SHB 1601 - H AMD **291**

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By Representative Condotta

NOT CONSIDERED 04/22/2011

1 Strike everything after the enacting clause and insert the 2 following:

- 3 "NEW SECTION. Sec. 1. The legislature finds that a fiscally sound 4 industrial insurance system that assures necessary and proper medical care for persons injured at work is integral to the health and economic 5 6 well-being of workers and the economic welfare of the state. legislature further finds that reforms are needed to assure the best 7 8 worker outcomes, including return to work. Improvements are also 9 needed to assure the most efficient and fair system. The legislature 10 intends to make the workers' compensation system more cost-effective by 11 authorizing voluntary settlement agreements and by assuring that the 12 workers' compensation system will only be responsible for costs due to 13 workplace injuries.
- 14 **Sec. 2.** RCW 51.08.140 and 1961 c 23 s 51.08.140 are each amended to read as follows:
 - (1) "Occupational disease" means such disease or infection as arises ((naturally and proximately)) out of and in the course of the particular employment under ((the mandatory or elective adoption provisions of)) this title in which the worker is exposed to such disease or infection and which meets all of the following criteria:
 - (a) The disease or infection is proximately caused by the distinctive conditions under which the work is performed and risk of exposure inherent therein;
- 24 <u>(b) The disease or infection arose as a natural incident of the</u> 25 employment-related exposure;
- 26 <u>(c) The worker would not have ordinarily been exposed to the</u> 27 disease or infection outside of his or her employment; and
- 28 <u>(d) The disease or infection is not an ordinary condition of life</u> 29 to which the general public is exposed without regard to employment.

(2) For the purposes of this section, "proximate cause" means that cause that, in a direct sequence, unbroken by any new, independent cause, produces the disease or infection, and without which the disease or infection would not have occurred.

Sec. 3. RCW 51.32.180 and 1988 c 161 s 5 are each amended to read as follows:

Every worker who suffers disability from an occupational disease arising out of and in the course of employment under the mandatory or elective adoption provisions of this title, or his or her family and dependents in case of death of the worker from such disease or infection, shall receive the same compensation benefits and medical, surgical and hospital care and treatment as would be paid and provided for a worker injured or killed in employment under this title, except as follows: (((a) + ((1)))) (1) This section and RCW 51.16.040 shall not apply where the last exposure to the hazards of the disease or infection occurred prior to January 1, 1937; and (((b) + ((2)))) (2) for claims filed on or after July 1, 1988, the rate of compensation for occupational diseases shall be established as of the date the disease requires medical treatment or becomes totally or partially disabling, whichever occurs first, and without regard to the date of the contraction of the disease or the date of filing the claim.

- **Sec. 4.** RCW 51.28.055 and 2004 c 65 s 7 are each amended to read as follows:
 - (1) ((Except as provided in subsection (2) of this section for claims filed for occupational hearing loss, claims for occupational disease or infection to be valid and compensable must be filed within two years following the date the worker had written notice from a physician or a licensed advanced registered nurse practitioner: (a) Of the existence of his or her occupational disease, and (b) that a claim for disability benefits may be filed. The notice shall also contain a statement that the worker has two years from the date of the notice to file a claim. The physician or licensed advanced registered nurse practitioner shall file the notice with the department. The department shall send a copy to the worker and to the self-insurer if the worker's employer is self-insured. However, a claim is valid if it is filed within two years from the date of death of the worker suffering from an

- occupational disease.)) To be valid and compensable, claims for occupational disease or infection must be filed within one year following the earliest of the following dates:
 - (a) The date the disease or infection was first diagnosed;

- (b) The date the worker first received treatment for symptoms of the disease or infection from any health services provider; or
 - (c) The date the worker was first partially or fully restricted from work due to the disease or infection.
 - (2)(a) Except as provided in (b) of this subsection, to be valid and compensable, claims for hearing loss due to occupational noise exposure must be filed within two years of the date of the worker's last injurious exposure to occupational noise in employment covered under this title ((or within one year of September 10, 2003, whichever is later)).
 - (b) A claim for hearing loss due to occupational noise exposure that is not timely filed under (a) of this subsection can only be allowed for medical aid benefits under chapter 51.36 RCW. A claim for hearing loss due to occupational noise exposure that is not timely filed under subsection (1) of this section is not valid, and is not allowed for any benefits under this title.
 - (3) The department may adopt rules to implement this section.
- NEW SECTION. Sec. 5. A new section is added to chapter 51.04 RCW to read as follows:
 - (1)(a) Notwithstanding RCW 51.04.060 or any other provision of this title, the parties to a claim for benefits may enter into a voluntary settlement agreement at any time as provided in this section with respect to one or more claims for benefits under this title. All voluntary settlement agreements must be approved by the board of industrial insurance appeals. The voluntary settlement agreement may:
 - (i) Bind the parties with regard to any or all aspects of a claim including, but not limited to, allowance or rejection of a claim, monetary payment, vocational services, claim closure, and claim reopening under RCW 51.32.160; and
- 34 (ii) Not subject any employer who is not a signatory to the 35 agreement to any responsibility or burden under any claim.
 - (b) For purposes of this section, "parties" means:
 - (i) For a self-insured claim, the worker and the employer; and

(ii) For a state fund claim, the worker, the employer, and the department. If the employer participates in a retrospective rating plan under chapter 51.18 RCW, the retrospective rating group, through its administrator, is also a party.

- (c) A voluntary settlement agreement entered into under this section must be signed by the parties or their representatives and must clearly state that the parties understand and agree to the terms of the voluntary settlement agreement. Unless one of the parties revokes consent to the agreement, as provided in subsection (3) of this section, the voluntary settlement agreement becomes final and binding thirty days after approval of the agreement by the board of industrial insurance appeals.
- (d) A voluntary settlement agreement that has become final and binding as provided in this section is binding on the department and on all parties to the agreement as to its terms and the injuries and occupational diseases to which the voluntary settlement applies. A voluntary settlement agreement that has become final and binding is not subject to appeal.
- (2)(a) If a worker is not represented by an attorney at the time of signing a voluntary settlement agreement, the parties must forward a copy of the signed settlement agreement to the board with a request for a conference with a settlement officer. Unless one of the parties requests a later date, the settlement officer must convene a conference within fourteen days after receipt of the request for the limited purpose of receiving the voluntary settlement agreement of the parties, explaining to the worker the benefits generally available under this title, and explaining that a voluntary settlement agreement may alter the benefits payable on a claim. In no event may a settlement officer render legal advice to any party.
- (b) Before approving the settlement agreement, the settlement officer shall ensure that the worker has an adequate understanding of the settlement proposal and its consequences to the worker.
- (c) The settlement officer may reject a settlement agreement only if the officer finds the parties have not entered into the agreement knowingly and willingly. Within seven days after the conference, the settlement officer shall issue an order allowing or rejecting the voluntary settlement agreement. There is no appeal from the settlement officer's decision.

1 (d) If the settlement officer issues an order allowing the 2 voluntary settlement agreement, the order must be submitted to the 3 board.

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- (3) If a worker is represented by an attorney at the time of signing a voluntary settlement agreement, the parties may submit the agreement directly to the board without the conference described in this section.
- (4) Upon receiving the voluntary settlement agreement, the board shall approve the agreement within thirty working days of receipt unless it finds that the parties have not entered into the agreement knowingly and willingly. If the board approves the agreement, it shall provide notice to the department of the binding terms of the agreement and provide for placement of the agreement in the applicable claim files.
- (5) A party may revoke consent to the voluntary settlement agreement by providing written notice to the other parties and the board within thirty days after the date the agreement is approved by the board.
- (6) To the extent the worker is found to be entitled to temporary total disability or permanent total disability benefits while a voluntary settlement agreement is being negotiated, or during the revocation period of an agreement, the benefits must be paid until the agreement becomes final.
- 24 (7) If the parties have provided in a voluntary settlement 25 agreement that a claim is not subject to reopening under RCW 51.32.160, 26 any application to reopen the claim must be denied.
- NEW SECTION. Sec. 6. A new section is added to chapter 51.04 RCW to read as follows:

29 The department must maintain copies of all voluntary settlement 30 agreements entered into between the parties and develop processes under 31 RCW 51.28.070 to furnish copies of such agreements to any party contemplating any subsequent voluntary settlement agreement with the 32 worker on any claim. The department shall also furnish claims 33 histories that include all prior permanent disability awards received 34 35 by the worker on any claims by body part and category or percentage 36 rating, as applicable. Copies of such agreements and claims histories shall be furnished within ten working days of a written request. 37

- 1 employer may not consider a prior settlement agreement or claims
- 2 history when making a decision about hiring or the terms or conditions
- 3 of employment.
- NEW SECTION. Sec. 7. A new section is added to chapter 51.04 RCW to read as follows:
- If a worker has received a prior award of, or entered into a 6 7 voluntary settlement for, total or partial permanent disability benefits, it shall be conclusively presumed that the medical condition 8 causing the prior permanent disability exists and is disabling at the 9 time of any subsequent industrial injury or occupational disease. 10 11 Except in the case of total permanent disability, the accumulation of 12 all permanent disability awards issued with respect to any one part of the body in favor of the worker may not exceed one hundred percent over 13 the worker's lifetime. When entering into a voluntary settlement 14 agreement under this chapter, the department or self-insured employer 15 may exclude amounts paid to settle claims for prior portions of a 16 17 worker's permanent total or partial disability.
- NEW SECTION. Sec. 8. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected."
- 22 Correct the title.

EFFECT: Strikes the underlying bill. Modifies the definition of occupational disease for purposes of industrial insurance to require that the disease arise out of and in the course of the particular employment and meet other criteria. Limits the time for filing occupational disease claims to one year from the earliest date which: The disease or infection was first diagnosed; the worker first received treatment for symptoms of the disease from any health services provider; or the worker was first partially or fully restricted from work due to the disease or infection. Authorizes voluntary settlement agreements regarding any or all aspects of industrial insurance claims under certain conditions.

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