2 **SB 5571** - H COMM AMD 3

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By Committee on Commerce & Labor

4 ADOPTED AS AMENDED 4/17/97

- 5 Strike everything after the enacting clause and insert the 6 following:
- 7 "NEW SECTION. Sec. 1. (1) The legislature finds that failure to 8 report and underreporting of industrial insurance premiums and 9 unemployment insurance contributions creates, among other problems, a 10 serious economic disadvantage for those employers who comply with the Based on the recommendations of a legislative task force that 11 12 reviewed these issues, the legislature finds that some employers who 13 comply with one of these laws, but fail to comply with the other, may be more likely to comply with both laws if employers were required to 14 15 file their reports on a unified form. In addition, the agencies may be 16 better able to coordinate efforts to enforce the reporting requirements 17 if reporting information is provided to both agencies.
- (2) By January 1, 1998, the department of labor and industries and 18 19 the employment security department shall jointly develop a plan, and 20 report the plan to the appropriate committees of the legislature, for implementing a unified form for reporting industrial insurance premiums 21 under Title 51 RCW and unemployment insurance contributions under Title 22 23 50 RCW beginning with reports due in calendar year 1999. The 24 implementation plan must address at least the following:
  - (a) The use of separate pages or separate sections on the form for each agency's report. The agencies may review but are not required to change coverage or reporting requirements in developing a unified form;
  - (b) Procedures for employers to mail or electronically transmit the report to a central location with distribution to the agencies or other distribution alternative that provides the agencies with notice of the employers' filings; and
- 32 (c) Methods to permit employers to make payment to both agencies in 33 a single payment.
- 34 (3) By January 1, 1998, the department of labor and industries and 35 the employment security department shall report to the appropriate 36 committees of the legislature the results of a study that cross-matches

- 1 the names or the unified business identifier numbers, or both, of
- 2 employers who file reports under Title 50 RCW or Title 51 RCW, or both.
- 3 At a minimum, the report must include the number of employers who file
- 4 a report under only one title and the results of the agency's
- 5 investigating the failure to file a report under both titles.
- 6 **Sec. 2.** RCW 51.04.030 and 1994 c 164 s 25 are each amended to read 7 as follows:
- 8 (1) The director shall supervise the providing of prompt and efficient care and treatment, including care provided by physician 9 assistants governed by the provisions of chapters 18.57A and 18.71A 10 RCW, acting under a supervising physician, and including chiropractic 11 12 care, to workers injured during the course of their employment at the 13 least cost consistent with promptness and efficiency, without discrimination or favoritism, and with as great uniformity as the 14 15 various and diverse surrounding circumstances and locations of industries will permit and to that end shall, from time to time, 16 establish and adopt and supervise the administration of printed forms, 17 18 rules, regulations, and practices for the furnishing of such care and 19 treatment: PROVIDED, That, the department may recommend to an injured worker particular health care services and providers where specialized 20 treatment is indicated or where cost effective payment levels or rates 21 22 are obtained by the department: AND PROVIDED FURTHER, That the 23 department may enter into contracts for goods and services including, 24 but not limited to, durable medical equipment so long as state-wide

access to quality service is maintained for injured workers.

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(2) The director shall, in consultation with interested persons, establish and, in his or her discretion, periodically change as may be necessary, and make available a fee schedule of the maximum charges to be made by any physician, surgeon, chiropractor, hospital, druggist, physicians' assistants as defined in chapters 18.57A and 18.71A RCW, acting under a supervising physician or other agency or person rendering services to injured workers. The department shall coordinate with other state purchasers of health care services to establish as much consistency and uniformity in billing and coding practices as possible, taking into account the unique requirements and differences between programs. No service covered under this title, including services provided to injured workers, whether aliens or other injured workers, who are not residing in the United States at the time of

receiving the services, shall be charged or paid at a rate or rates exceeding those specified in such fee schedule, and no contract providing for greater fees shall be valid as to the excess. The establishment of such a schedule, exclusive of conversion factors, does not constitute "agency action" as used in RCW 34.05.010(3), nor does such a fee schedule constitute a "rule" as used in RCW 34.05.010(15).

(3) The director or self-insurer, as the case may be, shall make a record of the commencement of every disability and the termination thereof and, when bills are rendered for the care and treatment of injured workers, shall approve and pay those which conform to the adopted rules, regulations, established fee schedules, and practices of the director and may reject any bill or item thereof incurred in violation of the principles laid down in this section or the rules, regulations, or the established fee schedules and rules and regulations adopted under it.

## **Sec. 3.** RCW 51.32.110 and 1993 c 375 s 1 are each amended to read 17 as follows:

- (1) Any worker entitled to receive any benefits or claiming such under this title shall, if requested by the department or self-insurer, submit himself or herself for medical examination, at a time and from time to time, at a place reasonably convenient for the worker and as may be provided by the rules of the department. An injured worker, whether an alien or other injured worker, who is not residing in the United States at the time that a medical examination is requested may be required to submit to an examination at any location in the United States determined by the department or self-insurer.
- (2) If the worker refuses to submit to medical examination, or obstructs the same, or, if any injured worker shall persist in unsanitary or injurious practices which tend to imperil or retard his or her recovery, or shall refuse to submit to such medical or surgical treatment as is reasonably essential to his or her recovery or refuse or obstruct evaluation or examination for the purpose of vocational rehabilitation or does not cooperate in reasonable efforts at such rehabilitation, the department or the self-insurer upon approval by the department, with notice to the worker may suspend any further action on any claim of such worker so long as such refusal, obstruction, noncooperation, or practice continues and reduce, suspend, or deny any compensation for such period: PROVIDED, That the department or the

- self-insurer shall not suspend any further action on any claim of a worker or reduce, suspend, or deny any compensation if a worker has good cause for refusing to submit to or to obstruct any examination, evaluation, treatment or practice requested by the department or required under this section.
- 6 (3) If the worker necessarily incurs traveling expenses in 7 attending the examination pursuant to the request of the department, 8 such traveling expenses shall be repaid to him or her out of the 9 accident fund upon proper voucher and audit or shall be repaid by the 10 self-insurer, as the case may be.
- 11 (4)(a) If the medical examination required by this section causes 12 the worker to be absent from his or her work without pay:
- (i) In the case of a worker insured by the department, the worker shall be paid compensation out of the accident fund in an amount equal to his or her usual wages for the time lost from work while attending the medical examination; or
- (ii) In the case of a worker of a self-insurer, the self-insurer shall pay the worker an amount equal to his or her usual wages for the time lost from work while attending the medical examination.
- 20 (b) This subsection (4) shall apply prospectively to all claims 21 regardless of the date of injury.
- 22 **Sec. 4.** RCW 50.29.070 and 1990 c 245 s 8 are each amended to read 23 as follows:
- 24 (1) Within a reasonable time after the computation date each 25 employer shall be notified of the employer's rate of contribution as 26 determined for the succeeding rate year and factors used in the 27 calculation. The commissioner shall include on the notice sent to each 28 employer in 1997 and 1998 the following information for the rate year 29 immediately preceding the computation date:
- 30 (a) The taxable wages reported by the employer;
- 31 (b) The employer's contribution rate;
- 32 (c) The contributions paid by the employer;
- 33 (d)(i) The benefits charged to the employer's experience rating 34 account; and
- (ii) The benefits not charged to the employer's experience rating account under RCW 50.29.020(2)(e); and
- (e) The dollar amount that represents the difference between (c)
- 38 and (d) of this subsection, to be termed "share of employer's

- contribution that is socialized cost." The notice must include an explanation in plain language of socialized cost and the relationship of the employer's contribution to the support of socialized cost.
- 4 (2) Any employer dissatisfied with the benefit charges made to the 5 employer's account for the twelve-month period immediately preceding the computation date or with his or her determined rate may file a 6 7 request for review and redetermination with the commissioner within 8 thirty days of the mailing of the notice to the employer, showing the 9 reason for such request. Should such request for review and redetermination be denied, the employer may, within thirty days of the 10 mailing of such notice of denial, file with the appeal tribunal a 11 petition for hearing which shall be heard in the same manner as a 12 13 petition for denial of refund. The appellate procedure prescribed by this title for further appeal shall apply to all denials of review and 14 15 redetermination under this section.
- 16 **Sec. 5.** RCW 51.32.140 and 1971 ex.s. c 289 s 45 are each amended 17 to read as follows:
- 18 Except as otherwise provided by treaty or this title, whenever 19 compensation is payable to a beneficiary who is an alien not residing in the United States, ((there shall be paid fifty percent of)) the 20 department or self-insurer, as the case may be, shall pay the 21 22 compensation ((herein otherwise provided)) to ((such)) which a resident 23 beneficiary is entitled under this title. But if a nonresident alien beneficiary is a citizen of a government having a compensation law 24 25 which excludes citizens of the United States, either resident or nonresident, from partaking of the benefit of such law in as favorable 26 a degree as herein extended to nonresident aliens, he or she shall 27 receive no compensation. No payment shall be made to any beneficiary 28 29 residing in any country with which the United States does not maintain 30 diplomatic relations when such payment is due.
- 31 **Sec. 6.** RCW 51.08.050 and 1977 ex.s. c 350 s 11 are each amended 32 to read as follows:
- "Dependent" means any of the following named relatives of a worker whose death results from any injury and who leaves surviving no widow, widower, or child, viz: father, mother, grandfather, grandmother, stepfather, stepmother, grandson, granddaughter, brother, sister, halfsister, half-brother, niece, nephew, who at the time of the accident

- l are actually and necessarily dependent in whole or in part for their
- 2 support upon the earnings of the worker((: PROVIDED, That unless
- 3 otherwise provided by treaty, aliens other than father or mother, not
- 4 residing within the United States at the time of the accident, are not
- 5 included))."

6 Correct the title.

## 7 <u>EFFECT:</u> The amendment:

(1) deletes the requirement for employers to begin reporting industrial insurance premiums and unemployment insurance contributions on a unified form beginning January 1998. The amendment requires the Department of Labor and Industries and the Employment Security Department to develop, and report to the legislature by January 1, 1998, a plan for reporting on a unified report. The agencies must also report the results of a study that cross-matches the names or UBI numbers, or both, of employers who file reports under only one law; and (2) adds that, under the industrial insurance law, an alien beneficiary will receive the same benefits as other beneficiaries whether or not residing in the U.S. (unless a treaty provides otherwise or the U.S. does not maintain diplomatic relations with the country of residence). For determining who is a beneficiary, the amendment changes the definition of "dependent" to delete the exclusion of specified relatives who are alien dependents not residing in the U.S.

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