
Labor & Workforce Development Committee

HB 2622

Brief Description: Requiring medical claims to be addressed by communicating with workers in their primary language.

Sponsors: Representatives Kenney, Ormsby, Santos and Moscoso.

Brief Summary of Bill

- Requires certain industrial insurance communications to be in the worker's primary language designated by the worker.
- Provides that a self-insurer who refuses to provide an accident report form to a worker engages in claims suppression.
- Provides that any suspension of benefits for worker lack of cooperation must not be longer than necessary to obtain compliance or cooperation and must be the least severe option available.

Hearing Date: 1/25/12

Staff: Joan Elgee (786-7106).

Background:

Under the state's industrial insurance laws, employers must either insure through the State Fund administered by the Department of Labor and Industries (Department) or, if qualified, may self-insure.

To qualify for industrial insurance benefits, an injured worker files an application for benefits with the Department or his or her self-insured employer. For a State Fund claim, the provider may file the claim. Notices, orders, and warrants are sent to the claimant or the claimant's representative.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Depending on the injury, an independent medical examination (IME) may be ordered and vocational rehabilitation assessments may take place.

A worker has 60 days after an order, decision, or award was communicated to appeal the order, decision or award to the Board of Industrial Insurance Appeals (Board). Appeals are filed with the Board and Department.

Department policy is that interpreter services, including written translations, are available on both State Fund and self-insured claims for persons with limited English proficiency.

If a worker refuses to or obstructs a medical examination, does not cooperate in rehabilitation efforts, or engages in other specified behavior, the Department or a self-insurer may suspend further action on a claim and reduce, suspend, or deny benefits.

Claim suppression by an employer is prohibited. Claim suppression includes intentionally inducing employees to fail to report injuries or treat workplace injuries as off-the-job injuries. If the Director finds that claim suppression has occurred, the Director may waive the time limits for filing a workers' compensation claim under certain circumstances.

Summary of Bill:

The report of accident form must allow a worker to designate a primary language for purposes of communicating about the worker's claim. The Department's notice to the worker of the worker's rights, and all correspondence, written notices, and orders must be in the language designated by the worker. However, if the claimant is represented, the Department must send all correspondence, written notices and orders to the representative in English if requested by the representative. Similarly, the Department must develop a form allowing the parties filing a claim when death resulted from the injury to designate a primary language.

If the worker designates a primary language other than English, interpreter services for any vocational meetings and for any independent medical examinations must be provided to the worker.

If the report of accident designates a primary language other than English, the 60 day appeal period does not begin to run until the order is communicated in the language requested.

A decision of a self-insurer may be appealed. Appeals must be filed with the worker in addition to the Board and Department and with a self-insurer in cases involving a self-insurer.

Refusing to provide an appropriate self-insurer accident report form is an additional form of claims suppression.

Any suspension of benefits for worker obstruction or others specified behavior must not be longer than necessary to obtain compliance or cooperation and must be the least severe option available.

The provisions apply to all claims open after January 1, 2013.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.