
SENATE BILL 5784

State of Washington

67th Legislature

2022 Regular Session

By Senators Lovelett, Conway, Dhingra, Hasegawa, Nobles, Saldaña, Stanford, and C. Wilson; by request of Department of Labor & Industries

Read first time 01/11/22. Referred to Committee on Labor, Commerce & Tribal Affairs.

1 AN ACT Relating to adding psychologists for mental health only
2 claims to the list of those who can act as an attending provider;
3 amending RCW 51.04.050, 51.28.010, 51.28.020, 51.28.030, 51.32.055,
4 51.32.090, 51.32.095, 51.36.010, 51.36.022, 51.36.060, and 51.36.070;
5 adding a new section to chapter 51.08 RCW; and providing an effective
6 date.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 **Sec. 1.** RCW 51.04.050 and 2004 c 65 s 2 are each amended to read
9 as follows:

10 In all hearings, actions or proceedings before the department or
11 the board of industrial insurance appeals, or before any court on
12 appeal from the board, any (~~physician or licensed advanced~~
13 ~~registered nurse practitioner~~) health services provider having
14 theretofore examined or treated the claimant may be required to
15 testify fully regarding such examination or treatment, and shall not
16 be exempt from so testifying by reason of the relation of the
17 (~~physician or licensed advanced registered nurse practitioner~~)
18 health services provider to patient.

19 NEW SECTION. **Sec. 2.** A new section is added to chapter 51.08
20 RCW to read as follows:

1 "Attending provider" means a person who is a member of the health
2 care provider network established under chapter 51.36 RCW, is
3 treating injured workers within the person's scope of practice, and
4 is licensed under Title 18 RCW in one of the following professions:
5 Physicians, chapter 18.71 RCW; osteopathy, chapter 18.57 RCW;
6 chiropractic, chapter 18.25 RCW; naturopathy, chapter 18.36A RCW;
7 podiatric medicine and surgery, chapter 18.22 RCW; dentistry, chapter
8 18.32 RCW; optometry, chapter 18.53 RCW; in the case of claims solely
9 for mental health conditions, psychology, chapter 18.83 RCW; and
10 licensed advanced registered nurse practitioners, chapter 18.79 RCW.

11 **Sec. 3.** RCW 51.28.010 and 2007 c 77 s 1 are each amended to read
12 as follows:

13 (1) Whenever any accident occurs to any worker it shall be the
14 duty of such worker or someone in his or her behalf to forthwith
15 report such accident to his or her employer, superintendent, or
16 supervisor in charge of the work, and of the employer to at once
17 report such accident and the injury resulting therefrom to the
18 department pursuant to RCW 51.28.025 where the worker has received
19 treatment from a physician (~~(or a)~~), osteopathic physician,
20 chiropractor, naturopath, podiatric physician, optometrist, dentist,
21 licensed advanced registered nurse practitioner, physician assistant,
22 or psychologist in claims solely for mental health conditions, has
23 been hospitalized, disabled from work, or has died as the apparent
24 result of such accident and injury.

25 (2) Upon receipt of such notice of accident, the department shall
26 immediately forward to the worker or his or her beneficiaries or
27 dependents notification, in nontechnical language, of their rights
28 under this title. The notice must specify the worker's right to
29 receive health services from a (~~(physician or a licensed advanced~~
30 ~~registered nurse practitioner)~~) provider of the worker's choice under
31 RCW 51.36.010(2)(a), including chiropractic services under RCW
32 51.36.015, and must list the types of providers authorized to provide
33 these services.

34 (3) Employers shall not engage in claim suppression.

35 (4) For the purposes of this section, "claim suppression" means
36 intentionally:

37 (a) Inducing employees to fail to report injuries;

38 (b) Inducing employees to treat injuries in the course of
39 employment as off-the-job injuries; or

1 (c) Acting otherwise to suppress legitimate industrial insurance
2 claims.

3 (5) In determining whether an employer has engaged in claim
4 suppression, the department shall consider the employer's history of
5 compliance with industrial insurance reporting requirements, and
6 whether the employer has discouraged employees from reporting
7 injuries or filing claims. The department has the burden of proving
8 claim suppression by a preponderance of the evidence.

9 (6) Claim suppression does not include bona fide workplace safety
10 and accident prevention programs or an employer's provision at the
11 worksite of first aid as defined by the department. The department
12 shall adopt rules defining bona fide workplace safety and accident
13 prevention programs and defining first aid.

14 **Sec. 4.** RCW 51.28.020 and 2005 c 108 s 3 are each amended to
15 read as follows:

16 (1)(a) Where a worker is entitled to compensation under this
17 title he or she shall file with the department or his or her self-
18 insured employer, as the case may be, his or her application for
19 such, together with the certificate of the physician ~~((or)),~~
20 osteopathic physician, chiropractor, naturopath, podiatric physician,
21 optometrist, dentist, licensed advanced registered nurse
22 practitioner, physician assistant, or psychologist in claims solely
23 for mental health conditions, who attended him or her. An application
24 form developed by the department shall include a notice specifying
25 the worker's right to receive health services from a ~~((physician or~~
26 ~~licensed advanced registered nurse practitioner))~~ provider of the
27 worker's choice under RCW 51.36.010(2)(a), ~~((including chiropractic~~
28 ~~services under RCW 51.36.015,))~~ and listing the types of providers
29 authorized to provide these services.

30 (b) The physician ~~((or)),~~ osteopathic physician, chiropractor,
31 naturopath, podiatric physician, optometrist, dentist, licensed
32 advanced registered nurse practitioner, physician assistant, or
33 psychologist in claims solely for mental health conditions, who
34 attended the injured worker shall inform the injured worker of his or
35 her rights under this title and lend all necessary assistance in
36 making this application for compensation and such proof of other
37 matters as required by the rules of the department without charge to
38 the worker. The department shall provide ~~((physicians with))~~ a manual
39 which outlines the procedures to be followed in applications for

1 compensation involving occupational diseases, and which describes
2 claimants' rights and responsibilities related to occupational
3 disease claims.

4 (2) If the application required by this section is:

5 (a) (~~Filed on behalf of the worker by the physician who attended~~
6 ~~the worker, the physician may transmit the application to the~~
7 ~~department electronically using facsimile mail;~~

8 ~~(b))~~ Made to the department and the employer has not received a
9 copy of the application, the department shall immediately send a copy
10 of the application to the employer; or

11 ~~((e))~~ (b) Made to a self-insured employer, the employer shall
12 forthwith send a copy of the application to the department.

13 (3) The application required by this section may be transmitted
14 to the department electronically.

15 **Sec. 5.** RCW 51.28.030 and 2004 c 65 s 6 are each amended to read
16 as follows:

17 Where death results from injury the parties entitled to
18 compensation under this title, or someone in their behalf, shall make
19 application for the same to the department or self-insurer as the
20 case may be, which application must be accompanied with proof of
21 death and proof of relationship showing the parties to be entitled to
22 compensation under this title, certificates of attending (~~physician~~
23 ~~or licensed advanced registered nurse practitioner)) provider, if
24 any, and such proof as required by the rules of the department.~~

25 Upon receipt of notice of accident under RCW 51.28.010, the
26 director shall immediately forward to the party or parties required
27 to make application for compensation under this section,
28 notification, in nontechnical language, of their rights under this
29 title.

30 **Sec. 6.** RCW 51.32.055 and 2004 c 65 s 8 are each amended to read
31 as follows:

32 (1) One purpose of this title is to restore the injured worker as
33 nearly as possible to the condition of self-support as an able-bodied
34 worker. Benefits for permanent disability shall be determined under
35 the director's supervision, except as otherwise authorized in
36 subsection (9) of this section, only after the injured worker's
37 condition becomes fixed.

1 (2) All determinations of permanent disabilities shall be made by
2 the department, except as otherwise authorized in subsection (9) of
3 this section. Either the worker, employer, or self-insurer may make a
4 request or the inquiry may be initiated by the director or, as
5 authorized in subsection (9) of this section, by the self-insurer on
6 the director or the self-insurer's own motion. Determinations shall
7 be required in every instance where permanent disability is likely to
8 be present. All medical reports and other pertinent information in
9 the possession of or under the control of the employer or, if the
10 self-insurer has made a request to the department, in the possession
11 of or under the control of the self-insurer shall be forwarded to the
12 director with the request.

13 (3) A request for determination of permanent disability shall be
14 examined by the department or, if authorized in subsection (9) of
15 this section, the self-insurer, and the department shall issue an
16 order in accordance with RCW 51.52.050 or, in the case of a self-
17 insured employer, the self-insurer may: (a) Enter a written order,
18 communicated to the worker and the department self-insurance section
19 in accordance with subsection (9) of this section, or (b) request the
20 department to issue an order in accordance with RCW 51.52.050.

21 (4) The department or, in cases authorized in subsection (9) of
22 this section, the self-insurer may require that the worker present
23 himself or herself for a special medical examination by a physician
24 or physicians selected by the department, and the department or, in
25 cases authorized in subsection (9) of this section, the self-insurer
26 may require that the worker present himself or herself for a personal
27 interview. The costs of the examination or interview, including
28 payment of any reasonable travel expenses, shall be paid by the
29 department or self-insurer, as the case may be.

30 (5) The director may establish a medical bureau within the
31 department to perform medical examinations under this section.
32 Physicians hired or retained for this purpose shall be grounded in
33 industrial medicine and in the assessment of industrial physical
34 impairment. Self-insurers shall bear a proportionate share of the
35 cost of the medical bureau in a manner to be determined by the
36 department.

37 (6) Where a dispute arises from the handling of any claim before
38 the condition of the injured worker becomes fixed, the worker,
39 employer, or self-insurer may request the department to resolve the
40 dispute or the director may initiate an inquiry on his or her own

1 motion. In these cases, the department shall proceed as provided in
2 this section and an order shall issue in accordance with RCW
3 51.52.050.

4 (7) (a) If a claim (i) is accepted by a self-insurer after June
5 30, 1986, and before August 1, 1997, (ii) involves only medical
6 treatment and the payment of temporary disability compensation under
7 RCW 51.32.090 or only the payment of temporary disability
8 compensation under RCW 51.32.090, (iii) at the time medical treatment
9 is concluded does not involve permanent disability, (iv) is one with
10 respect to which the department has not intervened under subsection
11 (6) of this section, and (v) the injured worker has returned to work
12 with the self-insured employer of record, whether at the worker's
13 previous job or at a job that has comparable wages and benefits, the
14 claim may be closed by the self-insurer, subject to reporting of
15 claims to the department in a manner prescribed by department rules
16 adopted under chapter 34.05 RCW.

17 (b) All determinations of permanent disability for claims
18 accepted under this subsection (7) by self-insurers shall be made by
19 the self-insured section of the department under subsections (1)
20 through (4) of this section.

21 (c) Upon closure of a claim under (a) of this subsection, the
22 self-insurer shall enter a written order, communicated to the worker
23 and the department self-insurance section, which contains the
24 following statement clearly set forth in bold face type: "This order
25 constitutes notification that your claim is being closed with medical
26 benefits and temporary disability compensation only as provided, and
27 with the condition you have returned to work with the self-insured
28 employer. If for any reason you disagree with the conditions or
29 duration of your return to work or the medical benefits or the
30 temporary disability compensation that has been provided, you must
31 protest in writing to the department of labor and industries, self-
32 insurance section, within sixty days of the date you received this
33 order."

34 (8) (a) If a claim (i) is accepted by a self-insurer after June
35 30, 1990, and before August 1, 1997, (ii) involves only medical
36 treatment, (iii) does not involve payment of temporary disability
37 compensation under RCW 51.32.090, and (iv) at the time medical
38 treatment is concluded does not involve permanent disability, the
39 claim may be closed by the self-insurer, subject to reporting of
40 claims to the department in a manner prescribed by department rules

1 adopted under chapter 34.05 RCW. Upon closure of a claim, the self-
2 insurer shall enter a written order, communicated to the worker,
3 which contains the following statement clearly set forth in bold-face
4 type: "This order constitutes notification that your claim is being
5 closed with medical benefits only, as provided. If for any reason you
6 disagree with this closure, you must protest in writing to the
7 Department of Labor and Industries, Olympia, within 60 days of the
8 date you received this order. The department will then review your
9 claim and enter a further determinative order."

10 (b) All determinations of permanent disability for claims
11 accepted under this subsection (8) by self-insurers shall be made by
12 the self-insured section of the department under subsections (1)
13 through (4) of this section.

14 (9)(a) If a claim: (i) Is accepted by a self-insurer after July
15 31, 1997; (ii)(A) involves only medical treatment, or medical
16 treatment and the payment of temporary disability compensation under
17 RCW 51.32.090, and a determination of permanent partial disability,
18 if applicable, has been made by the self-insurer as authorized in
19 this subsection; or (B) involves only the payment of temporary
20 disability compensation under RCW 51.32.090 and a determination of
21 permanent partial disability, if applicable, has been made by the
22 self-insurer as authorized in this subsection; (iii) is one with
23 respect to which the department has not intervened under subsection
24 (6) of this section; and (iv) concerns an injured worker who has
25 returned to work with the self-insured employer of record, whether at
26 the worker's previous job or at a job that has comparable wages and
27 benefits, the claim may be closed by the self-insurer, subject to
28 reporting of claims to the department in a manner prescribed by
29 department rules adopted under chapter 34.05 RCW.

30 (b) If a (~~physician or licensed advanced registered nurse~~
31 ~~practitioner submits a~~) medical report submitted to the self-insurer
32 (~~that~~) concludes that the worker's condition is fixed and stable
33 and supports payment of a permanent partial disability award, and, if
34 within fourteen days from the date the self-insurer mailed the report
35 to the attending (~~or treating physician or licensed advanced~~
36 ~~registered nurse practitioner~~) provider, the worker's attending (~~or~~
37 ~~treating physician or licensed advanced registered nurse~~
38 ~~practitioner~~) provider disagrees in writing that the worker's
39 condition is fixed and stable, the self-insurer must get a
40 supplemental medical opinion from a provider on the department's

1 approved examiner's list before closing the claim. In the
2 alternative, the self-insurer may forward the claim to the
3 department, which must review the claim and enter a final order as
4 provided for in RCW 51.52.050.

5 (c) Upon closure of a claim under this subsection (9), the self-
6 insurer shall enter a written order, communicated to the worker and
7 the department self-insurance section, which contains the following
8 statement clearly set forth in bold-face type: "This order
9 constitutes notification that your claim is being closed with such
10 medical benefits and temporary disability compensation as provided to
11 date and with such award for permanent partial disability, if any, as
12 set forth below, and with the condition that you have returned to
13 work with the self-insured employer. If for any reason you disagree
14 with the conditions or duration of your return to work or the medical
15 benefits, temporary disability compensation provided, or permanent
16 partial disability that has been awarded, you must protest in writing
17 to the Department of Labor and Industries, Self-Insurance Section,
18 within sixty days of the date you received this order. If you do not
19 protest this order to the department, this order will become final."

20 (d) All determinations of permanent partial disability for claims
21 accepted by self-insurers under this subsection (9) may be made by
22 the self-insurer or the self-insurer may request a determination by
23 the self-insured section of the department. All determinations shall
24 be made under subsections (1) through (4) of this section.

25 (10) If the department receives a protest of an order issued by a
26 self-insurer under subsections (7) through (9) of this section, the
27 self-insurer's closure order must be held in abeyance. The department
28 shall review the claim closure action and enter a further
29 determinative order as provided for in RCW 51.52.050. If no protest
30 is timely filed, the closing order issued by the self-insurer shall
31 become final and shall have the same force and effect as a department
32 order that has become final under RCW 51.52.050.

33 (11) If within two years of claim closure under subsections (7)
34 through (9) of this section, the department determines that the self-
35 insurer has made payment of benefits because of clerical error,
36 mistake of identity, or innocent misrepresentation or the department
37 discovers a violation of the conditions of claim closure, the
38 department may require the self-insurer to correct the benefits paid
39 or payable. This subsection (11) does not limit in any way the
40 application of RCW 51.32.240.

1 (12) For the purposes of this section, "comparable wages and
2 benefits" means wages and benefits that are at least ninety-five
3 percent of the wages and benefits received by the worker at the time
4 of injury.

5 **Sec. 7.** RCW 51.32.090 and 2011 1st sp.s. c 37 s 101 are each
6 amended to read as follows:

7 (1) When the total disability is only temporary, the schedule of
8 payments contained in RCW 51.32.060 (1) and (2) shall apply, so long
9 as the total disability continues.

10 (2) Any compensation payable under this section for children not
11 in the custody of the injured worker as of the date of injury shall
12 be payable only to such person as actually is providing the support
13 for such child or children pursuant to the order of a court of record
14 providing for support of such child or children.

15 (3)(a) As soon as recovery is so complete that the present
16 earning power of the worker, at any kind of work, is restored to that
17 existing at the time of the occurrence of the injury, the payments
18 shall cease. If and so long as the present earning power is only
19 partially restored, the payments shall:

20 (i) For claims for injuries that occurred before May 7, 1993,
21 continue in the proportion which the new earning power shall bear to
22 the old; or

23 (ii) For claims for injuries occurring on or after May 7, 1993,
24 equal eighty percent of the actual difference between the worker's
25 present wages and earning power at the time of injury, but: (A) The
26 total of these payments and the worker's present wages may not exceed
27 one hundred fifty percent of the average monthly wage in the state as
28 computed under RCW 51.08.018; (B) the payments may not exceed one
29 hundred percent of the entitlement as computed under subsection (1)
30 of this section; and (C) the payments may not be less than the worker
31 would have received if (a)(i) of this subsection had been applicable
32 to the worker's claim.

33 (b) No compensation shall be payable under this subsection (3)
34 unless the loss of earning power shall exceed five percent.

35 (c) The prior closure of the claim or the receipt of permanent
36 partial disability benefits shall not affect the rate at which loss
37 of earning power benefits are calculated upon reopening the claim.

38 (4)(a) The legislature finds that long-term disability and the
39 cost of injuries is significantly reduced when injured workers remain

1 at work following their injury. To encourage employers at the time of
2 injury to provide light duty or transitional work for their workers,
3 wage subsidies and other incentives are made available to employers
4 insured with the department.

5 (b) Whenever the employer of injury requests that a worker who is
6 entitled to temporary total disability under this chapter be
7 certified by ~~((a physician or licensed advanced registered nurse
8 practitioner))~~ the attending provider as able to perform available
9 work other than his or her usual work, the employer shall furnish to
10 the ~~((physician or licensed advanced registered nurse practitioner))~~
11 attending provider, with a copy to the worker, a statement describing
12 the work available with the employer of injury in terms that will
13 enable the ~~((physician or licensed advanced registered nurse
14 practitioner))~~ attending provider to relate the ~~((physical))~~
15 activities of the job to the worker's disability. The ~~((physician or
16 licensed advanced registered nurse practitioner))~~ attending provider
17 shall then determine whether the worker is ~~((physically))~~ able to
18 perform the work described. The worker's temporary total disability
19 payments shall continue until the worker is released by his or her
20 ~~((physician or licensed advanced registered nurse practitioner))~~
21 attending provider for the work, and begins the work with the
22 employer of injury. If the work thereafter comes to an end before the
23 worker's recovery is sufficient in the judgment of his or her
24 ~~((physician or licensed advanced registered nurse practitioner))~~
25 attending provider to permit him or her to return to his or her usual
26 job, or to perform other available work offered by the employer of
27 injury, the worker's temporary total disability payments shall be
28 resumed. Should the available work described, once undertaken by the
29 worker, impede his or her recovery to the extent that in the judgment
30 of his or her ~~((physician or licensed advanced registered nurse
31 practitioner))~~ attending provider he or she should not continue to
32 work, the worker's temporary total disability payments shall be
33 resumed when the worker ceases such work.

34 (c) To further encourage employers to maintain the employment of
35 their injured workers, an employer insured with the department and
36 that offers work to a worker pursuant to this subsection (4) shall be
37 eligible for reimbursement of the injured worker's wages for light
38 duty or transitional work equal to fifty percent of the basic, gross
39 wages paid for that work, for a maximum of sixty-six workdays within
40 a consecutive twenty-four month period. In no event may the wage

1 subsidies paid to an employer on a claim exceed ten thousand dollars.
2 Wage subsidies shall be calculated using the worker's basic hourly
3 wages or basic salary, and no subsidy shall be paid for any other
4 form of compensation or payment to the worker such as tips,
5 commissions, bonuses, board, housing, fuel, health care, dental care,
6 vision care, per diem, reimbursements for work-related expenses, or
7 any other payments. An employer may not, under any circumstances,
8 receive a wage subsidy for a day in which the worker did not actually
9 perform any work, regardless of whether or not the employer paid the
10 worker wages for that day.

11 (d) If an employer insured with the department offers a worker
12 work pursuant to this subsection (4) and the worker must be provided
13 with training or instruction to be qualified to perform the offered
14 work, the employer shall be eligible for a reimbursement from the
15 department for any tuition, books, fees, and materials required for
16 that training or instruction, up to a maximum of one thousand
17 dollars. Reimbursing an employer for the costs of such training or
18 instruction does not constitute a determination by the department
19 that the worker is eligible for vocational services authorized by RCW
20 51.32.095 and 51.32.099.

21 (e) If an employer insured with the department offers a worker
22 work pursuant to this subsection (4), and the employer provides the
23 worker with clothing that is necessary to allow the worker to perform
24 the offered work, the employer shall be eligible for reimbursement
25 for such clothing from the department, up to a maximum of four
26 hundred dollars. However, an employer shall not receive reimbursement
27 for any clothing it provided to the worker that it normally provides
28 to its workers. The clothing purchased for the worker shall become
29 the worker's property once the work comes to an end.

30 (f) If an employer insured with the department offers a worker
31 work pursuant to this subsection (4) and the worker must be provided
32 with tools or equipment to perform the offered work, the employer
33 shall be eligible for a reimbursement from the department for such
34 tools and equipment and related costs as determined by department
35 rule, up to a maximum of two thousand five hundred dollars. An
36 employer shall not be reimbursed for any tools or equipment purchased
37 prior to offering the work to the worker pursuant to this subsection
38 (4). An employer shall not be reimbursed for any tools or equipment
39 that it normally provides to its workers. The tools and equipment
40 shall be the property of the employer.

1 (g) An employer may offer work to a worker pursuant to this
2 subsection (4) more than once, but in no event may the employer
3 receive wage subsidies for more than sixty-six days of work in a
4 consecutive twenty-four month period under one claim. An employer may
5 continue to offer work pursuant to this subsection (4) after the
6 worker has performed sixty-six days of work, but the employer shall
7 not be eligible to receive wage subsidies for such work.

8 (h) An employer shall not receive any wage subsidies or
9 reimbursement of any expenses pursuant to this subsection (4) unless
10 the employer has completed and submitted the reimbursement request on
11 forms developed by the department, along with all related information
12 required by department rules. No wage subsidy or reimbursement shall
13 be paid to an employer who fails to submit a form for such payment
14 within one year of the date the work was performed. In no event shall
15 an employer receive wage subsidy payments or reimbursements of any
16 expenses pursuant to this subsection (4) unless the worker's
17 (~~physician or licensed advanced registered nurse practitioner~~)
18 attending provider has restricted him or her from performing his or
19 her usual work and the worker's (~~physician or licensed advanced
20 registered nurse practitioner~~) attending provider has released him
21 or her to perform the work offered.

22 (i) Payments made under (b) through (g) of this subsection are
23 subject to penalties under RCW 51.32.240(5) in cases where the funds
24 were obtained through willful misrepresentation.

25 (j) Once the worker returns to work under the terms of this
26 subsection (4), he or she shall not be assigned by the employer to
27 work other than the available work described without the worker's
28 written consent, or without prior review and approval by the worker's
29 (~~physician or licensed advanced registered nurse practitioner~~)
30 attending provider. An employer who directs a claimant to perform
31 work other than that approved by the attending (~~physician~~) provider
32 and without the approval of the worker's (~~physician or licensed
33 advanced registered nurse practitioner~~) attending provider shall not
34 receive any wage subsidy or other reimbursements for such work.

35 (k) If the worker returns to work under this subsection (4), any
36 employee health and welfare benefits that the worker was receiving at
37 the time of injury shall continue or be resumed at the level provided
38 at the time of injury. Such benefits shall not be continued or
39 resumed if to do so is inconsistent with the terms of the benefit

1 program, or with the terms of the collective bargaining agreement
2 currently in force.

3 (1) In the event of any dispute as to the validity of the work
4 offered or as to the worker's ability to perform the available work
5 offered by the employer, the department shall make the final
6 determination pursuant to an order that contains the notice required
7 by RCW 51.52.060 and that is subject to appeal subject to RCW
8 51.52.050.

9 (5) An employer's experience rating shall not be affected by the
10 employer's request for or receipt of wage subsidies.

11 (6) The department shall create a Washington stay-at-work account
12 which shall be funded by assessments of employers insured through the
13 state fund for the costs of the payments authorized by subsection (4)
14 of this section and for the cost of creating a reserve for
15 anticipated liabilities. Employers may collect up to one-half the
16 fund assessment from workers.

17 (7) No worker shall receive compensation for or during the day on
18 which injury was received or the three days following the same,
19 unless his or her disability shall continue for a period of fourteen
20 consecutive calendar days from date of injury: PROVIDED, That
21 attempts to return to work in the first fourteen days following the
22 injury shall not serve to break the continuity of the period of
23 disability if the disability continues fourteen days after the injury
24 occurs.

25 (8) Should a worker suffer a temporary total disability and
26 should his or her employer at the time of the injury continue to pay
27 him or her the wages which he or she was earning at the time of such
28 injury, such injured worker shall not receive any payment provided in
29 subsection (1) of this section during the period his or her employer
30 shall so pay such wages: PROVIDED, That holiday pay, vacation pay,
31 sick leave, or other similar benefits shall not be deemed to be
32 payments by the employer for the purposes of this subsection.

33 (9) In no event shall the monthly payments provided in this
34 section:

35 (a) Exceed the applicable percentage of the average monthly wage
36 in the state as computed under the provisions of RCW 51.08.018 as
37 follows:

38	AFTER	PERCENTAGE
39	June 30, 1993	105%

1	June 30, 1994	110%
2	June 30, 1995	115%
3	June 30, 1996	120%

4 (b) For dates of injury or disease manifestation after July 1,
5 2008, be less than fifteen percent of the average monthly wage in the
6 state as computed under RCW 51.08.018 plus an additional ten dollars
7 per month if the worker is married and an additional ten dollars per
8 month for each child of the worker up to a maximum of five children.
9 However, if the monthly payment computed under this subsection (9) (b)
10 is greater than one hundred percent of the wages of the worker as
11 determined under RCW 51.08.178, the monthly payment due to the worker
12 shall be equal to the greater of the monthly wages of the worker or
13 the minimum benefit set forth in this section on June 30, 2008.

14 (10) If the supervisor of industrial insurance determines that
15 the worker is voluntarily retired and is no longer attached to the
16 workforce, benefits shall not be paid under this section.

17 (11) The department shall adopt rules as necessary to implement
18 this section.

19 **Sec. 8.** RCW 51.32.095 and 2018 c 22 s 13 are each amended to
20 read as follows:

21 (1) One of the primary purposes of this title is to enable the
22 injured worker to become employable at gainful employment. To this
23 end, the department or self-insurers must utilize the services of
24 individuals and organizations, public or private, whose experience,
25 training, and interests in vocational rehabilitation and retraining
26 qualify them to lend expert assistance to the supervisor of
27 industrial insurance in such programs of vocational rehabilitation as
28 may be reasonable to make the worker employable consistent with his
29 or her physical and mental status. Where, after evaluation and
30 recommendation by such individuals or organizations and prior to
31 final evaluation of the worker's permanent disability and in the sole
32 opinion of the supervisor or supervisor's designee, whether or not
33 medical treatment has been concluded, vocational rehabilitation is
34 both necessary and likely to enable the injured worker to become
35 employable at gainful employment, the supervisor or supervisor's
36 designee may, in his or her sole discretion, pay or, if the employer
37 is a self-insurer, direct the self-insurer to pay the cost as
38 provided in subsection (5) of this section or RCW 51.32.099, as

1 appropriate. An injured worker may not participate in vocational
2 rehabilitation under this section or RCW 51.32.099 if such
3 participation would result in a payment of benefits as described in
4 RCW 51.32.240(5), and any benefits so paid must be recovered
5 according to the terms of that section.

6 (2) Vocational rehabilitation services may be provided to an
7 injured worker when in the sole discretion of the supervisor or the
8 supervisor's designee vocational rehabilitation is both necessary and
9 likely to make the worker employable at gainful employment. In
10 determining whether to provide vocational services and at what level,
11 the following list must be used, in order of priority with the
12 highest priority given to returning a worker to employment:

13 (a) Return to the previous job with the same employer;

14 (b) Modification of the previous job with the same employer
15 including transitional return to work;

16 (c) A new job with the same employer in keeping with any
17 limitations or restrictions;

18 (d) Modification of a new job with the same employer including
19 transitional return to work;

20 (e) Modification of the previous job with a new employer;

21 (f) A new job with a new employer or self-employment based upon
22 transferable skills;

23 (g) Modification of a new job with a new employer;

24 (h) A new job with a new employer or self-employment involving
25 on-the-job training;

26 (i) Short-term retraining.

27 (3) Notwithstanding subsection (2) of this section, vocational
28 services may be provided to an injured worker who has suffered the
29 loss or complete use of both legs, or arms, or one leg and one arm,
30 or total eyesight when, in the sole discretion of the supervisor or
31 the supervisor's designee, these services will either substantially
32 improve the worker's quality of life or substantially improve the
33 worker's ability to function in an employment setting, regardless of
34 whether or not these services are either necessary or reasonably
35 likely to make the worker employable at any gainful employment.
36 Vocational services must be completed prior to the commencement of
37 the worker's entitlement to benefits under RCW 51.32.060. However,
38 workers who are eligible for vocational services under this
39 subsection are not eligible for option 2 benefits, as provided in RCW
40 51.32.099(4) and 51.32.096.

1 (4) To encourage the employment of individuals who have suffered
2 an injury or occupational disease resulting in permanent disability
3 which may be a substantial obstacle to employment, the supervisor or
4 supervisor's designee, in his or her sole discretion, may provide
5 assistance including job placement services for eligible injured
6 workers who are receiving vocational services under the return-to-
7 work priorities listed in subsection (2)(b) through (i) of this
8 section, except for self-employment, and to employers that employ
9 them. The assistance listed in (a) through (f) of this subsection is
10 only available in cases where the worker is employed:

11 (a) Reduction or elimination of premiums or assessments owed by
12 employers for such workers;

13 (b) Reduction or elimination of charges against the employers in
14 the event of further injury to such workers in their employ;

15 (c) Reimbursement of the injured worker's wages for light duty or
16 transitional work consistent with the limitations in RCW
17 51.32.090(4)(c);

18 (d) Reimbursement for the costs of clothing that is necessary to
19 allow the worker to perform the offered work consistent with the
20 limitations in RCW 51.32.090(4)(e);

21 (e) Reimbursement for the costs of tools or equipment to allow
22 the worker to perform the work consistent with the limitations in RCW
23 51.32.090(4)(f);

24 (f) A one-time payment equal to the lesser of ten percent of the
25 worker's wages including commissions and bonuses paid or ten thousand
26 dollars for continuous employment without reduction in base wages for
27 at least twelve months. The twelve months begin the first date of
28 employment and the one-time payment is available at the sole
29 discretion of the supervisor of industrial insurance;

30 (g) The benefits described in this section are available to a
31 state fund employer without regard to whether the worker was employed
32 by the state fund employer at the time of injury. The benefits are
33 available to a self-insured employer only in cases where the worker
34 was employed by a state fund employer at the time of injury or
35 occupational disease manifestation;

36 (h) The benefits described in (a) through (f) of this subsection
37 (4) are only available in instances where a vocational rehabilitation
38 professional and the injured worker's health care provider have
39 confirmed that the worker has returned to work that is consistent
40 with the worker's limitations and physical restrictions.

1 (5) (a) Except as provided in (b) of this subsection, costs for
2 vocational rehabilitation benefits allowed by the supervisor or
3 supervisor's designee under subsection (1) of this section may
4 include the cost of books, tuition, fees, supplies, equipment,
5 transportation, child or dependent care, and other necessary expenses
6 for any such worker in an amount not to exceed three thousand dollars
7 in any fifty-two week period, and the cost of continuing the
8 temporary total disability compensation under RCW 51.32.090 while the
9 worker is actively and successfully undergoing a formal program of
10 vocational rehabilitation.

11 (b) Beginning with vocational rehabilitation plans approved on or
12 after July 1, 1999, through December 31, 2007, costs for vocational
13 rehabilitation benefits allowed by the supervisor or supervisor's
14 designee under subsection (1) of this section may include the cost of
15 books, tuition, fees, supplies, equipment, child or dependent care,
16 and other necessary expenses for any such worker in an amount not to
17 exceed four thousand dollars in any fifty-two week period, and the
18 cost of transportation and continuing the temporary total disability
19 compensation under RCW 51.32.090 while the worker is actively and
20 successfully undergoing a formal program of vocational
21 rehabilitation.

22 (c) The expenses allowed under (a) or (b) of this subsection may
23 include training fees for on-the-job training and the cost of
24 furnishing tools and other equipment necessary for self-employment or
25 reemployment. However, compensation or payment of retraining with job
26 placement expenses under (a) or (b) of this subsection may not be
27 authorized for a period of more than fifty-two weeks, except that
28 such period may, in the sole discretion of the supervisor after his
29 or her review, be extended for an additional fifty-two weeks or
30 portion thereof by written order of the supervisor.

31 (d) In cases where the worker is required to reside away from his
32 or her customary residence, the reasonable cost of board and lodging
33 must also be paid.

34 (e) Costs paid under this subsection must be chargeable to the
35 employer's cost experience or must be paid by the self-insurer as the
36 case may be.

37 (6) In addition to the vocational rehabilitation expenditures
38 provided for under subsection (5) of this section and RCW 51.32.099,
39 an additional five thousand dollars may, upon authorization of the
40 supervisor or the supervisor's designee, be expended for: (a)

1 Accommodations for an injured worker that are medically necessary for
2 the worker to participate in an approved retraining plan; and (b)
3 accommodations necessary to perform the essential functions of an
4 occupation in which an injured worker is seeking employment,
5 consistent with the retraining plan or the recommendations of a
6 vocational evaluation. The injured worker's attending (~~(physician or~~
7 ~~licensed advanced registered nurse practitioner)~~) provider must
8 verify the necessity of the modifications or accommodations. The
9 total expenditures authorized in this subsection and the expenditures
10 authorized under RCW 51.32.250 may not exceed five thousand dollars.

11 (7) (a) When the department has approved a vocational plan for a
12 worker prior to January 1, 2008, regardless of whether the worker has
13 begun participating in the approved plan, costs for vocational
14 rehabilitation benefits allowed by the supervisor or supervisor's
15 designee under subsection (1) of this section are limited to those
16 provided under subsections (5) and (6) of this section.

17 (b) For vocational plans approved for a worker between January 1,
18 2008, through July 31, 2015, total vocational costs allowed by the
19 supervisor or supervisor's designee under subsection (1) of this
20 section is limited to those provided under the pilot program
21 established in RCW 51.32.099, and vocational rehabilitation services
22 must conform to the requirements in RCW 51.32.099.

23 (8) The department must establish criteria to monitor the quality
24 and effectiveness of rehabilitation services provided by the
25 individuals and organizations. The state fund must make referrals for
26 vocational rehabilitation services based on these performance
27 criteria.

28 (9) The department must engage in, where feasible and cost-
29 effective, a cooperative program with the state employment security
30 department to provide job placement services under this section
31 including participation by the department as a partner with
32 WorkSource and with the private vocational rehabilitation community
33 to refer workers to these vocational professionals for job search and
34 job placement assistance. As a partner, the department must place
35 vocational professional full-time employees at selected WorkSource
36 locations who will work with employers to market the benefits of on-
37 the-job training programs and preferred worker financial incentives
38 as described in (~~(RCW 51.32.095(4))~~) subsection (4) of this section.
39 For the purposes of this subsection, "WorkSource" means the

1 established state system that administers the federal workforce
2 investment act of 1998.

3 (10) The benefits in this section((~~T~~)) and RCW 51.32.099((~~T~~)) and
4 51.32.096 must be provided for the injured workers of self-insured
5 employers. Self-insurers must report both benefits provided and
6 benefits denied in the manner prescribed by the department by rule
7 adopted under chapter 34.05 RCW. The director may, in his or her sole
8 discretion and upon his or her own initiative or at any time that a
9 dispute arises under this section((~~T~~)) or RCW 51.32.099((~~T~~)) or
10 51.32.096, promptly make such inquiries as circumstances require and
11 take such other action as he or she considers will properly determine
12 the matter and protect the rights of the parties.

13 (11) Except as otherwise provided, the benefits provided for in
14 this section((~~T~~)) and RCW 51.32.099((~~T~~)) and 51.32.096 are available
15 to any otherwise eligible worker regardless of the date of industrial
16 injury. However, claims may not be reopened solely for vocational
17 rehabilitation purposes.

18 **Sec. 9.** RCW 51.36.010 and 2013 c 19 s 48 are each amended to
19 read as follows:

20 (1) The legislature finds that high quality medical treatment and
21 adherence to occupational health best practices can prevent
22 disability and reduce loss of family income for workers, and lower
23 labor and insurance costs for employers. Injured workers deserve high
24 quality medical care in accordance with current health care best
25 practices. To this end, the department shall establish minimum
26 standards for providers who treat workers from both state fund and
27 self-insured employers. The department shall establish a health care
28 provider network to treat injured workers, and shall accept providers
29 into the network who meet those minimum standards. The department
30 shall convene an advisory group made up of representatives from or
31 designees of the workers' compensation advisory committee and the
32 industrial insurance medical and chiropractic advisory committees to
33 consider and advise the department related to implementation of this
34 section, including development of best practices treatment guidelines
35 for providers in the network. The department shall also seek the
36 input of various health care provider groups and associations
37 concerning the network's implementation. Network providers must be
38 required to follow the department's evidence-based coverage decisions
39 and treatment guidelines, policies, and must be expected to follow

1 other national treatment guidelines appropriate for their patient.
2 The department, in collaboration with the advisory group, shall also
3 establish additional best practice standards for providers to qualify
4 for a second tier within the network, based on demonstrated use of
5 occupational health best practices. This second tier is separate from
6 and in addition to the centers for occupational health and education
7 established under subsection (5) of this section.

8 (2) (a) Upon the occurrence of any injury to a worker entitled to
9 compensation under the provisions of this title, he or she shall
10 receive proper and necessary medical and surgical services at the
11 hands of a physician (~~(or)~~), osteopathic physician, chiropractor,
12 naturopath, podiatric physician, optometrist, dentist, licensed
13 advanced registered nurse practitioner, physician assistant, or
14 psychologist in claims solely for mental health conditions, of his or
15 her own choice, if conveniently located, except as provided in (b) of
16 this subsection, and proper and necessary hospital care and services
17 during the period of his or her disability from such injury.

18 (b) Once the provider network is established in the worker's
19 geographic area, an injured worker may receive care from a nonnetwork
20 provider only for an initial office or emergency room visit. However,
21 the department or self-insurer may limit reimbursement to the
22 department's standard fee for the services. The provider must comply
23 with all applicable billing policies and must accept the department's
24 fee schedule as payment in full.

25 (c) The department, in collaboration with the advisory group,
26 shall adopt policies for the development, credentialing,
27 accreditation, and continued oversight of a network of health care
28 providers approved to treat injured workers. Health care providers
29 shall apply to the network by completing the department's provider
30 application which shall have the force of a contract with the
31 department to treat injured workers. The advisory group shall
32 recommend minimum network standards for the department to approve a
33 provider's application, to remove a provider from the network, or to
34 require peer review such as, but not limited to:

35 (i) Current malpractice insurance coverage exceeding a dollar
36 amount threshold, number, or seriousness of malpractice suits over a
37 specific time frame;

38 (ii) Previous malpractice judgments or settlements that do not
39 exceed a dollar amount threshold recommended by the advisory group,

1 or a specific number or seriousness of malpractice suits over a
2 specific time frame;

3 (iii) No licensing or disciplinary action in any jurisdiction or
4 loss of treating or admitting privileges by any board, commission,
5 agency, public or private health care payer, or hospital;

6 (iv) For some specialties such as surgeons, privileges in at
7 least one hospital;

8 (v) Whether the provider has been credentialed by another health
9 plan that follows national quality assurance guidelines; and

10 (vi) Alternative criteria for providers that are not credentialed
11 by another health plan.

12 The department shall develop alternative criteria for providers
13 that are not credentialed by another health plan or as needed to
14 address access to care concerns in certain regions.

15 (d) Network provider contracts will automatically renew at the
16 end of the contract period unless the department provides written
17 notice of changes in contract provisions or the department or
18 provider provides written notice of contract termination. The
19 industrial insurance medical advisory committee shall develop
20 criteria for removal of a provider from the network to be presented
21 to the department and advisory group for consideration in the
22 development of contract terms.

23 (e) In order to monitor quality of care and assure efficient
24 management of the provider network, the department shall establish
25 additional criteria and terms for network participation including,
26 but not limited to, requiring compliance with administrative and
27 billing policies.

28 (f) The advisory group shall recommend best practices standards
29 to the department to use in determining second tier network
30 providers. The department shall develop and implement financial and
31 nonfinancial incentives for network providers who qualify for the
32 second tier. The department is authorized to certify and decertify
33 second tier providers.

34 (3) The department shall work with self-insurers and the
35 department utilization review provider to implement utilization
36 review for the self-insured community to ensure consistent quality,
37 cost-effective care for all injured workers and employers, and to
38 reduce administrative burden for providers.

39 (4) The department for state fund claims shall pay, in accordance
40 with the department's fee schedule, for any alleged injury for which

1 a worker files a claim, any initial prescription drugs provided in
2 relation to that initial visit, without regard to whether the
3 worker's claim for benefits is allowed. In all accepted claims,
4 treatment shall be limited in point of duration as follows:

5 In the case of permanent partial disability, not to extend beyond
6 the date when compensation shall be awarded him or her, except when
7 the worker returned to work before permanent partial disability award
8 is made, in such case not to extend beyond the time when monthly
9 allowances to him or her shall cease; in case of temporary disability
10 not to extend beyond the time when monthly allowances to him or her
11 shall cease: PROVIDED, That after any injured worker has returned to
12 his or her work his or her medical and surgical treatment may be
13 continued if, and so long as, such continuation is deemed necessary
14 by the supervisor of industrial insurance to be necessary to his or
15 her more complete recovery; in case of a permanent total disability
16 not to extend beyond the date on which a lump sum settlement is made
17 with him or her or he or she is placed upon the permanent pension
18 roll: PROVIDED, HOWEVER, That the supervisor of industrial insurance,
19 solely in his or her discretion, may authorize continued medical and
20 surgical treatment for conditions previously accepted by the
21 department when such medical and surgical treatment is deemed
22 necessary by the supervisor of industrial insurance to protect such
23 worker's life or provide for the administration of medical and
24 therapeutic measures including payment of prescription medications,
25 but not including those controlled substances currently scheduled by
26 the pharmacy quality assurance commission as Schedule I, II, III, or
27 IV substances under chapter 69.50 RCW, which are necessary to
28 alleviate continuing pain which results from the industrial injury.
29 In order to authorize such continued treatment the written order of
30 the supervisor of industrial insurance issued in advance of the
31 continuation shall be necessary.

32 The supervisor of industrial insurance, the supervisor's
33 designee, or a self-insurer, in his or her sole discretion, may
34 authorize inoculation or other immunological treatment in cases in
35 which a work-related activity has resulted in probable exposure of
36 the worker to a potential infectious occupational disease.
37 Authorization of such treatment does not bind the department or self-
38 insurer in any adjudication of a claim by the same worker or the
39 worker's beneficiary for an occupational disease.

1 (5) (a) The legislature finds that the department and its business
2 and labor partners have collaborated in establishing centers for
3 occupational health and education to promote best practices and
4 prevent preventable disability by focusing additional provider-based
5 resources during the first twelve weeks following an injury. The
6 centers for occupational health and education represent innovative
7 accountable care systems in an early stage of development consistent
8 with national health care reform efforts. Many Washington workers do
9 not yet have access to these innovative health care delivery models.

10 (b) To expand evidence-based occupational health best practices,
11 the department shall establish additional centers for occupational
12 health and education, with the goal of extending access to at least
13 fifty percent of injured and ill workers by December 2013 and to all
14 injured workers by December 2015. The department shall also develop
15 additional best practices and incentives that span the entire period
16 of recovery, not only the first twelve weeks.

17 (c) The department shall certify and decertify centers for
18 occupational health and education based on criteria including
19 institutional leadership and geographic areas covered by the center
20 for occupational health and education, occupational health leadership
21 and education, mix of participating health care providers necessary
22 to address the anticipated needs of injured workers, health services
23 coordination to deliver occupational health best practices,
24 indicators to measure the success of the center for occupational
25 health and education, and agreement that the center's providers
26 shall, if feasible, treat certain injured workers if referred by the
27 department or a self-insurer.

28 (d) Health care delivery organizations may apply to the
29 department for certification as a center for occupational health and
30 education. These may include, but are not limited to, hospitals and
31 affiliated clinics and providers, multispecialty clinics, health
32 maintenance organizations, and organized systems of network
33 physicians.

34 (e) The centers for occupational health and education shall
35 implement benchmark quality indicators of occupational health best
36 practices for individual providers, developed in collaboration with
37 the department. A center for occupational health and education shall
38 remove individual providers who do not consistently meet these
39 quality benchmarks.

1 (f) The department shall develop and implement financial and
2 nonfinancial incentives for center for occupational health and
3 education providers that are based on progressive and measurable
4 gains in occupational health best practices, and that are applicable
5 throughout the duration of an injured or ill worker's episode of
6 care.

7 (g) The department shall develop electronic methods of tracking
8 evidence-based quality measures to identify and improve outcomes for
9 injured workers at risk of developing prolonged disability. In
10 addition, these methods must be used to provide systematic feedback
11 to physicians regarding quality of care, to conduct appropriate
12 objective evaluation of progress in the centers for occupational
13 health and education, and to allow efficient coordination of
14 services.

15 (6) If a provider fails to meet the minimum network standards
16 established in subsection (2) of this section, the department is
17 authorized to remove the provider from the network or take other
18 appropriate action regarding a provider's participation. The
19 department may also require remedial steps as a condition for a
20 provider to participate in the network. The department, with input
21 from the advisory group, shall establish waiting periods that may be
22 imposed before a provider who has been denied or removed from the
23 network may reapply.

24 (7) The department may permanently remove a provider from the
25 network or take other appropriate action when the provider exhibits a
26 pattern of conduct of low quality care that exposes patients to risk
27 of physical or psychiatric harm or death. Patterns that qualify as
28 risk of harm include, but are not limited to, poor health care
29 outcomes evidenced by increased, chronic, or prolonged pain or
30 decreased function due to treatments that have not been shown to be
31 curative, safe, or effective or for which it has been shown that the
32 risks of harm exceed the benefits that can be reasonably expected
33 based on peer-reviewed opinion.

34 (8) The department may not remove a health care provider from the
35 network for an isolated instance of poor health and recovery outcomes
36 due to treatment by the provider.

37 (9) When the department terminates a provider from the network,
38 the department or self-insurer shall assist an injured worker
39 currently under the provider's care in identifying a new network
40 provider or providers from whom the worker can select an attending or

1 treating provider. In such a case, the department or self-insurer
2 shall notify the injured worker that he or she must choose a new
3 attending or treating provider.

4 (10) The department may adopt rules related to this section.

5 (11) The department shall report to the workers' compensation
6 advisory committee and to the appropriate committees of the
7 legislature on each December 1st, beginning in 2012 and ending in
8 2016, on the implementation of the provider network and expansion of
9 the centers for occupational health and education. The reports must
10 include a summary of actions taken, progress toward long-term goals,
11 outcomes of key initiatives, access to care issues, results of
12 disputes or controversies related to new provisions, and whether any
13 changes are needed to further improve the occupational health best
14 practices care of injured workers.

15 **Sec. 10.** RCW 51.36.022 and 2005 c 411 s 1 are each amended to
16 read as follows:

17 (1) The legislature finds that there is a need to clarify the
18 process and standards under which the department provides residence
19 modification assistance to workers who have sustained catastrophic
20 injury.

21 (2) The director shall adopt rules that take effect no later than
22 nine months after July 24, 2005, to establish guidelines and
23 processes for residence modification pursuant to RCW 51.36.020(7).

24 (3) In developing rules under this section, the director shall
25 consult with interested persons, including persons with expertise in
26 the rehabilitation of (~~catastrophically disabled~~) individuals with
27 catastrophic disabilities and modifications for adaptive housing.

28 (4) These rules must address at least the following:

29 (a) The process for a catastrophically injured worker to access
30 the residence modification benefits provided by RCW 51.36.020; and

31 (b) How the department may address the needs and preferences of
32 the individual worker on a case-by-case basis taking into account
33 information provided by the injured worker. For purposes of
34 determining the needs and requirements of the worker under RCW
35 51.36.020, including whether a modification is medically necessary,
36 the department must consider all available information regarding the
37 medical condition and physical restrictions of the injured worker,
38 including the opinion of the worker's attending (~~health services~~)
39 provider.

1 (5) The rules should be based upon nationally accepted guidelines
2 and publications addressing adaptive residential housing. The
3 department must consider the guidelines established by the United
4 States department of veterans affairs in their publication entitled
5 "Handbook for Design: Specially Adapted Housing," and the
6 recommendations published in "The Accessible Housing Design File" by
7 Barrier Free Environments, Inc.

8 (6) In developing rules under this section, the director shall
9 consult with other persons with an interest in improving standards
10 for adaptive housing.

11 (7) The director shall report by December 2007 to the appropriate
12 committees of the legislature on the rules adopted under this
13 section.

14 **Sec. 11.** RCW 51.36.060 and 2004 c 65 s 12 are each amended to
15 read as follows:

16 (~~Physicians or licensed advanced registered nurse practitioners~~
17 ~~examining or attending injured workers~~) Attending providers under
18 this title shall comply with rules and regulations adopted by the
19 director, and shall make such reports as may be requested by the
20 department or self-insurer upon the condition or treatment of any
21 such worker, or upon any other matters concerning such workers in
22 their care. Except under RCW 49.17.210 and 49.17.250, all medical
23 information in the possession or control of any person and relevant
24 to the particular injury in the opinion of the department pertaining
25 to any worker whose injury or occupational disease is the basis of a
26 claim under this title shall be made available at any stage of the
27 proceedings to the employer, the claimant's representative, and the
28 department upon request, and no person shall incur any legal
29 liability by reason of releasing such information.

30 **Sec. 12.** RCW 51.36.070 and 2020 c 213 s 3 are each amended to
31 read as follows:

32 (1)(a) Whenever the department or the self-insurer deems it
33 necessary in order to (i) make a decision regarding claim allowance
34 or reopening, (ii) resolve a new medical issue, an appeal, or case
35 progress, or (iii) evaluate the worker's permanent disability or work
36 restriction, a worker shall submit to examination by a physician or
37 physicians selected by the department, with the rendition of a report

1 to the person ordering the examination, the attending (~~physician~~)
2 provider, and the injured worker.

3 (b) The examination must be at a place reasonably convenient to
4 the injured worker, or alternatively utilize telemedicine if the
5 department determines telemedicine is appropriate for the
6 examination. For purposes of this subsection, "reasonably convenient"
7 means at a place where residents in the injured worker's community
8 would normally travel to seek medical care for the same specialty as
9 the examiner. The department must address in rule how to accommodate
10 the injured worker if no approved medical examiner in the specialty
11 needed is available in that community.

12 (2) The department or self-insurer shall provide the physician
13 performing an examination with all relevant medical records from the
14 worker's claim file. The director, in his or her discretion, may
15 charge the cost of such examination or examinations to the self-
16 insurer or to the medical aid fund as the case may be. The cost of
17 said examination shall include payment to the worker of reasonable
18 expenses connected therewith.

19 (3) For purposes of this section, "examination" means a physical
20 or mental examination by a medical care provider licensed to practice
21 medicine, osteopathy, podiatry, chiropractic, dentistry, or
22 psychiatry at the request of the department or self-insured employer
23 or by order of the board of industrial insurance appeals.

24 (4) This section applies prospectively to all claims regardless
25 of the date of injury.

26 NEW SECTION. **Sec. 13.** This act takes effect July 1, 2024.

--- END ---