

Short-Term Disability, Long-Term Disability and Return to Work

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Short-Term Disability (STD):

Short-term disability (STD) generally refers to absence from work for an illness or injury for up to six months. STD is also an insurance policy purchased by employers.ⁱ In 2018, 42% of private industry workers had access to STD plans. Among state and local government workers, 26% had access to short-term coverage.ⁱⁱ

STD *may* replace a portion of income for those not working, though duration of the benefits depends on the coverage purchased. It can provide full, half or no salary depending on the individual's tenure with the company for periods of six months or longer. STD policies do not cover all illnesses or injuries, nor do they cover time off work to take care of a sick family member or to adopt a child. Many STD policies also do not cover pre-existing conditionsⁱⁱⁱ, and substance use disorders are frequently excluded from STD coverage.^{iv}

Long-Term Disability (LTD):

Some employers also purchase long-term disability (LTD) coverage and workers can purchase individual policies privately. In 2018, 34% of private industry workers had access to long-term disability (LTD) plans and 38% of state and local government workers had access to long-term benefits. A worker filing an LTD claim must provide medical documentation of their continued work-related disability. There are often required waiting periods, premiums, and minimum number of hours worked or job class that can impact eligibility.

Return to Work Issues:

Returning to work (RTW) after any absence can be a challenging process. A 2019 survey by the Disability Management Employers Coalition (DMEC) of benefits managers revealed that only 17% of employers have specific RTW strategies for workers on leave due to a behavioral health issue.^v Customizable RTW planning capacity is critical for addressing each employee's unique behavioral and mental health needs.

Additionally, workers returning after being treated with opioid pain medications for their injury or illness are at greater risk of a co-occurring opioid use disorder, a common side effect of prolonged use of opioid pain medications. Additionally, a recent study found that the overall prevalence of prolonged opioid use after musculoskeletal injury for high-risk populations (that is, patients receiving workers' compensation benefits, Veterans Affairs claimants, or patients with high rates of concurrent substance use disorder) was 27%. The prevalence among low-risk populations was 6%.^{vi}

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There are a variety of financial implications associated with opioid prescriptions and workplace injury^{vii}, including:

- That the average total cost of claims involving an opioid can be more than three times higher than that of claims without opioids
- That there is an apparent dose-response relationship between increased opioid use and negative occupational outcomes, including delayed recovery, longer disability and greater medical expenses
- That greater numbers and higher dosages of opioid prescriptions have each been linked to higher workers' compensation cost claims, more lost time from the workplace and greater duration of paid short-term disability

COVID-19 lay-offs, furloughs and firings may increase the chances that returning workers will experience mental health disorders, including post-traumatic stress disorders (PTSDs), depression or anxiety. There may also be an increase in employee substance use disorders. Employers must be proactive to address the potential increased rates of these complex issues.

Recommendations for Employers

- Provide *Disease and Disability Management*: workers on short- and long-term disability for injury or illnesses are often treated with opioid pain medications for more than a few days. Use of long-acting opioid pain medications or short-acting opioids for more than five days is associated with increased length of disability, reduced likelihood of returning to work and greatly increased risk of developing an opioid addiction, in addition to whatever injury or illness caused the work absence. Employers should insist that their EAP, disability or disease management contractors be watchful for any SUD that returning workers may have acquired during their medical care.
 - *Short- and Long-Term Disability*: employers should offer both short- and long-term disability coverage as employee benefits, as opposed to individual employee purchase of personal disability insurance. Financial and job stability are critical while working through any physical or mental injury, distress or illness, or substance use disorder.
 - If employers contract for disease or disability management services, they should require vendors provide for evidence that they are actively tracking data and requiring prescribers abide by the

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CDC prescribing guides when prescribing opioid use for pain, assessing workers for possible opioid misuse, and intervening to assist them to use alternative, less risky pain management strategies.

- Create *return-to-work* plans for employees who have taken leave related to substance use. These plans provide an outline of expectations and create employer guidelines to help the employee integrate back into work.^{viii}
- Provide *Worker Peer Support Programs*, in which workers who have experienced substance use or mental health challenges and learned to manage them are formally trained to help co-workers who are facing similar issues.

ⁱ Haney, Kevin. (2019). Short Term Disability Qualifying Medical Conditions. Retrieved from:

<https://www.growingfamilybenefits.com/short-term-disability-qualifying-conditions/>

ⁱⁱ <https://www.bls.gov/opub/ted/2018/employee-access-to-disability-insurance-plans.htm>

ⁱⁱⁱ DeWitt, Kaylee. (2017). The difference between Short-term Disability and FMLA Leave. Patriot.

<https://www.patriotsoftware.com/blog/payroll/difference-between-short-term-disability-fmla/>

^{iv} Linebaugh, Melissa. (2020). SDI and SSI Disability Benefits for Drug Addiction. Nolo. <https://www.disabilitysecrets.com/social-security-disability-drug-addiction.html>

^v <http://dmecc.org/wp-content/uploads/2019-DMEC-Mental-Health-Pulse-Survey-Results.pdf>

^{vi} <https://www.acpjournals.org/doi/10.7326/M19-3600>

^{vii} Kuhl, E. (2015). Mitigating the effects of opioid use among workers. *American Psychiatric Association*.

<https://www.psychiatry.org/File%20Library/PWMH/Mitigating-Effects-Opioid-Use-Among-Workers.pdf>

^{viii} Substance Abuse and Mental Health Services Administration. Supporting Our Greatest Resource: Addressing Substance Use, Misuse and Relapse in the Addiction Treatment Workforce.

https://www.naadac.org/assets/2416/substanceuse_misusetoolkit9.pdf.