

SENATE BILL REPORT

SHB 1902

As of February 17, 2022

Title: An act relating to providing an exception to the process for reopening a workers' compensation claim when the claimant submits a reopening application in a timely manner.

Brief Description: Providing an exception to the process for reopening a workers' compensation claim when the claimant submits a reopening application in a timely manner.

Sponsors: House Committee on Labor & Workplace Standards (originally sponsored by Representatives Schmick and Pollet).

Brief History: Passed House: 2/12/22, 98-0.

Committee Activity: Labor, Commerce & Tribal Affairs: 2/17/22.

Brief Summary of Bill

- Provides for reopening a workers' compensation claim when the provider fails to submit the application.

SENATE COMMITTEE ON LABOR, COMMERCE & TRIBAL AFFAIRS

Staff: Susan Jones (786-7404)

Background: Workers who, in the course of employment, are injured or disabled are entitled to workers' compensation benefits. Depending on the injury or disability, workers are entitled to medical, temporary time-loss, and vocational rehabilitation benefits, as well as benefits for permanent disabilities.

Once closed, a workers' compensation claim may be reopened due to a change in circumstances warranting an adjustment of compensation. When granted, a reopened claim allows for compensation and other benefits up to 60 days before receipt of the reopening application.

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

The Department of Labor and Industries (L&I) provides a form for workers to use as a reopening application, with the first page to be filled out by the worker and the second page to be filled out by the medical provider. In addition to other parameters, the medical provider information page includes notices that benefits will not be paid for services more than 60 days before the application is received, and that benefits may be delayed for incomplete forms. The worker information page does not include similar notices.

Summary of Bill: A claimant may receive compensation and other benefits more than 60 days before submission of the reopening application when the following applies:

- the application was not received by L&I or the self-insurer within 60 days due to a failure of the provider; and
- the worker demonstrates that the worker information page was completed and submitted to L&I, the self-insurer, or the provider within 30 days of provision of the relevant medical services.

The L&I or self-insurer must provide notice of the submission deadlines on any forms it provides for use as claim reopening applications.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: OTHER: L&I worked with Representative Schmick to perfect the bill. A claimant needed to have an emergency surgery related to an injury suffered at work that L&I had allowed benefits for. The worker recovered and the claim was closed. The condition worsened and the worker needed to reopen the claim and have another emergency surgery. Unfortunately, the provider didn't get the paperwork into L&I. Under current law, L&I was not allowed to cover the surgical costs. This rarely happens. This would allow those costs to be covered. This would be a small but reasonable cost that should be covered by the system.

Persons Testifying: OTHER: Tammy Fellin, Labor & Industries.

Persons Signed In To Testify But Not Testifying: No one.