabilitation to back improved health.



The LAPD currently has a very progressive list of presumptive injuries for worker’s comp. Such injuries include hernia, heart troubles, pneumonia, tuberculosis, meningitis, cancer, skin cancer, Lyme disease, bloodborne infectious diseases, MRSA, biological substance exposure diseases, “Sam Brown” duty belt syndrome, and more.

LAPD Alternative Dispute Resolution (ADR) Carveout: Until 2018, the City of Los Angeles was plagued with workers comp issues. Officers were not satisfied by workers comp providers, so

they sought care from their PCP’s and specialists. Officers experienced delays in approvals for MRI and other diagnostic tests and health services. Lawsuits followed. Healthcare was delayed. City budgets were depleted. The LAPPL solved this issue by creating an ADR Carveout. The Mayor approved it, and so did the Governor. There have been zero workers comp lawsuits to date ever since!

https://learn.theiacp.org/products/lapd-officer-wellness-program-with-coronavirus-focus#tab-product_tab_speaker_s

“

What didn't make the list?

Diabetes, heart attacks,
strokes...

We eliminated the
elemental root causes of the
causes of a heart attack...

”

Top 10 LAPD Medical Conditions

The greatest health risks faced by officers nationwide

Chronic use of **alcohol** (which is accompanied by **tobacco** use) leads to hypoglycemia when the liver and kidneys borrow energy from other body organs to remove toxins from the body daily. **Asthma** and respiratory conditions are prevalent in officers and are difficult to treat because of constrictions/reductions to lung-capacity brought about by daily use of tight plate carriers (this wellness program pulse oximeters also help detect and chart the effects that carbon monoxide has on police officers). Female officers nationwide are plagued by **dehydration**- they don't drink water for 8 to 12 hours per day (they don't want to urinate because they'll need to find a clean place to urinate, then remove their comms, and their carriers, then unholster their sidearms and place them atop toilet paper holders) which leads to pH imbalances and UTI's. **Dieting** and fast/comfort foods need to be addressed (LAPD officers have been put on Metamucil regimens, yielding tremendous success). **Hypertension** is also part of the Top 10. So is **obesity** and pre-obesity. This wellness program has sought to utilize its primary research to advocate for the creation of police-specific **mental health** American Medical Association CPT Codes, citing that police stress cannot be placed in the same category as civilian stress. Problems associated with **sleep** and the lack thereof is also part of the Top 10. **Stagnation** is prevalent among police officers. **Equipment** problems round out the list (thick duty belts gradually destroy the lumbar spine; motorcycle and air support officers wear a 3-pound helmet on a daily basis and cause long-term harm to their cervical spines; officers should be randomly selected to perform exercises then breathe into a spirometer to study the effects of incorrectly-tightened and poor-fitting plate carriers on their lungs). **MRSA** (usually through contact with the homeless), **workers comp** problems, and **womens' health** all are worthy of honorable mention, as well. It is the responsibility of the law enforcement community, and no one else, to educate the healthcare community on the impacts that daily police work causes to officers' minds and bodies, so that doctors can do their jobs more effectively when treating officers.

LAPPL's *Thin Blue Line*, April 2017



LOS ANGELES POLICE
PROTECTIVE LEAGUE

ABOUT US EVENTS MEDIA BLOG TBL MAGAZINE COMMUNITY CHARITABLE FOUNDATION



AMERICAN EHEALTH COLLABORATIVE PART II - APRIL 2017



MARK CRONIN
Director

The League is pleased to announce that we've successfully completed the first phase of the LAPPL Wellness Program! The team at the American eHealth Collaborative, led by CEO Jimmy Baldea, spent nearly a month on-site, and performed personalized implementations. We, together with the NYPD Sergeants Benevolent Association, are now actively contributing non-identifier research data, to the American eHealth Collaborative's Bi-Coastal Police Health Research Study. This study, as a reminder, will serve to help participants, as well as all present and future police officers nationwide.

We've received a lot of positive feedback from our participants. We've received reports that the wellness team is professional and courteous. They're responsive to our members' needs, and they try to accommodate our members as best as possible. They're clinically and technologically knowledgeable, and they address equipment help desk issues in an efficient manner.

The League has allowed the wellness team to use our facility for implementations and equipment storage, and we're candidly impressed by their level of dedication, starting their implementations as early as 9 a.m. and continuing throughout the days and into the evenings, sometimes ending as late as 2 a.m. (to reach out to some of our later-working shifts). Throughout their use of the League facility, they've set up fresh, healthy refreshments, then demonstrated respect to "our LAPPL home" by cleaning, sanitizing, scrubbing and also by packaging up waste shipping boxes and separating Styrofoam for recycling. They are truly passionate about everything they do.

LAPPL's *Thin Blue Line*, April 2017



lapd.com/thin-blue-line/american-ehealth-collaborative-part-ii-april-2017



FOLLOW US:



FACEBOOK



TWITTER



INSTAGRAM

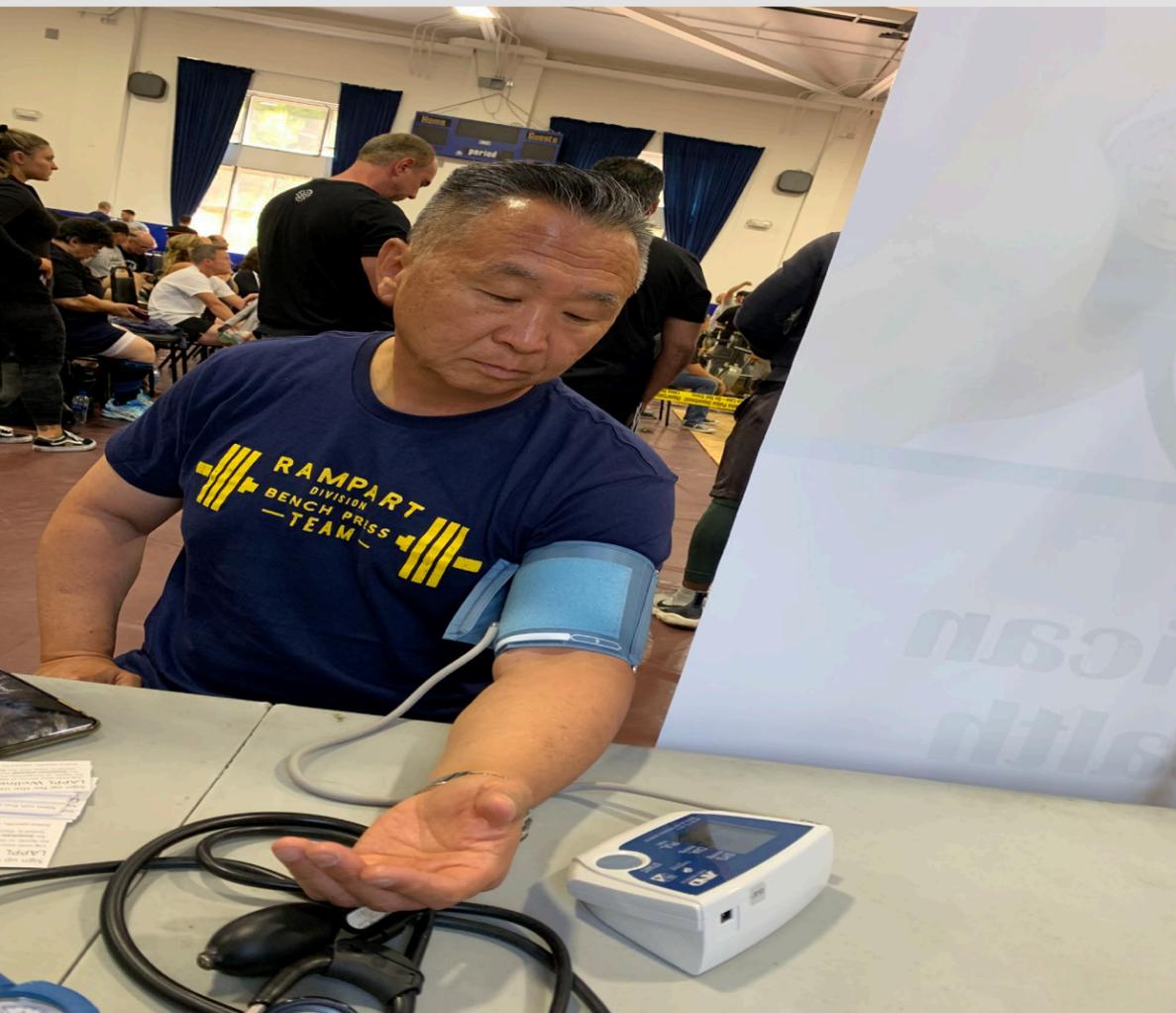


MEMBER LOGIN



LOS ANGELES POLICE
PROTECTIVE LEAGUE

[ABOUT US](#) [EVENTS](#) [MEDIA](#) [BLOG](#) [TBL MAGAZINE](#) [COMMUNITY](#) [CHARITABLE FOUNDATION](#)



The implementations of this first phase were performed in stages. Several of our earlier implemented members have already reported improvements in their health. League Delegate and Hollenbeck Division Detective **Stan Young** shared his experiences at a recent Delegates Meeting, and stated that he's continuing to live up to his nickname, "Forever" Young, with the help of the American eHealth Collaborative's innovative wellness plans. The League shares in the excitement of this news, and we want to continue receiving your feedback. Moreover, we're looking forward to hearing about the individually tailored benefits that our participants will soon benefit from. My own experiences with motorcycles had prompted me to inform both Jimmy Baldea and American eHealth Chairman, Howard A. Rusk Jr., about the neck and back pains that motorcycle officers specifically experience. American eHealth researchers (including Dr. Aleksandro Neonakis, a former federal officer who enrolled in medical school and became an M.D.), together with the Rusk Institute of Rehabilitation at New York University, and with other leading groups have begun to develop prevention strategies and best practices in treatment of injuries faced by these officers

We're at the cusp of this innovation. As is, there are very few, if any, established preventative best practice protocols for the health and wellness for male police officers. There are even fewer for female police officers, and almost none for police-specialty work. How does one deal with pains and injuries that are brought about by wearing a helmet for an entire career? Is there a way to realistically address diet compromises that are part of every day and every night of police life? Can one bear children, or go through later biological changes in life, while maintaining a successful career in law enforcement?

We're glad to see that several people have become real proponents of our Wellness Program. We'd like to thank all of the delegates who have disseminated this information to the officers they work with. We'd like to thank all of the participants who have shared their positive experiences with their fellow officers. We'd also like to extend a special thanks to certain people who have gone above and beyond to spend time with Jimmy Baldea and his team, and to educate them about police-specialty work... this praise should include officers such as Sgt. II **Kathleen Matthews** at the LAPD Police Academy, Sgt. II **Steve Rousell** and the entire Air Support Division, as well as PIII **Alex Delieuze**, PIII **Paul Avila**, PIII **Dean Monteleone**, and Sgt. II **M.J. Carter**, from the Southeast Training Unit, and all of the detectives and the Gang Unit from Southeast. Again, everyone's input helps this endeavor grow and become successful.



In 2016, Jimmy Baldea was 39 years old. He is 6 feet tall and weighed 287 pounds. His shirt size was 2XL and he was a Size 48 waist.

100 Pounds Lost

Jimmy Baldea, Program Developer and Administrator

He lost 100 pounds in 1 year then ran the 2017 Los Angeles Marathon. He stopped and spoke with many officers on post, sharing his success story. His doctor informed him that he'll live 8 years longer because of his improvements. He would not have been able to run this marathon 1 year earlier.



The LAwell Program offers its [LIVEwell wellness program](#) to civilian employees. Resources include:

- Cooking Demos
- Webinars
- Seminars
- Fitness Classes
- Team Challenges
- Wellness Festivals
- Flu Shots
- Biometric Screenings

LIVEwell also sponsors [LIVEwell.la](#), a powerful online wellness tool with the following features:

- You can use [LIVEwell.la](#) to **personalize health goals and activities**, either on your own or supported by co-workers.
- **Badges and prizes** are provided for achieving four reward levels.
- After you complete a brief **WellCheck Questionnaire**, you will receive a **personalized set of recommended health activities**.
- **You choose additional activities** focused on your unique nutrition, exercise, weight loss, or personal health goals.
- A “**community feed**” lets you cheer on peers, exchange information, and keep informed of wellness events.

Wellness Resources for DWP Employees

- For information regarding wellness resources for Department of Water and Power employees, please contact 213-367-3354

Wellness Resources for Sworn LAPD Employees

- For information regarding wellness resources for Police Protective League members, please contact (888) 975-AEHC or (888-975-2342)

Official Municipal Benefits Info

<https://www.keepinglawell.com/support-wellness>

A direct contact to the wellness program is found on the City of Los Angeles official benefits webpage. Officers are encouraged by the City to seek out and participate in this wellness program. This program and the ADR Carveout provide quality care when an officer is hurt on-duty, to return them to full function as quickly as possible. The LAPD’s Sworn ADR Carveout is the largest in the State of California. This model has been recently duplicated in the Cities of San Francisco and Oakland. The LAPPL ADR has had an unprecedented positive impact on LAPD Officers, having overseen the management of 5,500 injured LAPD Officers to date since its start in May 2018. To date, out of 5,500 claims, only one has gone to mediation and there have been no formal arbitrations. Nothing has gone to the Workers Comp Appeals Board. Disputes have been drastically reduced. Indeed, healthier officers recover faster from injuries.

A generous team of AeHC healthcare providers, administrators, and first responders donated their time and funding to allow for the creation of this wellness program. Neither the LAPD nor the LAPPL, nor any of the officers, were invoiced nor charged. The goal was to help police officers, and to amass never-before-obtained data. Tremendous talent poured in from the Rusk Institute of Rehabilitation Medicine at New York University / NYU Langone Medical Center, and from the National Science Foundation, and other health/research sources. Because the infrastructure has already

been created, cookie-cuttering can be easily achieved. The databases and apps are already created. The tech security is already in place. The R&D with devices has already been performed. Best Practices in Healthcare have already been created and are continually refined. This is truly a scalable plug-and-play platform. Outside agencies can easily bring their officers into the platform and maintain their own independence and security. This program currently has the potential to be a world-leading authority on all aspects of law enforcement health.



Cover Sheet for CPT® Coding Change Application

It is recommended that applicants consult with national medical specialties and other qualified healthcare professional organizations that will typically provide the proposed procedure(s)/service(s) requested in this application to obtain comments on the type of work and potential for development of relative value units (RVUs) by the AMA Specialty Society RVS Update Committee (RUC). With recognition of scheduling needs of the specialty societies, when assistance from a specialty society will be sought, it is highly recommended that the applicant plan for enough time for scheduling such discussions in advance of the application deadline to avoid violation of the AMA Lobbying Policy. Interested national specialty organizations may have deadlines prior to the CPT application submission deadline to allow for application review and comment.

Date: October 30, 2019

Change Requested by:

Name(s):	Craig Lally		
Organization:	Los Angeles Police Protective League		
Address:	1308 West 8th Street		
City:	Los Angeles	State: CA	Zip Code: 90017
Telephone:	(213) 251-4554		
Email:	markcronin@lappl.org		

This was the cover sheet for the LAPPL’s submission to the American Medical Association for the creation of 3 medical categories and 41 new CPT medical billing codes specific to first responders.

Advocacy for First Responders

Looking at the signs

This wellness program revealed that 0.5% (half-of-one-percent) of the officers of the LAPD do not have any adult friends, at home, outside of work. Out of 10,000 active sworn, 50 LAPD officers have no one to confide in. The only mature conversations some officers engaged in (outside of the work setting) occurred because of the telemedicine component of this wellness program. Some officers have no one to talk with. It is reasonable to conclude that 0.5% of police officers across the country experience the same loneliness. This wellness program runs an anti-suicide campaign from before-Thanksgiving through after-Valentine’s Day. The message is simple: open your hearts, open your doors, don’t allow a fellow officer to spend the holidays alone.

Data (that has been gathered, studied, and warehoused from this program) has been and continues to be used to advocate for the benefit of first responders nationwide. The medical community, itself, has been unable to perform this type of primary research, due to its inability to organize and coordinate such studies. On June 12, 2019: the LAPPL spoke at a hearing at the U.S. Department of Health & Human Services to request the creation of 13 HCPCS medical codes that are specific to the needs of first responders, as part of the Centers for Medicare & Medicaid Services (CMS)

Healthcare Common Procedure Coding System (HCPCS) during its Public Meeting Agenda for Durable Medical Equipment (DME) and Accessories; Orthotics and Prosthetics (O & P); Supplies and Other. On February 8, 2020, the LAPPL spoke at the American Medical Association CPT Editorial Panel Meeting as an applicant for the creation of 41 new AMA CPT medical billing codes that are specific to the needs of first responders. The next page depicts correspondence from the LAPPL to the Centers for Disease Control and Prevention, for the same purpose.

TO: CSTLTSfeedback@cdc.gov

Dear Members of the CDC Public Health Gateway:

I am a Director and Board Member of the Los Angeles Police Protective League. Our organization is the labor union that serves the needs of all active sworn and retired police officers of the Los Angeles Police Department. Our organization is aware of a national public health initiative/plan that is not included on your Gateway webpage (<https://www.cdc.gov/publichealthgateway/strategy/index.html>). Your "Workforce" category fails to include the CDC NIOSH NORA public health initiative. Please place the following national public health initiative onto your webpage, under the "Workforce" category. This national public health initiative includes:

1. Reducing cardiovascular disease, cancer, and other chronic diseases in first responders, many of whom are prone to such diseases nationwide whilst in the performance of their work,
2. Reducing infectious disease transmission whilst in the performance of daily first responder work,
3. Reducing musculoskeletal disorders faced by first responders nationwide,
4. Reducing motor vehicle injuries encountered by first responders nationwide,
5. Reducing workplace violence nationally encountered by first responders,
6. Promoting healthy work design and well-being, to counter the health disparities faced by first responders nationwide at their places of work (i.e. first responder suicide prevention, et.al.),
7. Improving surveillance nationwide to establish baselines and assess health status changes among first responders nationwide,
8. Improving resilience/preparedness in order to enable first responders to mitigate the risks to their health and safety, while responding to major natural disasters, outbreaks and terrorist attacks.

The work of first responders has become a national public health initiative, and we ask that you specifically list the 8 objectives found within the February 2019 version of the NORA workplace intervention initiatives, on your Gateway weblink, under the "Workforce" category, for the following reasons:

1. First responders provide for our nation's safety and security,
2. The number of first responder suicides has resulted in a national rescue response, from all levels of government and multiple disciplines of healthcare,
3. The February 2019 NORA specifies a national public health initiative, and provides topic-based strategies and organized action plans,
4. The February 2019 NORA was created by groups of experts and stakeholders, and was designed to establish strategic priorities to tackle the most pressing health problems faced by first responders,
5. The February 2019 NORA can be used by public health professionals to develop federal, state, and local plans to prevent/reduce/mitigate these health risks, all of which are applicable to every first responder in the country,
6. The February 2019 NORA can be used to prioritize public health activities for the purposes of addressing the health needs of first responders nationwide, which ultimately yield a greater output in general public safety,
7. The February 2019 NORA can be used to inform funding proposals,
8. The February 2019 NORA can be used to develop other materials* to ensure that public health efforts align with national goals.

*Our organization has already utilized previous versions of the February 2019 NORA in order to develop health strategies that improve the overall states of health of the police officers of the LAPD, in a stigma-free environment. Our strategies have resulted in a reduction of avoidable healthcare expenditures, which have saved the City of Los Angeles a minimum of \$5,000/year per participant. We are also currently working with the American Medical Association and with the United States Department of Health and Human Services Centers for Medicare & Medicaid Services to establish CPT and HCPCS codes that properly document the services and medical products provided by healthcare providers who already address these needs nationally.

Again, please add this national public health initiative/plan onto your Gateway webpage (<https://www.cdc.gov/publichealthgateway/strategy/index.html>), under your "Workforce" category. Should you have any questions, or should you require clarifications, please contact me via email, so that I may immediately reply. We thank you, in advance, for your prompt attention and action.

References:

1. Ruderman Family Foundation White Paper on First Responder Mental Health and Suicide, 2018.
2. https://www.cdc.gov/nora/councils/pubsaf/pdfs/National_Occupational_Research_Agenda_for_Public_Safety_Feb_2019-508.pdf
3. CDC-2018-0033, Docket #NIOSH-311.
4. Mission Statement of the National Public Safety Sector Council.
5. DOJ OJP BJA FY 2018 National Officer Safety Initiative Program OMB No. 1121-0329.
6. BCPOS Pilot Study: <https://www.ncbi.nlm.nih.gov/pubmed/16165369>
7. The Framingham Heart Study.
8. Office of the President of the United States, February 9, 2017: Executive Officer Safety-Focused Executive Order.

Sent to the Centers for Disease Control and Prevention

by LAPPL Director Mark R. Cronin, October 23, 2019



Disaster Recovery

If a tragedy of this magnitude were to happen in Los Angeles, this wellness program would serve as the pre-disaster health benchmark of its first responders.

**Section
330**

**Row
20**

7 Tickets New York Giants vs. Dallas Cowboys 12/10/17 MetLife Stadium 4:25 PM

“You could have dropped dead at any moment”

A very well-liked veteran officer, of average build, volunteered to participate in Phase I of this wellness program. He contacted tech support 1 day after implementation, stating that his blood pressure cuff was broken. A new cuff was overnighted to him. He called back, stating the new cuff was also broken. He was urged by Jimmy Baldea to go see his doctor. The officer hadn't had an annual physical in years. The officer called Baldea and thanked the program for saving his life. Unbeknownst to anyone, this officer was in need of immediate health intervention. He received the help he needed. Years later, his 2 boys returned from serving in the Middle East. They landed at Ft. Drumm, NY. The family set out to meet them there. The soldiers insisted, “no, meet us in NYC and invite the guy who gave Dad the blood pressure cuff.” They all enjoyed an amazing football game and a family dinner. The officer has maintained contact with several wellness program healthcare providers, even into retirement. He is still alive today because of this wellness program and everyone responsible for implementing it. He still participates in the program, retired, and values its benefits.

Contact Jimmy Baldea with any questions: (866) LAPD-HEALTH.



This is just the tip of the iceberg

www.LAPDHealth.org (866) LAPD-HEALTH