1	ENGROSSED SENATE AMENDMENT TO
2	ENGROSSED HOUSE
3	BILL NO. 1462 By: Echols of the House
	and
4	Sykes of the Senate
5	
6	
7	[Workers' compensation - modifying various
8	provisions relating to workers' compensation -
9	effective date]
10	
11	
12	AMENDMENT NO. 1. Strike the Enacting Clause
13	Passed the Senate the 26th day of April, 2017.
14	
15	
16	Presiding Officer of the Senate
17	Passed the House of Representatives the day of ,
18	2017.
	2017.
19	
20	Presiding Officer of the House
21	of Representatives
22	
23	
24	

```
1
    ENGROSSED HOUSE
    BILL NO. 1462
                                          By: Echols of the House
 2
                                                      and
 3
                                               Sykes of the Senate
 4
 5
 6
 7
            [ Workers' compensation - modifying various
              provisions relating to workers' compensation -
 8
 9
              effective date |
10
11
12
    BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
1.3
        SECTION 1. AMENDATORY
                                       Section 1, Chapter 208, O.S.L.
14
    2013 (85A O.S. Supp. 2016, Section 1), is amended to read as
15
    follows:
16
        Section 1. Sections 1 through <del>106 and 150 through 168</del> 125 of
17
    this act title shall be known and may be cited as the
18
    "Administrative Workers' Compensation Act". The provisions of the
19
    Administrative Workers' Compensation Act shall be strictly
20
    construed.
21
        SECTION 2.
                       AMENDATORY
                                       Section 2, Chapter 208, O.S.L.
22
    2013 (85A O.S. Supp. 2016, Section 2), is amended to read as
23
    follows:
24
```

- Section 2. As used in the Administrative Workers' Compensation Act:
- 1. "Actually dependent" means a surviving spouse, a child or any other person who receives one-half (1/2) or more of his or her support from the employee;
- 2. "Carrier" means any stock company, mutual company, or reciprocal or interinsurance exchange authorized to write or carry on the business of workers' compensation insurance in this state.

 Whenever required by the context, the term "carrier" shall be deemed to include duly qualified self-insureds or self-insured groups;
- 3. "Case management" means the ongoing coordination, by a case manager, of health care services provided to an injured or disabled worker, including but not limited to systematically monitoring the treatment rendered and the medical progress of the injured or disabled worker; ensuring that any treatment plan follows all appropriate treatment protocols, utilization controls and practice parameters; assessing whether alternative health care services are appropriate and delivered in a cost-effective manner based upon acceptable medical standards; and ensuring that the injured or disabled worker is following the prescribed health care plan;
- 4. "Case manager" means a person who is a registered nurse with a current, active unencumbered license from the Oklahoma Board of Nursing, or possesses one or more of the following certifications which indicate the individual has a minimum number of years of case

1 management experience, has passed a national competency test and
2 regularly obtains continuing education hours to maintain
3 certification:

- a. Certified Disability Management Specialist (CDMS),
- b. Certified Case Manager (CCM),
- c. Certified Rehabilitation Registered Nurse (CRRN),
- d. Case Manager Certified (CMC),
- e. Certified Occupational Health Nurse (COHN), or
- f. Certified Occupational Health Nurse Specialist (COHNS);
- 5. "Certified workplace medical plan" means an organization of health care providers or any other entity, certified by the State Commissioner of Health, that is authorized to enter into a contractual agreement with an employer, group self-insurance association plan, an employer's workers' compensation insurance carrier, third-party administrator or an insured to provide medical care under the Administrative Workers' Compensation Act. Certified plans shall only include plans which provide medical services and payment for services on a fee-for-service basis to medical providers;
- 6. "Child" means a natural or adopted son or daughter of the employee under eighteen (18) years of age; or a natural or adopted son or daughter of an employee eighteen (18) years of age or over who is physically or mentally incapable of self-support; or any

1	natural or adopted son or daughter of an employee eighteen (18)
2	years of age or over who is actually dependent; or any natural or
3	adopted son or daughter of an employee between eighteen (18) and
4	twenty-three (23) years of age who is enrolled as a full-time
5	student in any accredited educational institution. The term "child"
6	includes a posthumous child, a child legally adopted or one for whom
7	adoption proceedings are pending at the time of death, an actually
8	dependent stepchild or an actually dependent acknowledged child born
9	out of wedlock;

- 7. "Claimant" means a person who claims benefits for an injury or occupational disease pursuant to the provisions of the Administrative Workers' Compensation Act;
 - 8. "Commission" means the Workers' Compensation Commission;
 - 9. 8. a. "Compensable injury" means damage or harm to the physical structure of the body, or prosthetic appliances, including eyeglasses, contact lenses, or hearing aids, caused solely as the result of either an accident, cumulative trauma or occupational disease arising out of the course and scope of employment. An "accident" means an event involving factors external to the employee that:
 - (1) was unintended, unanticipated, unforeseen, unplanned and unexpected,

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

- (2) occurred at a specifically identifiable time and place,
- (3) occurred by chance or from unknown causes, and
- (4) was independent of sickness, mental incapacity, bodily infirmity or any other cause.
- b. "Compensable injury" does not include:
 - (1) injury to any active participant in assaults or combats which, although they may occur in the workplace, are the result of non-employmentrelated hostility or animus of one, both, or all of the combatants and which assault or combat amounts to a deviation from customary duties; provided, however, injuries caused by horseplay shall not be considered to be compensable injuries, except for innocent victims,
 - (2) injury incurred while engaging in or performing or as the result of engaging in or performing any recreational or social activities for the employee's personal pleasure,
 - (3) injury which was inflicted on the employee at a time when employment services were not being performed or before the employee was hired or after the employment relationship was terminated,

20

2.1

22

23

- (4)injury where the accident was caused by the use of alcohol, illegal drugs, or prescription drugs used in contravention of physician's orders. If, within twenty-four (24) hours of being injured or reporting an injury, an employee tests positive for intoxication, an illegal controlled substance, or a legal controlled substance used in contravention to a treating physician's orders, or refuses to undergo the drug and alcohol testing, there shall be a rebuttable presumption that the injury was caused by the use of alcohol, illegal drugs, or prescription drugs used in contravention of physician's orders. This presumption may only be overcome if the employee proves by objective, clear and convincing evidence that his or her state of intoxication had no causal relationship to the injury,
- (5) any strain, degeneration, damage or harm to, or disease or condition of, the eye or musculoskeletal structure or other body part resulting from the natural results of aging, osteoarthritis, arthritis, or degenerative process including, but not limited to,

1	degenerative joint disease, degenerative disc
2	disease, degenerative
3	spondylosis/spondylolisthesis and spinal
4	stenosis, or
5	(6) any <u>injury that is related to a</u> preexisting
6	condition except when <u>if</u> the treating physician
7	clearly confirms determines by objective findings
8	that the injury is an identifiable and
9	significant aggravation incurred of the
10	preexisting condition that:
11	(a) occurred in the course and scope of
12	employment <u>,</u>
13	(b) is not just a recurrence of symptoms
14	inherent in the etiology of the preexisting
15	condition, and
16	(c) is substantially caused by the work-related
17	accident.
18	c. The definition of "compensable injury" shall not be
19	construed to limit or abrogate the right to recover
20	for mental injuries as described in Section 13 of this
21	act title, heart or lung injury or illness as
22	described in Section 14 of this act <u>title</u> , or
23	occupational diseases as described in Section 65 of
24	this act title.

- d. A compensable injury shall be established by medical evidence supported by objective findings as defined in paragraph 30 26 of this section.
 - e. The injured employee shall prove by a preponderance of the evidence that he or she has suffered a compensable injury.
 - f. Benefits shall not be payable for a condition which results from a non-work-related independent intervening cause following a compensable injury which causes or prolongs disability, aggravation, or requires treatment. A non-work-related independent intervening cause does not require negligence or recklessness on the part of a claimant an employee.
 - g. An employee who suffers a compensable injury shall be entitled to receive compensation as prescribed in this act title. Notwithstanding other provisions of law, if it is determined that a compensable injury did not occur, the employee shall not be entitled to compensation under this act title;
 - 10. 9. "Compensation" means the money allowance payable to the employee or to his or her dependents and includes the medical services and supplies provided for in Section 50 of this act title and funeral expenses;

1.3

1 11. "Consequential injury" means injury or harm to a part of
2 the body that is a direct result of the injury or medical treatment
3 to the part of the body originally injured in the claim. The
4 Commission shall not make a finding of a consequential injury unless
5 it is established by objective medical evidence that medical
6 treatment for such part of the body is required;

treatment that is reasonable and necessary to maintain claimant's an employee's condition resulting from the compensable injury or illness after reaching maximum medical improvement. Continuing medical maintenance shall not include diagnostic tests, surgery, injections, counseling, physical therapy, or pain management devices or equipment;

13. 11. "Course and scope of employment" means an activity of any kind or character for which the employee was hired and that relates to and derives from the work, business, trade or profession of an employer, and is performed by an employee in the furtherance of the affairs or business of an employer. The term includes activities conducted on the premises of an employer or at other locations designated by an employer and travel by an employee in furtherance of the affairs of an employer that is specifically directed by the employer. This term does not include:

a. an employee's transportation to and from his or her place of employment,

- b. travel by an employee in furtherance of the affairs of an employer if the travel is also in furtherance of personal or private affairs of the employee,
- any injury occurring in a parking lot or other common area adjacent to an employer's place of business before the employee clocks in or otherwise begins work for the employer or after the employee clocks out or otherwise stops work for the employer, or
- d. any injury occurring while an employee is on a work break, unless the injury occurs while the employee is on a work break inside the employer's facility and the work break is authorized by the employee's supervisor;
- 14. 12. "Cumulative trauma" means an injury to an employee that is caused by the combined effect of repetitive physical activities extending over a period of time in the course and scope of employment. Cumulative trauma shall not mean fatigue, soreness or general aches and pain that may have been caused, aggravated, exacerbated or accelerated by the employee's course and scope of employment. Cumulative trauma shall have resulted directly and independently of all other causes and the employee shall have completed at least one hundred eighty (180) days of continuous active employment with the employer;
- 15. 13. "Death" means only death resulting from compensable injury as defined in paragraph 9 8 of this section;

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

1 16. 14. "Disability" means incapacity because of, based on
2 objective findings, impairment of a portion of the total
3 physiological capabilities of the human body caused by a compensable
4 injury to earn, in the same or any other employment, substantially
5 the same amount of wages the employee was receiving at the time of
6 the compensable injury;

17. 15. "Drive-away operations owner-operator" includes every person engaged in the business of transporting and delivering new or used vehicles by driving, either singly or by towbar, saddle-mount or full-mount method, or any combination thereof, with or without towing a privately owned vehicle;

18. 16.

1.3

2.1

a. "Employee" means any person, including a minor, in the service of an employer under any contract of hire or apprenticeship, written or oral, expressed or implied, but excluding one whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer and excluding one who is required to perform work for a municipality or county or the state or federal government on having been convicted of a criminal offense or while incarcerated. "Employee" shall also include a member of the Oklahoma National Guard while in the performance of duties only while in response to state

orders and any authorized voluntary or uncompensated worker, rendering services as a firefighter, peace officer or emergency management worker. Travel by a policeman, fireman, or a member of a first aid or rescue squad, in responding to and returning from an emergency, shall be deemed to be in the course of employment.

- b. The term "employee" shall not include:
 - any Act of Congress for providing compensation to employees for injuries, disease or death arising out of and in the course of employment including, but not limited to, the Federal Employees'

 Compensation Act, the Federal Employers'

 Liability Act, the Longshore and Harbor Workers'

 Compensation Act and the Jones Act, to the extent his or her employees are subject to such acts,
 - (2) any person who is employed in agriculture or horticulture by an employer who had a gross annual payroll in the preceding calendar year of less than One Hundred Thousand Dollars

 (\$100,000.00) wages for agricultural or horticultural workers, or any person who is

- employed in agriculture or horticulture who is not engaged in operation of motorized machines,
- (3) any person who is a licensed real estate sales associate or broker, paid on a commission basis,
- (4) any person who is providing services in a medical care or social services program, or who is a participant in a work or training program, administered by the Department of Human Services, unless the Department is required by federal law or regulations to provide workers' compensation for such person. This division shall not be construed to include nursing homes,
- (5) any person employed by an employer with five or fewer total employees, all of whom who are either related within the second degree by blood or marriage to the employer or are dependents living in the household of the employer, if the employer is a natural person or a general or limited partnership, or an incorporator of a corporation if the corporation is the employer, or a member or manager of a limited liability company if the limited liability company is the employer,
- (6) any person employed by an employer which is a youth sports league which qualifies for exemption

from federal income law,

law,

(7) sole proprietors,

individuals who are agreement as set of Commission franchi

Commission franchi

436.1 through 436.

liability company

(10%) of the capit

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

23

24

from federal income taxation pursuant to federal law.

- 7) sole proprietors, members of a partnership, individuals who are party to a franchise agreement as set out by the Federal Trade Commission franchise disclosure rule, 16 CFR 436.1 through 436.11, members of a limited liability company who own at least ten percent (10%) of the capital of the limited liability company or any stockholder-employees of a corporation who own ten percent (10%) or more stock in the corporation, unless they elect to be covered by a policy of insurance covering benefits under the Administrative Workers' Compensation Act,
- (8) any person providing or performing voluntary service who receives no wages for the services other than meals, drug or alcohol rehabilitative therapy, transportation, lodging or reimbursement for incidental expenses except for volunteers specifically provided for in subparagraph a of this paragraph,
- (9) a person, commonly referred to as an owneroperator, who owns or leases a truck-tractor or

23

24

truck for hire, if the owner-operator actually operates the truck-tractor or truck and if the person contracting with the owner-operator is not the lessor of the truck-tractor or truck. Provided, however, an owner-operator shall not be precluded from workers' compensation coverage under the Administrative Workers' Compensation Act if the owner-operator elects to participate as a sole proprietor,

(10)a person referred to as a drive-away owneroperator who privately owns and utilizes a tow vehicle in drive-away operations and operates independently for hire, if the drive-away owneroperator actually utilizes the tow vehicle and if the person contracting with the drive-away owneroperator is not the lessor of the tow vehicle. Provided, however, a drive-away owner-operator shall not be precluded from workers' compensation coverage under the Administrative Workers' Compensation Act if the drive-away owner-operator elects to participate as a sole proprietor, and (11)any person who is employed as a domestic servant

a gross annual payroll in the preceding calendar

year of less than Fifty Thousand Dollars

(\$50,000.00) for such workers;

19. 17. "Employer" means a person, partnership, association, limited liability company, corporation, and the legal representatives of a deceased employer, or the receiver or trustee of a person, partnership, association, corporation, or limited liability company, departments, instrumentalities and institutions of this state and divisions thereof, counties and divisions thereof, public trusts, boards of education and incorporated cities or towns and divisions thereof, employing a person included within the term "employee" as defined in this section. Employer may also mean the employer's workers' compensation insurance carrier, if applicable. Except as provided otherwise, this act the Administrative Workers' Compensation Act applies to all public and private entities and institutions. Employer shall not include a qualified employer with an employee benefit plan as provided under the Oklahoma Employee Injury Benefit Act in Sections 107 through 120 of this act;

20. 18. "Employment" includes work or labor in a trade, business, occupation or activity carried on by an employer or any authorized voluntary or uncompensated worker rendering services as a firefighter, peace officer or emergency management worker;

21. "Evidence-based" means expert-based, literature-supported and outcomes validated by well-designed randomized trials when such

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- 1 information is available and which uses the best available evidence
 2 to support medical decision making;
- 22. "Gainful employment" means the capacity to perform

 4 employment for wages for a period of time that is not part-time,

 5 occasional or sporadic;
- 6 23. 19. "Impairment" means a loss of, or loss of the formation
 7 of, a body part, organ or system;
- 20. "Impaired self-insurer" means a private self-insurer or 8 9 group self-insurance association that fails to pay its workers' 10 compensation obligations, or is financially unable to do so and is the subject of any proceeding under the Federal Bankruptcy Reform 11 12 Act of 1978, and any subsequent amendments or is the subject of any 13 proceeding in which a receiver, custodian, liquidator, 14 rehabilitator, trustee or similar officer has been appointed by a 15 court of competent jurisdiction to act in lieu of or on behalf of 16 the self-insurer;
 - 24. "Incapacity" means inadequate strength or ability to perform a work-related task;
- 19 <u>25. 21.</u> "Insurance Commissioner" means the Insurance 20 Commissioner of the State of Oklahoma;
- 21 <u>26. 22.</u> "Insurance Department" means the Insurance Department 22 of the State of Oklahoma;
- 23 27. "Major cause" means more than fifty percent (50%) of the
 24 resulting injury, disease or illness. A finding of major cause

1 shall be established by a preponderance of the evidence. A finding that the workplace was not a major cause of the injury, disease or 2 3 illness shall not adversely affect the exclusive remedy provisions of this act and shall not create a separate cause of action outside 4 5 this act; 6 28. 23. "Maximum medical improvement" means that no further 7 material improvement would reasonably be expected from medical treatment or the passage of time; 9 29. 24. "Medical services" means those services specified in 10 Section 50 of this act title; 11 "Misconduct" shall include the following: 30. 25. 12 a. unexplained absenteeism or tardiness, 1.3 b. willful or wanton indifference to or neglect of the 14 duties required, 15 willful or wanton breach of any duty required by the C. 16 employer, 17 d. the mismanagement of a position of employment by 18 action or inaction, 19 actions or omissions that place in jeopardy the e. 20 health, life, or property of self or others, 2.1 f. dishonesty, 22 wrongdoing, g.

violation of a law, or

h.

ENGR. H. B. NO. 1462

23

2.1

i. a violation of a policy or rule adopted to ensure orderly work or the safety of self or others;

31. 26.

- a. (1) "Objective findings" are those means findings

 based on objective medical evidence which cannot come under the voluntary control of the patient.
 - (2) (a) When determining permanent disability, a physician, any other medical provider, an administrative law judge, the Commission or the courts shall not consider complaints of pain.
 - (b) For the purpose of making permanent disability ratings to the spine, physicians shall use criteria established by the most current edition Sixth Edition of the American Medical Association "Guides to the Evaluation of Permanent Impairment".
 - (3) (a) Objective evidence necessary to prove permanent disability in occupational hearing loss cases may be established by medically recognized and accepted clinical diagnostic methodologies, including, but not limited to, audiological tests that measure air and

bone conduction thresholds and speech
discrimination ability.

- (b) Any difference in the baseline hearing levels shall be confirmed by subsequent testing; provided, however, such test shall be given within four (4) weeks of the initial baseline hearing level test but not before five (5) days after being adjusted for presbycusis.
- b. Medical opinions addressing compensability and permanent disability shall be stated within a reasonable degree of medical certainty;
- 32. 27. "Official Disability Guidelines" or "ODG" means the current edition Sixth Edition of the Official Disability Guidelines and the ODG Treatment in Workers' Comp Compensation as published by the Work Loss Data Institute;
- 33. 28. "Occupational disease" means a disease arising out of and in the course and scope of employment that causes damage or harm to the physical structure of the body. The term includes a disease or infection that naturally results from the work-related disease.

 The term does not include an ordinary disease of life to which the general public is exposed outside of employment unless that disease is an incident to a compensable injury or work-related disease;

29. "Permanent disability" means the extent, expressed as a percentage, of the permanent loss of a portion of the total physiological capabilities of the human body as established by competent medical evidence and caused by a compensable injury based on the current edition Sixth Edition of the American Medical Association guides "Guides to the evaluation Evaluation of impairment Permanent Impairment", if the impairment is contained therein;

34. "Permanent partial disability" means a permanent disability or loss of use after maximum medical improvement has been reached which prevents the injured employee, who has been released to return to work by the treating physician, from returning to his or her pre-injury or equivalent job. All evaluations of permanent partial disability must be supported by objective findings;

35. "Permanent total disability" means, based on objective findings, incapacity, based upon accidental injury or occupational disease, to earn wages in any employment for which the employee may become physically suited and reasonably fitted by education, training, experience or vocational rehabilitation provided under this act. Loss of both hands, both feet, both legs, or both eyes, or any two thereof, shall constitute permanent total disability;

36. 30. "Preexisting condition" means any illness, injury, disease, or other physical or mental condition, whether or not work-

related, for which medical advice, diagnosis, care or treatment was recommended or received preceding the date of injury;

37. "Pre-injury or equivalent job" means the job that the claimant was working for the employer at the time the injury occurred or any other employment offered by the claimant's employer that pays at least one hundred percent (100%) of the employee's average weekly wage;

38. 31. "Private self-insurer" means a private employer that has been authorized to self-insure its workers' compensation obligations pursuant to this act title, but does not include group self-insurance associations authorized by this act title, or any public employer that self-insures pursuant to this act title;

 $39.\ 32.$ "Prosthetic" means an artificial device used to replace a part or joint of the body that is lost or injured in an accident or illness covered by this act title;

40. "Scheduled member" or "member" means hands, fingers, arms, legs, feet, toes, and eyes. In addition, for purposes of the Multiple Injury Trust Fund only, "scheduled member" means hearing impairment;

41. "Scientifically based" involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to medical testing, diagnoses and treatment; is adequate to justify the general conclusions drawn; and has been accepted by a peer-review journal or approved by a panel of

1 independent experts through a comparably rigorous, objective, and scientific review; 42. 33. "State average weekly wage" means the state average 3 weekly wage determined by the Oklahoma Employment Security 4 5 Commission in the preceding calendar year. If such determination is not available, the Commission shall determine the wage annually 6 7 after reasonable investigation; 43. 34. "Subcontractor" means a person, firm, corporation or 8 9 other legal entity hired by the general or prime contractor to 10

perform a specific task for the completion of a work-related activity;

44. "Surgery" does not include an injection, or the forcing of fluids beneath the skin, for treatment or diagnosis;

45. 35. "Surviving spouse" means the employee's spouse by reason of a legal marriage recognized by the State of Oklahoma or under the requirements of a common law marriage in this state, as determined by the Workers' Compensation Commission;

46. "Temporary partial disability" means an injured employee who is temporarily unable to perform his or her job, but may perform alternative work offered by the employer;

47. "Time of accident" or "date of accident" means the time or date of the occurrence of the accidental incident from which compensable injury, disability, or death results; and

24

11

12

13

14

15

16

17

18

19

20

21

22

- 48. 36. "Total loss of use" means a one-hundred-percent permanent partial disability rating to the specific body part; and
- 37. "Wages" means money compensation received for employment at the time of the accident, including the reasonable value of board, rent, housing, lodging, or similar advantage received from the employer and includes the amount of tips required to be reported by the employer under Section 6053 of the Internal Revenue Code and the regulations promulgated pursuant thereto or the amount of actual tips reported, whichever amount is greater.
- SECTION 3. AMENDATORY Section 3, Chapter 208, O.S.L.

 2013 (85A O.S. Supp. 2016, Section 3), is amended to read as

 follows:
 - Section 3. A. Every employer and every employee, unless otherwise specifically provided in this act title, shall be subject and bound to the provisions of the Administrative Workers'

 Compensation Act. However, nothing in this act title shall be construed to conflict with any valid Act of Congress governing the liability of employers for injuries received by their employees.
 - B. This act title shall apply only to claims for injuries and death based on accidents which occur on or after the effective date of this act February 1, 2014.
 - C. The Workers' Compensation Code in effect before the effective date of this act February 1, 2014, shall govern all rights

- in respect to claims for injuries and death based on accidents occurring before the effective date of this act February 1, 2014.
 - D. If an employee files a workers' compensation claim or receives benefits in another jurisdiction, the employee is not eligible to receive benefits under this title for the same injury.
- 6 SECTION 4. AMENDATORY Section 4, Chapter 208, O.S.L.
- 7 2013 (85A O.S. Supp. 2016, Section 4), is amended to read as 8 follows:
 - Section 4. A. If any part of this act title be decided by the courts to be unconstitutional or invalid, the same shall not affect the validity of this act title as a whole, or any part thereof other than the part so decided to be unconstitutional or invalid.
 - B. If the adjudication of unconstitutionality has the effect of invalidating any payment of compensation under this act title, the amount of any compensation paid under this act title on account of the injury shall be deducted from the amount of damages awarded in the action in respect to the injury.
- SECTION 5. AMENDATORY Section 5, Chapter 208, O.S.L.
- 19 2013 (85A O.S. Supp. 2016, Section 5), is amended to read as
- 20 follows:

2

3

4

5

9

10

11

12

1.3

14

15

16

- Section 5. A. The rights and remedies granted to an employee
- 22 subject to the provisions of the Administrative Workers'
- 23 Compensation Act shall be exclusive of all other rights and remedies
- of the employee, his <u>or her</u> legal representative, dependents, next

of kin, or anyone else claiming rights to recovery on behalf of the employee against the employer, or any principal, officer, director, employee, stockholder, partner, or prime contractor of the employer on account of injury, illness, or death. Negligent acts of a coemployee may not be imputed to the employer. No role, capacity, or persona of any employer, principal, officer, director, employee, or stockholder other than that existing in the role of employer of the employee shall be relevant for consideration for purposes of this act title, and the remedies and rights provided by this act title shall be exclusive regardless of the multiple roles, capacities, or personas the employer may be deemed to have. For the purpose of extending the immunity of this section, any operator or owner of an oil or gas well or other operation for exploring for, drilling for, or producing oil or gas shall be deemed to be an intermediate or principal employer for services performed at a drill site or location with respect to injured or deceased workers whose immediate employer was hired by such operator or owner at the time of the injury or death.

- B. Exclusive remedy shall not apply if:
- 1. An employer fails to secure the payment of compensation due to the employee as required by this act title. An injured employee, or his or her legal representative in case death results from the injury, may, at his or her option, elect to claim compensation under

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

- this act or to maintain a legal action in court for damages on account of the injury or death; or
- 2. The injury was caused by an intentional tort committed by the employer. An intentional tort shall exist only when the employee is injured as a result of willful, deliberate, specific intent of the employer to cause such injury. Allegations or proof that the employer had knowledge that the injury was substantially certain to result from the employer's conduct shall not constitute an intentional tort. The employee shall plead facts that show it is at least as likely as it is not that the employer acted with the purpose of injuring the employee. The issue of whether an act is an intentional tort shall be a question of law.
- C. The immunity from civil liability described in subsection A of this section shall apply regardless of whether the injured employee is denied compensation or deemed ineligible to receive compensation under this act title.
- D. If an employer has failed to secure the payment of compensation for his or her injured employee as provided for in this act title, an injured employee, or his or her legal representative if death results from the injury, may maintain an action in the district court for damages on account of such injury.
- E. The immunity created by the provisions of this section shall not extend to action against another employer, or its employees, on the same job as the injured or deceased worker where such other

- employer does not stand in the position of an intermediate or principal employer to the immediate employer of the injured or deceased worker.
- F. The immunity created by the provisions of this section shall not extend to action against another employer, or its employees, on the same job as the injured or deceased worker even though such other employer may be considered as standing in the position of a special master of a loaned servant where such special master neither is the immediate employer of the injured or deceased worker nor stands in the position of an intermediate or principal employer to the immediate employer of the injured or deceased worker.
- G. This section shall not be construed to abrogate the loaned servant doctrine in any respect other than that described in subsection F of this section. Nothing in this act title shall be construed to relieve the employer from any other penalty provided for in this act title for failure to secure the payment of compensation under this act title.
- H. For the purpose of extending the immunity of this section, any architect, professional engineer, or land surveyor shall be deemed an intermediate or principal employer for services performed at or on the site of a construction project, but this immunity shall not extend to the negligent preparation of design plans and specifications.

2.1

I. If the employer has failed to secure the payment of workers' compensation insurance or become an approved self-insured as provided in this act title or in the case of an intentional tort, the injured employee or his or her legal representative may maintain an action either before the Commission or in the district court, but not both.

SECTION 6. AMENDATORY Section 6, Chapter 208, O.S.L. 2013, as amended by Section 1, Chapter 390, O.S.L. 2015 (85A O.S. Supp. 2016, Section 6), is amended to read as follows:

Section 6.

- A. 1. a. Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:
 - (1) obtaining any benefit or payment,
 - (2) increasing any claim for benefit or payment, or
 - (3) obtaining workers' compensation coverage under this act title,

shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

A material false statement or representation includes,
 but is not limited to, attempting to obtain treatment

- or compensation for body parts that were not injured
 in the course and scope of employment.
 - c. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Workers' Compensation Fund administered by the Workers' Compensation Commission.
 - 2. Any person or entity with whom any person identified in division (1) of subparagraph a of paragraph 1 of this subsection has conspired to achieve the proscribed ends shall, by reason of such conspiracy, be guilty as a principal of a felony.
 - B. A copy of division (1) of subparagraph a of paragraph 1 of subsection A of this section shall be included on all forms prescribed by the Commission for the use of injured employees claiming benefits and for the use of employers in responding to employees' claims under this act title.
 - C. Where If the Commission or the Attorney General finds that a violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section has been committed, or that any other criminal violations in furtherance of the provisions of this act title were committed, the chair of the Commission or the Attorney General shall refer the matter for appropriate action to the prosecuting attorney having criminal jurisdiction over the matter.

- D. 1. a. There shall be established within the Office of the

 Attorney General a Workers' Compensation Fraud

 Investigation Unit, funded by the Commission. The

 Attorney General shall appoint a Director of the

 Workers' Compensation Fraud Investigation Unit, who

 may also serve as the director of any other designated

 insurance fraud investigation division within the

 Attorney General's office.
 - b. (1) The Unit shall investigate workers' compensation fraud, any additional criminal violations that may be related to workers' compensation fraud, and any other insurance fraud matters as may be assigned at the discretion of the Attorney General.
 - (2) The Attorney General shall designate the personnel assigned to the Unit, who, on meeting the qualifications established by the Oklahoma Council on Law Enforcement Education and Training, shall have the powers of specialized law enforcement officers of the State of Oklahoma for the purpose of conducting investigations under this subparagraph. Personnel hired as specialized law enforcement officers shall have a minimum of three (3) years of certified law

1.3

2.0

2.1

enforcement experience or its equivalent in

national or military law enforcement experience

as approved by the Oklahoma Council on Law

Enforcement Education and Training.

- 2. The Attorney General and his or her deputies and assistants and the Director of the Workers' Compensation Fraud Investigation
 Unit and his or her deputies and assistants shall be vested with the power of enforcing the requirements of this section.
- 3. It shall be the duty of the Unit to assist the Attorney General in the performance of his or her duties. The Unit shall determine the identity of employees in this state who have violated division (1) of subparagraph a of paragraph 1 of subsection A of this section and report the violation to the Office of the Attorney General and the Commission. The Attorney General shall report the violation to the prosecuting attorney having jurisdiction over the matter.
 - 4. a. In the course of any investigation being conducted by the Unit, the Attorney General and his or her deputies and assistants and the Director and his or her deputies and assistants shall have the power of subpoena and may:
 - (1) subpoena witnesses,
 - (2) administer oaths or affirmations and examine any individual under oath, and

1.3

2.1

2.1

- (3) require and compel the production of records, books, papers, contracts, and other documents.
- b. The issuance of subpoenas for witnesses shall be served in the same manner as if issued by a district court.
- c. (1) Upon application by the commissioner Commission or the Director of the Unit, the district court located in the county where a subpoena was served may issue an order compelling an individual to comply with the subpoena to testify.
 - (2) Any failure to obey the order of the court may be punished as contempt.
- d. If any person has refused in connection with an investigation by the Director to be examined under oath concerning his or her affairs, then the Director is authorized to conduct and enforce by all appropriate and available means any examination under oath in any state or territory of the United States in which any officer, director, or manager may then presently be to the full extent permitted by the laws of the state or territory.
- e. In addition to the punishments described in paragraph

 1 of subsection A of this section, any person

 providing false testimony under oath or affirmation in

this state as to any matter material to any investigation or hearing conducted under this subparagraph, or any workers' compensation hearing, shall upon conviction be guilty of perjury.

- 5. Fees and mileage of the officers serving the subpoenas and of the witnesses in answer to subpoenas shall be as provided by law.
 - 6. a. Every carrier or employer who has reason to suspect that a violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section has occurred shall be required to report all pertinent matters to the unit.
 - b. No carrier or employer who makes a report for a suspected violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section by an employee shall be liable to the employee unless the carrier or employer knowingly and intentionally included false information in the report.
 - c. (1) Any carrier or employer who willfully and knowingly fails to report a violation under division (1) of subparagraph a of paragraph 1 of subsection A of this section shall be guilty of a misdemeanor and on conviction shall be punished by a fine not to exceed One Thousand Dollars (\$1,000.00).

- (2) Fifty percent (50%) of any criminal fine imposed and collected under this subparagraph shall be paid and allocated in accordance with applicable law to the fund administered by the Commission.
- d. Any employee may report suspected violations of division (1) of subparagraph a of paragraph 1 of subsection A of this section. No employee who makes a report shall be liable to the employee whose suspected violations have been reported.
- E. 1. For the purpose of imposing criminal sanctions or a fine for violation of the duties of this act title, the prosecuting attorney shall have the right and discretion to proceed against any person or organization responsible for such violations, both corporate and individual liability being intended by this act title.
- 2. The prosecuting attorney of the district to whom a suspected violation of subsection A of this section, or any other criminal violations that may be related thereto, have been referred shall, for the purpose of assisting him or her in such prosecutions, have the authority to appoint as special deputy prosecuting attorneys licensed attorneys—at—law in the employment of the Unit or any other designated insurance fraud investigation division within the Attorney General's office. Such special deputy prosecuting attorneys shall, for the purpose of the prosecutions to which they

- are assigned, be responsible to and report to the prosecuting attorney.
 - F. Notwithstanding any other provision of law, investigatory files as maintained by the Attorney General's office and by the Unit shall be deemed confidential and privileged. The files may be made open to the public once the investigation is closed by the Director of the Workers' Compensation Fraud Investigation Unit with the consent of the Attorney General.
 - G. The Attorney General, with the cooperation and assistance of the Commission, is authorized to establish rules as may be necessary to carry out the provisions of this section.
 - H. Nothing in this section shall be deemed to create a civil cause of action.
 - I. The Commission shall include a statement on all forms for notices and instructions to employees, employers, carriers and third-party administrators that any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.
 - J. If an injured employee is charged with workers' compensation fraud, any pending workers' compensation proceeding, including benefits, shall be stayed after the preliminary hearing is concluded and the claimant employee is bound over and shall remain stayed until the final disposition of the criminal case. All notice requirements shall continue during the stay.

1.3

K. If the Attorney General's Office is in compliance with the discovery provisions of Section 258 of Title 22 of the Oklahoma Statutes, medical records created for the purpose of treatment and medical opinions obtained during the investigation shall be admissible at the preliminary hearing without the appearance of the medical professional creating such records or opinions. However, when material evidence dispositive to the issues of whether there was probable cause the crime was committed and whether the defendant committed the crime, was not included in a report or opinion admitted at preliminary hearing, but might be presented at a pretrial hearing by a medical professional who created such report or opinion, the judge may, upon the motion of either party, order the appearance of the medical professional creating such report or opinion. Questions of fact regarding the conduct of the defendant that conflict with the findings of the medical professional evaluating the defendant shall not constitute material evidence. the event of such motion, notice shall be given to the Attorney General's Workers' Compensation Fraud and Investigation and Prosecution Unit. A hearing shall be held and, if the motion is granted, the evidence shall not be presented fewer than five (5) days later.

L. Any person or entity who, in good faith and exercising due care, reports suspected workers' compensation fraud or insurance fraud, or who allows access to medical records or other information

1

2

3

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- 1 pertaining to suspected workers' compensation or insurance fraud, by
- 2 persons authorized to investigate a report concerning the workers'
- 3 | compensation and insurance fraud, shall have immunity from any civil
- 4 or criminal liability for such report or access. Any such person or
- 5 entity shall have the same immunity with respect to participation in
- 6 any judicial proceeding resulting from such reports. For purposes
- 7 of any civil or criminal proceeding, there shall be a presumption of
- 8 good faith of any person making a report, providing medical records
- 9 or providing information pertaining to a workers' compensation or
- 10 | insurance fraud investigation by the Attorney General, and
- 11 | participating in a judicial proceeding resulting from a subpoena or
- 12 a report.
- SECTION 7. AMENDATORY Section 7, Chapter 208, O.S.L.
- 14 | 2013 (85A O.S. Supp. 2016, Section 7), is amended to read as
- 15 | follows:
- Section 7. A. An employer may not discriminate or retaliate
- 17 | against an employee when the employee has in good faith:
- 18 1. Filed a claim under this act title;
- 2. Retained a lawyer for representation regarding a claim under
- 20 | this act title;
- 3. Instituted or caused to be instituted any proceeding under
- 22 | the provisions of this act title; or
- 4. Testified or is about to testify in any proceeding under the
- 24 provisions of this act title.

- B. The Commission shall have exclusive jurisdiction to hear and decide claims based on subsection A of this section.
- that the defendant an employer violated subsection A a provision of this section, the Commission may award the employee back pay up to a maximum of One Hundred Thousand Dollars (\$100,000.00), such employer shall be liable for reasonable compensatory damages suffered by an employee as a result of the violation. The employee shall have the burden of proof to show such violation by a preponderance of the evidence. Interim earnings or amounts earnable with reasonable diligence by the person discriminated against shall reduce the back pay compensatory damages otherwise allowable. Exemplary or punitive damage awards made pursuant to this section shall not exceed One Hundred Thousand Dollars (\$100,000.00).
- $\frac{D.}{C.}$ The prevailing party shall be entitled to recover costs and a reasonable attorney fee.
- E. D. No employer may discharge an employee during a period of temporary total disability for the sole reason of being absent from work or for the purpose of avoiding payment of temporary total disability benefits to the injured employee.
- F. E. Notwithstanding any other provision of this section, an employer shall not be required to rehire or retain an employee who, after temporary total disability has been exhausted, is determined

- by a physician to be physically unable to perform his or her assigned duties, or whose position is no longer available.
 - $G. \ \underline{F.}$ This section shall not be construed as establishing an exception to the employment-at-will doctrine.
 - H. G. The remedies provided for in this section shall be exclusive with respect to any claim arising out of the conduct described in subsection A of this section.
- 8 SECTION 8. AMENDATORY Section 8, Chapter 208, O.S.L.
- 9 2013 (85A O.S. Supp. 2016, Section 8), is amended to read as 10 follows:
 - Section 8. A. No agreement by an employee to waive his or her right to compensation shall be valid. No contract, regulation, or device shall operate to relieve the employer or carrier, in whole or in part, from any liability created by this act title, except as specifically provided in this act title.
 - B. Any officer of a corporation, sole proprietor, partner of a partnership, member of a limited liability company, member of a professional association, or self-employed employer who is not a subcontractor and who owns and operates his or her own business may, by agreement or contract, exclude himself or herself from coverage or waive his or her right to coverage or compensation under this act title.

- 1 SECTION 9. AMENDATORY Section 9, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 9), is amended to read as
- 3 | follows:
- 4 Section 9. No agreement by an employee to pay any portion of
- 5 the premium paid by his or her employer to a carrier or a benefit
- 6 | fund or department maintained by the employer for the purpose of
- 7 | providing compensation or medical services and supplies as required
- 8 by this act title shall be valid. Any employer who makes a
- 9 deduction for such purposes from the pay of any employee entitled to
- 10 | the benefits of this act title shall be guilty of a misdemeanor.
- 11 SECTION 10. AMENDATORY Section 13, Chapter 208, O.S.L.
- 12 | 2013 (85A O.S. Supp. 2016, Section 13), is amended to read as
- 13 follows:
- 14 Section 13. A. 1. A mental injury or illness is not a
- 15 | compensable injury unless caused by a physical injury to the
- 16 employee, and shall not be considered an injury arising out of and
- 17 | in the course and scope of employment or compensable unless
- 18 demonstrated by a preponderance of the evidence; provided, however,
- 19 | that this physical injury limitation shall not apply to any victim
- 20 of a crime of violence.
- 21 2. No mental injury or illness under this section shall be
- 22 | compensable unless it is also diagnosed by a licensed psychiatrist
- or psychologist and unless the diagnosis of the condition meets the

- criteria established in the most current issue of the Diagnostic and Statistical Manual of Mental Disorders.
- B. 1. Notwithstanding any other provision of this act title, where if a claim is for mental injury or illness, the employee shall be limited to twenty-six (26) weeks of disability benefits unless it is shown by clear and convincing evidence that benefits should continue for a set period of time, not to exceed a total of fifty-two (52) weeks.
 - 2. a. In cases where death results directly from the mental injury or illness within a period of one (1) year, compensation shall be paid the dependents as provided in other death cases under this act title.
 - b. Death directly or indirectly related to the mental injury or illness occurring one (1) year or more from the incident resulting in the mental injury or illness shall not be a compensable injury.
- SECTION 11. AMENDATORY Section 14, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 14), is amended to read as follows:
 - Section 14. A. A cardiovascular, coronary, pulmonary, respiratory, or cerebrovascular accident or myocardial infarction causing injury, illness, or death is a compensable injury only if τ in relation to other factors contributing to the physical harm, the course and scope of employment was the major cause.

1.3

B. 1. An injury or disease included in subsection A of this
section shall not be deemed to be a compensable injury unless it is
shown that the exertion of the work necessary to precipitate the
disability or death was extraordinary and unusual in comparison to
the employee's usual work in the course of the employee's regular
employment, or that some unusual and unpredicted incident occurred
which is found to have been the major cause of the physical harm.

- 2. Physical or mental stress shall not be considered in determining whether the employee or claimant has met his or her burden of proof:
 - 1. It occurred at a definite time and place;
- 2. It was caused by a specific event occurring in the course and scope of employment;
- 3. The preponderance of the evidence indicates that the employee's work rather than the natural progression of a preexisting condition was the main contributing factor; and
- 17 <u>4. It was not triggered by physical or mental stress.</u>
- 18 SECTION 12. AMENDATORY Section 16, Chapter 208, O.S.L.
- 19 2013 (85A O.S. Supp. 2016, Section 16), is amended to read as
- 20 follows:

8

9

10

11

12

13

14

15

16

Section 16. A. The Official Disability Guidelines — Treatment
in Workers Compensation (ODG), published by the Work Loss Data

Institute, is to be recognized as the primary shall be the mandatory
standard of reference, at the time of treatment, in determining the

```
1
   frequency and extent of services presumed to be medically necessary
   and appropriate for compensable injuries under this act, or in
3
   resolving such matters in the event a dispute arises. The medical
4
   treatment guidelines are not requirements, nor are they mandates or
5
   standards; they provide advice by identifying the care most likely
   to benefit injured workers. The guidelines shall be evidence-based,
6
7
   scientifically valid, outcome focused, and designed to reduce
   excessive or inappropriate medical care while safeguarding necessary
8
9
   medical care.
```

- B. Physicians providing care to an employee shall prescribe for the employee any necessary prescription drugs and over-the-counter alternatives to prescription medicine as clinically appropriate and as recommended under the Official Disability Guidelines.

 Prescriptions and nonprescription drugs that are not preferred,
- exceed or are not addressed by ODG the Official Disability

 Guidelines require preauthorization and the preauthorization request

 shall include the prescribing doctor's drug regimen plan of care and

 the anticipated dosage or range of dosages.
- SECTION 13. AMENDATORY Section 17, Chapter 208, O.S.L. 20 2013 (85A O.S. Supp. 2016, Section 17), is amended to read as follows:
- Section 17. A. There is hereby created a Physician Advisory

 Committee comprised of nine (9) members to be appointed as follows:

10

11

12

13

- 1. The Governor shall appoint three members, one of whom shall be licensed in this state as a doctor of medicine and surgery, one of whom shall be engaged in the practice of family medicine in a rural community of the state, and one of whom shall be an osteopathic physician;
- 2. The President Pro Tempore of the Senate shall appoint three members, one of whom shall be licensed in this state as a doctor of medicine and orthopedic surgery, one of whom shall be licensed in this state either as a doctor of medicine or a doctor of osteopathy and a neurosurgeon, and one of whom shall be licensed in this state as a podiatric physician; and
- 3. The Speaker of the House of Representatives shall appoint three members, one of whom shall be licensed in this state as an osteopathic physician, one of whom shall be licensed in this state either as a doctor of medicine or a doctor of osteopathy and shall be engaged in the practice of occupational medicine, and one of whom shall be licensed in this state as a chiropractic physician.

Any member serving on the effective date of this section shall serve the remainder of his or her term. Thereafter, each position will be filled by the appointing official for a term of three (3) years. Members shall be subject to reappointment, with any new appointee to serve out the remainder of the unexpired term of the Committee member so replaced.

B. The Committee shall:

- 1. Assist and advise the Workers' Compensation Commission regarding utilization review as it relates to the medical practice and treatment of work-related injuries. Such utilization review shall include a review of reasonable and necessary medical treatment; abusive practices; needless treatments, testing, or procedures; or a pattern of billing in excess of or in violation of the Schedule of Medical Fees. The Physician Advisory Committee shall review and make findings and recommendations to the Commission with respect to charges of inappropriate or unnecessary treatment or procedures, abusive practices, or excessive billing disclosed through utilization review;
- 2. Assist the Commission in reviewing medical practices of health care providers, including evaluations of permanent disability provided by health care providers. The Committee shall review and make findings and recommendations to the Commission with respect to charges of abusive practices by health care providers providing medical services or evaluations of permanent partial disability through the workers' compensation system;
- 3. After public hearing, review and make recommendations for acceptable deviations from the <u>Sixth Edition of the</u> American Medical Association's "Guides to the Evaluation of Permanent Impairment";
- 4. After public hearing, adopt Physician Advisory Committee Guidelines (PACG) and protocols for only medical treatment not

- 1 addressed by the latest edition of the Official Disability
 2 Guidelines;
 - 5. After public hearing, adopt Physician Advisory Committee
 Guidelines for the prescription and dispensing of any controlled
 substance included in Schedule II of the Uniform Controlled
 Dangerous Substances Act if not addressed by the current edition of the Official Disability Guidelines;
 - 6. Review utilization on cases or of providers when requested by any employer, injured employee or insurer. The Committee may issue a public or private censure to any provider for utilization which is excessive or inadequate, or recommend the Commission order treatment within the treatment guidelines;
 - 7. Provide general recommendations to the Commission on the issues of injury causation and apportionment;
 - 8. Conduct educational seminars for the Commission, employers, employees, and other interested parties;
 - 9. Assist the Commission in accessing medical information from scientific literature; and
- 10. Report its progress annually to the Governor, the President
 20 Pro Tempore of the Senate, and the Speaker of the House of
 21 Representatives.
- C. The Commission shall recognize the latest edition of the
 Official Disability Guidelines as the primary standard of reference,
 at the time of treatment, in determining the frequency and extent of

4

5

6

7

10

11

12

13

14

15

16

17

- services presumed to be medically necessary and appropriate for compensable injuries under this act title, or in resolving such matters in the event a dispute arises.
 - D. Members of the Physician Advisory Committee shall receive no compensation for serving on the Committee but shall be reimbursed by the Commission for their necessary travel expenses incurred in the performance of their duties in accordance with the State Travel Reimbursement Act.
 - E. Meetings of the Physician Advisory Committee shall be called by the Commission but held at least quarterly. The presence of a majority of the members shall constitute a quorum. No action shall be taken by the Physician Advisory Committee without the affirmative vote of at least a majority of the members.
 - F. The Commission shall provide office supplies and personnel of the Commission to assist the Committee in the performance of its duties.
 - G. Upon written request, the Insurance Commissioner, CompSource Oklahoma, and every approved self-insured employer in Oklahoma shall provide the Committee with data necessary to the performance of its duties.
- H. Any health care provider acting in good faith and within the scope of the provider's duties as a member of the Physician Advisory Committee shall be immune from civil liability for making any report or other information available to the judges of the Commission or to

- 1 | the Commission or for assisting in the origination, investigation,
- 2 or preparation of the report or other information so provided.
- 3 SECTION 14. AMENDATORY Section 18, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 18), is amended to read as
- 5 | follows:
- 6 Section 18. A. No hospital, physician, or other health care
- 7 provider shall bill or attempt to collect any fee or any portion of
- 8 | a fee for services rendered to an employee due to a work-related
- 9 injury or report to any credit-reporting agency any failure of the
- 10 employee to make the payment, when a claim for compensation has been
- 11 | filed under this act title and the hospital, physician, or health
- 12 | care provider has received actual notice given in writing by the
- 13 employee or the employee's representative. Actual notice shall be
- 14 deemed received by the hospital, physician, or health care provider
- 15 | five (5) days after mailing by certified mail or sending by
- 16 | facsimile, electronic mail or other electronic means with
- 17 | confirmation of receipt by the employee or his or her representative
- 18 to the hospital, physician, or health care provider.
- 19 B. The notice shall include:
- 20 | 1. The name of the employer;
- 21 2. The name of the insurer, if known;
- 3. The name of the employee receiving the services;
- 4. The general nature of the injury, if known; and
- 5. Where a claim has been filed, the claim number, if known.

- C. When an injury or bill is found to be noncompensable under this act, the hospital, physician, or other health care provider shall be entitled to pursue the employee for any unpaid portion of the fee or other charges for authorized services provided to the employee. Any applicable statute of limitations for an action for the fees or other charges shall be tolled from the time notice is given to the hospital, physician, or other health care provider until a determination of noncompensability in regard to the injury which is the basis of the services is made, or if there is an appeal, until a final determination of noncompensability is rendered and all appeal deadlines have passed.
- This section shall not avoid void, modify, or amend any other section or subsection of this act title.
- An order by the Commission under this section shall stay all proceedings for collection.
- 16 SECTION 15. AMENDATORY Section 19, Chapter 208, O.S.L. 17 2013, as amended by Section 4, H.J.R. No. 1096, p. 1745, O.S.L. 2014 18

(85A O.S. Supp. 2016, Section 19), is amended to read as follows:

Section 19. A. There is hereby created the The Oklahoma Workers' Compensation Commission, is an executive agency of the State of Oklahoma, which shall have has the exclusive responsibility and duty to carry out the provisions of this act title, except as otherwise provided.

24

1

2

3

4

5

6

7

8

10

11

12

13

14

15

19

20

21

22

The Commission shall consist of three (3) full-time commissioners, each two of whom must have been involved in the workers' compensation field for at least three (3) years, appointed by the Governor: one of whom is chosen from a slate of three selected by the Speaker of the House of Representatives, with all three confirmed by the Senate. The term of each appointee shall be six (6) years to administer the provisions of this act title. Governor may request a subsequent slate of nominees from the Speaker of the House of Representatives if a suitable nominee is not found. Any or all of the commissioners may be reappointed for additional six-year terms upon reconfirmation by the Senate. However, the initial commissioners shall serve staggered terms of two (2), four (4), and six (6) years, respectively, as determined by the Governor. If the Legislature is not in session at the time of appointment, the appointment shall be subject to confirmation by the Senate upon convening of the next regular session of the Legislature. Membership on the Commission shall be a full-time position and no commissioner shall have any other employment, unless authorized or excused by law. Each commissioner shall receive a salary equal to that paid to a district judge of this state; provided however, the commissioners shall not receive any increase in salary as a result of the provisions of Section 1 of this resolution House Joint Resolution No. 1096 of the 2nd Session of the 54th Oklahoma Legislature.

1

2

3

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- C. The Commission shall have the authority to adopt reasonable rules within its respective areas of responsibility including the rules of procedure for administrative hearings, after notice and public hearing, for effecting the purposes of this act title, in accordance with the Oklahoma Administrative Procedures Act. All rules, upon adoption, shall be published and be made available to the public and, if not inconsistent with the law, shall be binding in the administration of this act title.
- D. The principal office of the Commission shall be situated in the City of Oklahoma City in quarters assigned by the Office of Management and Enterprise Services. The Commission shall maintain and keep open, during reasonable business hours, the office in Oklahoma City, for the transaction of business, at which office its official records and papers shall be kept. The Commission or any commissioner may hold hearings in any city of this state.
- E. The Governor shall appoint one of the commissioners to be chair of the Commission. In addition to other duties, the chair of the Commission shall have the following powers and duties:
- 1. To organize, direct and develop the administrative work of the administrative law judges, including but not limited to docketing, clerical, technical and financial work and establishment of hours of operation;
- 23 2. To employ administrative staff for the Commission, within budgetary limitation; and

- 3. Such other duties and responsibilities authorized by law or as the Commission may prescribe.
- F. All appeals or disputes arising from actions of the Commission shall be governed by provisions of this act title and the Commission shall not be subject to the provisions of the Oklahoma Administrative Procedures Act, except as provided in this act title.
- G. When any commissioner of the Commission is disqualified for any reason to hear and participate in the determination of any matter pending before the Commission, the Governor shall appoint a qualified person to hear and participate in the decision on the particular matter. The special commissioner so appointed shall have all authority and responsibility with respect to the particular matter before the Commission as if the person were a regular commissioner of the Commission but shall have no authority or responsibility with respect to any other matter before the Commission. A person appointed as a special commissioner of the Commission under the provisions of this subsection shall be entitled to receive a per diem equal to the annual salary of the commissioners prorated for the number of days he or she serves in the capacity of a special commissioner of the Commission. Furthermore, when a vacancy on the Commission occurs or is certain to occur, the position shall be filled pursuant to the provisions of this section The power of the Commission to decide issues of fact does not include the power to determine the constitutionality of

2

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- 1 provisions of this title or the constitutionality of application of
- 2 | the provisions of this title.
- 3 SECTION 16. AMENDATORY Section 20, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 20), is amended to read as
- 5 follows:
- 6 Section 20. A. In addition to its other duties and powers, the
- 7 | Workers' Compensation Commission is given and granted full power and
- 8 | authority:
- 9 1. To appoint administrative law judges to hear all claims for
- 10 | compensation, including claims based on injuries which occurred
- 11 outside this state for which compensation is payable under this act
- 12 | title. An administrative law judge shall have been licensed to
- 13 practice law in this state for a period of not less than three (3)
- 14 | years and shall have not less than three (3) years of workers'
- 15 | compensation experience prior to appointment;
- 2. To remand any case to an administrative law judge for the
- 17 | purpose of taking additional evidence;
- 18 3. To assess penalties;
- 19 4. To prescribe rules governing the representation of
- 20 employees, employers, and carriers in respect to claims before the
- 21 | Commission;
- 5. To make available all records in connection with all cases
- of personal injury to the Oklahoma Department of Labor. The
- 24 | Commissioner of Labor may propose rules for the prevention of

- injuries and transmit the rules to the Commission. The Commission
 may recommend proposed rules for prevention of injuries to the
- 3 Commissioner of Labor; and

1.3

14

- 6. To have and exercise all other powers and duties conferred or imposed by this act title.
- B. 1. In addition to the other powers and duties granted to the Commission in this section and otherwise provided by law, the Commission is authorized to establish and impose reasonable administrative fees to recover the cost of preparation of various informative materials distributed by the Commission.
- 2. The administrative fees shall be established by regulation of the Commission.
 - 3. Funds derived from administrative fees shall be deposited into the Workers' Compensation Fund to be used to defray expenses incurred in preparation and distribution of materials.
- SECTION 17. AMENDATORY Section 21, Chapter 208, O.S.L.
- 17 | 2013 (85A O.S. Supp. 2016, Section 21), is amended to read as 18 | follows:
- Section 21. A. Commissioners shall be considered officers and shall take the oath prescribed by the Oklahoma Constitution and the laws of this state.
- B. 1. A majority of the Workers' Compensation Commission shall constitute a quorum for the transaction of business, and vacancies shall not impair the right of the remaining commissioners to

- 1 exercise all the powers of the full Commission, so long as a 2 majority remains.
 - 2. Any investigation, inquiry, or hearing which the Commission is authorized to hold or undertake may be held or undertaken by or before any one commissioner of the Commission, or appointee acting for him or her, under authorization of the Commission.
 - C. The Commission shall have a seal for authentication of its judgments, awards, and proceedings, on which shall be inscribed the words: "Workers' Compensation Commission, State of Oklahoma".
 - D. Except with respect to the Commission's authority to hear appeals of decisions from administrative law judges other than as provided pursuant to subsection B of Section 78 of this title, any reference in this act title to the Commission's ability to hear and decide the rights of interested parties under this act title shall not prevent it from delegating that responsibility to an administrative law judge.
- SECTION 18. AMENDATORY Section 22, Chapter 208, O.S.L.

 18 2013 (85A O.S. Supp. 2016, Section 22), is amended to read as

 19 follows:
- Section 22. A. 1. For the purpose of administering the provisions of this act title, the Workers' Compensation Commission is authorized:
 - a. to make rules necessary for the administration and operation of the Commission,

5

6

7

10

11

12

13

14

15

16

23

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

20

21

22

23

- b. to appoint and fix the compensation of temporary technical assistants, medical and legal advisers, clerical assistants and other officers and employees, and
- to make such expenditures, including those for personal service, rent, books, periodicals, office equipment, and supplies, and for printing and binding as may be necessary.
- 2. a. Before the adoption, prescription, amendment,

 modification, or repeal of any rule, regulation, or

 form, the Commission shall give at least thirty (30)

 days' notice of its intended action.
 - b. The notice shall include a statement of the terms or substance of the intended action or description of the subjects and issues involved, and the time, place, and manner in which interested persons may present their views thereon.
 - the notice shall be mailed to any person specified by law or who shall have requested advance notice of rule-making proceedings.
- 3. The Commission shall afford all interested persons a reasonable opportunity to submit written data, views, or arguments, and, if the Commission in its discretion shall so direct, oral testimony or argument.

- 4. Each rule, regulation, or form adopted by the Commission shall be effective twenty (20) days after adoption unless a later date is specified by law or in the rule itself.
- 5. All expenditures of the Commission in the administration of this act shall be allowed and paid from the Workers' Compensation

 Fund on the presentation of itemized vouchers approved by the The

 Commission shall comply with the provisions of the Administrative

 Procedures Act applicable to the filing and publication requirements for rules.
- B. 1. The Commission may appoint as many persons as may be necessary to be administrative law judges and in addition may appoint such examiners, investigators, medical examiners, clerks, and other employees as it deems necessary to effectuate the provisions of this act title.
- 2. Employees appointed under this subsection shall receive an annual salary to be fixed by the Commission.
- C. Additionally, the Commission shall have the following powers and duties:
 - 1. To hear and approve compromise settlements;
- 2. To review and approve own-risk applications and group self-insurance association applications;
- 3. To monitor own-risk, self-insurer and group self-insurance programs, in accordance with the rules of the Commission;

1 4. To contract with an appropriate state governmental entity, 2 insurance carrier or approved service organization to process, 3 investigate and pay valid claims against an impaired self-insurer which fails, due to insolvency or otherwise, to pay its workers' 4 5 compensation obligations, charges for which shall be paid from the proceeds of security posted with the Commission as provided in 6 7

Section 38 of this act;

8

12

13

14

15

16

17

18

19

20

21

22

23

- 5. To establish a toll-free telephone number in order to provide information and answer questions about the Commission;
- 10 6. 5. To hear and determine claims concerning disputed medical 11 bills;
 - 7. 6. To promulgate necessary rules for administering this act title and develop uniform forms and procedures for use by administrative law judges. Such rules shall be reviewable by the Legislature;
 - 8. 7. To invest funds on behalf of the Multiple Injury Trust Fund;
 - 9. 8. To appoint a Commission Mediator to conduct informal sessions to attempt to resolve assigned disputes; and
 - 10. 9. Such other duties and responsibilities authorized by law.
 - It shall be the duty of an administrative law judge, under the rules adopted by the Commission, to hear and determine claims for compensation and to conduct hearings and investigations and to

- 1 make such judgments, decisions, and determinations as may be
- 2 required by any rule or judgment of the Commission.
- 3 SECTION 19. AMENDATORY Section 24, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 24), is amended to read as
- 5 follows:
- 6 Section 24. On or before the first day of the regular session
- 7 of the Legislature, the Workers' Compensation Commission shall
- 8 | submit to the Governor and the Legislature a report of the
- 9 administration of this act title for the preceding biennial period,
- 10 together with such recommendations as the Commission may deem
- 11 advisable.
- 12 SECTION 20. AMENDATORY Section 25, Chapter 208, O.S.L.
- 13 | 2013 (85A O.S. Supp. 2016, Section 25), is amended to read as
- 14 | follows:
- 15 | Section 25. The Workers' Compensation Commission shall publish
- 16 annually, on an aggregate basis, information pertaining to the
- 17 distribution of workers' compensation insurance premiums, losses,
- 18 expenses, and net income to be compiled from reports required to be
- 19 | filed with the Insurance Commissioner or any similar information
- 20 required to be filed by the Insurance Commissioner regarding
- 21 | workers' compensation insurance. The Commission shall also publish
- 22 | in the annual report information regarding aggregate workers'
- compensation benefit distribution to claimants employees, medical
- 24 providers, and attorneys, if available.

1 SECTION 21. AMENDATORY Section 27, Chapter 208, O.S.L. 2 2013 (85A O.S. Supp. 2016, Section 27), is amended to read as 3 follows: 4 Section 27. A. The Workers' Compensation Commission shall be 5 vested with jurisdiction over all claims filed pursuant to the Administrative Workers' Compensation Act. All claims so filed shall 6 7 be heard by the administrative law judge sitting without a jury. The Commission shall have full power and authority to determine all 8 9 questions in relation to claims for compensation under the 10 provisions of the Administrative Workers' Compensation Act. The 11 Commission, upon application of either party, shall order a hearing. 12 Upon a hearing, either party may present evidence and be represented 13 by counsel. Except as provided in this act title, the decision of 14 the administrative law judge shall be final as to all questions of 15 fact and law. The decision of the administrative law judge shall be 16 issued within thirty (30) days following the submission of the case 17 by the parties. The power and jurisdiction of the Commission over 18 each case shall be continuing and it may, from time to time, make 19 such modifications or changes with respect to former findings or 20 orders relating thereto if, in its opinion, it may be justified. 21 In addition to the duties set forth in this section, the 22 administrative law judges shall have the following duties and

24

23

powers:

- 1. To hear and determine claims for compensation, to conduct
 2 hearings and investigations, and to make such judgments, decisions,
 3 and determinations as may be required by any rule or judgment of the
 4 Commission;
 - 2. To hear and determine challenges to an agreement to arbitrate under the Workers' Compensation Arbitration Act;
 - 3. To assume duties within the Workers' Compensation Court of Existing Claims as assigned by the Commission; and
 - 4. To have and exercise all other powers and duties conferred or imposed by the Commission or this act title.
- 11 SECTION 22. AMENDATORY Section 29, Chapter 208, O.S.L.
- 12 2013 (85A O.S. Supp. 2016, Section 29), is amended to read as
- 13 follows:

6

7

10

14

15

16

17

18

- Section 29. A. Each carrier writing compensation insurance in this state shall pay to the <u>Workers' Compensation</u> Commission at the time of securing <u>or renewing</u> a license to transact business in this state <u>an annual fee of</u> One Thousand Dollars (\$1,000.00) for the privilege of qualifying with the Commission for the writing of compensation insurance.
- B. Each self-insurer shall pay to the Commission <u>an annual fee</u>
 of One Thousand Dollars (\$1,000.00) at the time it is approved to
 self-insure the obligations under this act title.
- C. The Commission may assess third-party administrators an annual fee of One Thousand Dollars (\$1,000.00).

- D. Fees required pursuant to this section shall be deposited into the Workers' Compensation Fund.
- 3 | SECTION 23. AMENDATORY Section 30, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 30), is amended to read as
- 5 follows:

1.3

14

15

16

17

18

19

20

21

22

23

- Section 30. A. For the purposes of Sections 31 through 35 of
 this act title, the term "physically impaired person" means a person
 who, as a result of accident, disease, birth, military action, or
 any other cause, has suffered:
- 10 | 1. The loss of the sight of one eye;
- 2. The loss by amputation of the whole or a part of a member of the body;
 - 3. The loss of use or partial loss of use of a member such as is obvious and apparent from observation or examination by a person who is not skilled in the medical profession; or
 - 4. Any previous adjudications of disability adjudged and determined by the Workers' Compensation Court or the Workers' Compensation Commission or any disability resulting from separately adjudicated injuries and adjudicated occupational diseases even though arising at the same time. Provided, that any adjudication of preexisting disability to a part of the body shall not be combinable for purposes of the Multiple Injury Trust Fund unless that part of the body was deemed to have been injured in the claim being adjudicated.

- B. This section shall apply to all adjudications of Multiple Injury Trust Fund claims heard by the Commission on or after the effective date of this act February 1, 2014.
- 4 SECTION 24. Section 31, Chapter 208, O.S.L. AMENDATORY 5 2013, as amended by Section 3, Chapter 344, O.S.L. 2015 (85A O.S. Supp. 2016, Section 31), is amended to read as follows:
- 7 Section 31. A. The Multiple Injury Trust Fund shall be derived
 - from the following additional sources:
 - 1. As soon as practicable after January 1 of each year, the commissioners of the Workers' Compensation Commission shall establish an assessment rate applicable to each mutual or interinsurance association, stock company, CompSource Oklahoma, or other insurance carrier writing workers' compensation insurance in this state, each employer carrying its own risk, and each group self-insurance association, for amounts for purposes of computing the assessment authorized by this section necessary to pay the annual obligations of the Multiple Injury Trust Fund determined on or before December 31 of each year by the MITF Director, provided for in subsection P of this section, to be outstanding for the next calendar year, and to pay the allocations provided for in subsection I of this section. The rate shall be equal for all parties required to pay the assessment. If CompSource begins operating as a mutual insurance company, the Board of Directors for CompSource Mutual Insurance Company shall have the power to disapprove the rate

2

3

6

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

established by the MITF Director until the Multiple Injury Trust Fund repays in full the amount due on any loan from CompSource Mutual Insurance Company or its predecessor CompSource Oklahoma. the MITF Director and CompSource have not agreed on the assessment rate within thirty (30) days, the Commission shall set an assessment rate sufficient to cover all foreseeable obligations of the Multiple Injury Trust Fund, including interest and principal owed by the Fund on any loan. The rate in effect on the effective date of this act February 1, 2014, shall remain effective through June 30, 2014;

- 2. The Oklahoma Tax Commission shall assess and collect from any uninsured employer a temporary assessment at the rate of five percent (5%) of the total compensation for permanent total disability awards, permanent partial disability awards, and death benefits paid out during each quarter of the calendar year by the employers;
- 3. The assessments shall be paid to the Tax Commission.

 Insurance carriers, self-insurers, group self-insurance associations and CompSource Oklahoma shall pay the assessment in four equal installments not later than the fifteenth day of the month following the close of each quarter of the calendar year of the assessment.

 Assessments shall be determined based upon gross direct written premiums, normal premiums or actual paid losses of the paying party, as applicable, during the calendar quarter for which the assessment is due. Uninsured employers shall pay the assessment not later than

the fifteenth day of the month following the close of each quarter
of the calendar year of the assessment. For purposes of this
section, "uninsured employer" means an employer required by law to
carry workers' compensation insurance but who has failed or
neglected to do so.

a. The assessment authorized in this section shall be determined using a rate equal to the proportion that the sum of the outstanding obligations of the Multiple Injury Trust Fund as determined pursuant to paragraph 1 of this subsection and the allocations provided for in subsection I of this section bear to the combined gross direct written premiums of all such insurers; all actual paid losses of all individual selfinsureds; and the normal premium of all group selfinsurance associations, for the year period from January 1 to December 31 preceding the assessment.

- b. For purposes of this subsection:
 - (1) "actual paid losses" means all medical and indemnity payments, including temporary disability, permanent disability, and death benefits, and excluding loss adjustment expenses and reserves, and
 - (2) "normal premium" means a standard premium less
 any discounts;

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

23

- 4. By April 15 of each year, the Insurance Commissioner, the MITF Director and each individual and group self-insured shall provide the Commission with such information as the Commission may determine is necessary to effectuate the purposes of this section;
- 5. Each mutual or interinsurance association, stock company, CompSource Oklahoma, or other insurance carrier writing workers' compensation insurance in this state, and each employer carrying its own risk, including each group self-insurance association, shall be notified by the Commission in writing of the rate for the assessment on or before May 1 of each year in which a rate is determined. The rate determined by the Commission shall be in effect for four calendar quarters beginning July 1 following determination by the Commission; and
 - 6. a. No mutual or interinsurance association, stock company, CompSource Oklahoma, or other insurance carrier writing workers' compensation insurance in this state may be assessed in any year an amount greater than six percent (6%) of the gross direct written premiums of that insurer.
 - b. No employer carrying its own risk may be assessed in any year an amount greater than six percent (6%) of the total actual paid losses of that individual selfinsured.

1.3

2.1

- c. No group self-insurance association may be assessed in any year an amount greater than six percent (6%) of the normal premium of that group self-insurance association.
- d. If the maximum assessment does not provide in any one year an amount sufficient to make all necessary payments for obligations of the Multiple Injury Trust Fund and for the allocations provided for in subsection I of this section, the unpaid portion shall be paid as soon thereafter as funds become available.
- B. The Multiple Injury Trust Fund is hereby authorized to receive and expend monies appropriated by the Legislature.
- C. It shall be the duty of the Tax Commission to collect the payments provided for in this act. The Tax Commission is hereby authorized to bring an action for the recovery of any delinquent or unpaid payments required in this section.
- D. Any mutual or interinsurance association, stock company, or other insurance company, which is subject to regulation by the Insurance Commissioner, or CompSource Oklahoma, failing to make payments required in this act title promptly and correctly, and failing to report payment of the same to the Insurance Commission Commissioner within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or

1.3

an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Insurance Commissioner.

- E. Any employer carrying its own risk, or group self-insurance association failing to make payments required in this act title promptly and correctly, and failing to report payment of the same to the Workers' Compensation Commission within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Commission.
- F. 1. On or before the first day of April of each year, the State Treasurer shall advise the Workers' Compensation Commission, the MITF Director and the Tax Commission of the amount of money held as of March 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund. On or before the first day of November of each year, the State Treasurer shall advise the Commission, the MITF Director and the Tax Commission of the amount of money held as of October 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund.
- 2. Until such time as the Multiple Injury Trust Fund fully satisfies any loan obligation payable to CompSource Mutual Insurance Company or its predecessor CompSource Oklahoma, the State Treasurer shall:

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- a. advise the Chief Executive Officer of CompSource on or before the first day of April of the money held as of March 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund, and
- b. advise the Chief Executive Officer of CompSource on or

 before the first day of November of the money held as

 of October 1 of that year by the State Treasurer to

 the credit of the Multiple Injury Trust Fund.
- G. Eighty percent (80%) of all sums held by the State Treasurer to the credit of the Multiple Injury Trust Fund may by order of the MITF Director be invested in or loaned on the pledge of any of the securities in which a state bank may invest the monies deposited therein by the State Treasurer; or may be deposited in state or national banks or trust companies upon insured time deposit bearing interest at a rate no less than currently being paid upon insured savings accounts in the institutions. As used in this section, "insured" means insurance as provided by an agency of the federal government. All such securities or evidence of indebtedness shall be placed in the hands of the State Treasurer, who shall be the custodian thereof, who shall collect the principal and interest when due, and pay the same into the Multiple Injury Trust Fund. State Treasurer shall pay by vouchers drawn on the Multiple Injury Trust Fund for the making of such investments, when signed by the MITF Director, upon delivery of such securities or evidence of

- indebtedness to the State Treasurer. The MITF Director may sell any of such securities, the proceeds thereof to be paid over to the State Treasurer for the Multiple Injury Trust Fund.
 - H. The refund provisions of Sections 227 through 229 of Title 68 of the Oklahoma Statutes shall be applicable to any payments made to the Multiple Injury Trust Fund. Refunds shall be paid from and out of the Multiple Injury Trust Fund.
 - I. The Tax Commission shall pay, monthly, to the State

 Treasurer to the credit of the Multiple Injury Trust Fund all monies

 collected pursuant to the provisions of this section. The State

 Treasurer shall pay out of the Multiple Injury Trust Fund only upon

 the order and direction of the Workers' Compensation Commission

 acting under the provisions hereof.
 - J. The Commission shall promulgate rules as the Commission deems necessary to effectuate the provisions of this section.
 - K. The Insurance Commissioner shall promulgate rules relating to insurers as defined in Title 36 of the Oklahoma Statutes, as the Insurance Commissioner deems necessary to effectuate the provisions of this section.
 - L. The MITF Director shall have authority to fulfill all payment obligations of the Multiple Injury Trust Fund.
 - M. The Multiple Injury Trust Fund may enter into an agreement with any reinsurer licensed to sell reinsurance by the Insurance Commissioner pursuant to a competitive process administered by the

- Director of Central Purchasing in the Office of Management and Enterprise Services.
 - N. Any dividend, rebate, or other distribution, payable by CompSource Oklahoma or any other workers' compensation insurance carrier, to a state agency policyholder shall be paid to the State Treasurer, and shall be credited as follows:
 - 1. In the event of failure of the Multiple Injury Trust Fund to meet all lawful obligations, the monies shall be credited to the Multiple Injury Trust Fund and shall be used by the Multiple Injury Trust Fund to meet all lawful obligations of the Multiple Injury Trust Fund; and
 - 2. Otherwise, all future dividends made by CompSource Oklahoma or any workers' compensation insurance carrier, on behalf of state agencies, shall be deposited to the credit of the General Revenue Fund of the State Treasury.
 - O. The Workers' Compensation Commission shall be charged with the administration and protection of the Multiple Injury Trust Fund.
 - P. The person serving as the Administrator of the Multiple
 Injury Trust Fund on the date of passage and approval of this act

 May 5, 2013, shall serve as the initial MITF Director, provided such person is serving as the Administrator of the Multiple Injury Trust

 Fund on the effective date of this act February 1, 2014. The MITF Director shall be appointed by and serve at the pleasure of the Governor.

- Q. Any party interested shall have a right to bring a proceeding in the Supreme Court to review an award of the Commission affecting such Multiple Injury Trust Fund, in the same manner as is provided by law with reference to other awards by the Commission.
- R. The State Treasurer shall allocate to the Commission out of the Multiple Injury Trust Fund sufficient funds for administration expenses thereof in amounts to be fixed and approved by the Administrator for the Multiple Injury Trust Fund, unless rejected by the Commission.
- SECTION 25. AMENDATORY Section 32, Chapter 208, O.S.L.

 2013 (85A O.S. Supp. 2016, Section 32), is amended to read as

 follows:
 - Section 32. A. For actions in which the subsequent injury occurred on or after November 1, 2005, if such combined disabilities constitute permanent total disability, as defined provided for in subsection D of Section 2 45 of this act title, the employee shall receive full compensation as provided by law for the disability resulting directly and specifically from the subsequent injury. In addition, the employee shall receive compensation for permanent total disability if the combination of injuries renders the employee permanently and totally disabled. The employer shall be liable only for the degree of percent of disability which would have resulted from the subsequent injury if there had been no preexisting impairment disability. The compensation rate for permanent total

- disability awards from the Multiple Injury Trust Fund shall be the compensation rate for permanent partial disability paid by the employer in the last combinable compensable injury.
 - B. Permanent total disability awards from the Multiple Injury
 Trust Fund shall be payable in periodic installments for a period of
 fifteen (15) years or until the employee reaches sixty-five (65)
 years of age, whichever period is longer.
 - C. Permanent total disability awards from the Multiple Injury

 Trust Fund shall accrue from the file date of the order of the

 Workers' Compensation Commission finding the claimant employee to be permanently and totally disabled.
 - D. Awards under this section shall abate upon the death, from any cause, of the employee.
 - E. Reopening any prior claim other than the last claim against the employer shall not give a claimant an employee the right to additional Multiple Injury Trust Fund benefits.
 - F. The Multiple Injury Trust Fund shall have authority to compromise a claim for less than the indicated amount of permanent total disability. An order entered after the effective date of this act February 1, 2014, may be paid in periodic installments beginning on the date of the award, or may be commuted to a lump-sum payment or payments, by agreement of the claimant employee and the Multiple Injury Trust Fund.

- G. An attorney for a claimant an employee against the Multiple Injury Trust Fund shall be entitled to a fee equal to twenty percent (20%) of permanent disability benefits awarded. For awards entered after the effective date of this act February 1, 2014, the attorney fee shall be paid in periodic installments by the attorney receiving every fifth check. All benefits awarded to the attorney shall be vested.
- H. In the event a claimant an employee receiving benefits for permanent and total disability from the Multiple Injury Trust Fund dies as a result of his or her injury before the award has been fully paid, payments shall continue to the surviving spouse for five (5) years or upon remarriage, whichever occurs first. In no event shall payments to the surviving spouse extend beyond the period of benefits awarded to the claimant employee.
- SECTION 26. AMENDATORY Section 33, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 33), is amended to read as follows:
 - Section 33. A. The right to claim compensation for benefits from the Multiple Injury Trust Fund shall be forever barred unless a Notice of Claim, on a form prescribed by the Workers' Compensation Commission, shall be filed with the Commission within two (2) years of the date of the last order for permanent partial disability from the latest claim against the employer.

- B. When a claim for benefits from the Multiple Injury Trust

 Fund is filed, unless claimant the employee shall in good faith

 request a hearing and final determination thereon within three (3)

 years of the filing thereof, the same shall be barred.
- C. An attorney who represents a respondent or insurance carrier in a claim against the last employer shall not represent the employee in a subsequent claim against the Multiple Injury Trust Fund.
- 9 SECTION 27. AMENDATORY Section 35, Chapter 208, O.S.L.
 10 2013 (85A O.S. Supp. 2016, Section 35), is amended to read as
 11 follows:
 - Section 35. A. 1. Every employer shall secure compensation as provided under this act title to its employees for compensable injuries without regard to fault.
 - 2. There shall be no liability for compensation under this act where title if the injury or death was substantially occasioned by the willful intention of the injured employee to bring about such compensable injury or death.
 - B. The primary obligation to pay compensation is on the employer, and the procurement of a policy of insurance by an employer to cover the obligation in respect to this act title shall not relieve the employer of the obligation.

- SECTION 28. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 36.1 of Title 85A, unless there is created a duplication in numbering, reads as follows:
- A. Any person who is not required to be covered under a workers' compensation insurance policy or other plan for the payment of workers' compensation may execute an Affidavit of Exempt Status under the Administrative Workers' Compensation Act. The affidavit shall be a form prescribed by the Workers' Compensation Commission and will be available on the Commission's website.
- B. Execution of the affidavit shall establish a rebuttable presumption that the executor is not an employee for purposes of the Administrative Workers' Compensation Act and therefore shall not be eligible to seek workers' compensation benefits against any contractor.
- C. The execution of an affidavit shall not affect the rights or coverage of any employee of the individual executing the affidavit.
- D. The lack of an executed affidavit under this section shall not prejudice any defense by an employer to a claim for workers' compensation benefits.
- E. 1. Knowingly providing false information on a notarized

 Affidavit of Exempt Status under the Administrative Workers'

 Compensation Act shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00).

- 2. Affidavits shall conspicuously state on the front thereof in at least ten-point, boldface print that it is a crime to falsify information on the form.
- 3. The Commission shall immediately notify the Workers'
 Compensation Fraud Unit in the Office of the Attorney General of any
 violations or suspected violations of this section. The Commission
 shall cooperate with the Fraud Unit in any investigation involving
 affidavits executed pursuant to this section.
- F. The Commission may assess a fee not to exceed Fifty Dollars (\$50.00) for an Affidavit of Exempt Status application. Fees collected pursuant to this section shall be deposited in the State Treasury to the credit of the Workers' Compensation Commission Revolving Fund.
- G. If an employer relies in good faith on proof of a valid workers' compensation insurance policy issued to a contractor of any tier or on proof of an Affidavit of Exempt Status under this section, the employer shall not be liable for injuries of any employees of the contractor.
- 19 SECTION 29. AMENDATORY Section 38, Chapter 208, O.S.L. 20 2013 (85A O.S. Supp. 2016, Section 38), is amended to read as
- Section 38. A. An employer shall secure compensation to employees under this act title in one of the following ways:

1.3

follows:

- 1. By insuring and keeping insured the payment of compensation with any stock corporation, mutual association, or other concerns authorized to transact the business of workers' compensation insurance in this state. When an insurer issues a policy to provide workers' compensation benefits under the provisions of this act title, it shall file a notice with the Workers' Compensation Commission containing the name, address, and principal occupation of the employer, the number, effective date, and expiration date of the policy, and such other information as may be required by the Commission. The notice shall be filed by the insurer within thirty (30) days after the effective date of the policy. Any insurer who does not file the notice required by this paragraph shall be subject to a fine by the Commission of not more than One Thousand Dollars (\$1,000.00);
- 2. By obtaining and keeping in force guaranty insurance with any company authorized to do guaranty business in this state. Each company that issues workers' compensation guaranty insurance shall file a copy of the contract with the Commission within thirty (30) days after the effective date of the contract. Any company that does not file a copy of the contract as required by this paragraph shall be subject to a fine by the Commission of not more than One Thousand Dollars (\$1,000.00);
- 3. By furnishing satisfactory proof to the Commission of the employer's financial ability to pay the compensation. The

1 Commission, under rules adopted by the Insurance Department 2 Commission, shall require any employer that has: 3 less than one hundred employees or less than One a. Million Dollars (\$1,000,000.00) in net assets to: 4 5 deposit with the Commission securities, an irrevocable letter of credit or a surety bond 6 7 payable to the state, in an amount determined by the Commission which shall be at least an average 8 9 of the yearly claims for the last three (3) 10 years, or 11 (2) provide proof of excess coverage with such terms 12 and conditions as is commensurate with their 1.3 ability to pay the benefits required by the 14 provisions of this act title, and 15 one hundred or more employees and One Million Dollars b. 16 (\$1,000,000.00) or more in net assets to: 17 (1)secure a surety bond payable to the state, or an 18 irrevocable letter of credit, in an amount 19 determined by the Commission which shall be at 20 least an average of the yearly claims for the 2.1 last three (3) years, or 22 provide proof of excess coverage with terms and (2) 23 conditions that are commensurate with their

ability to pay the benefits required by the provisions of this act title;

- 4. By forming a group self-insurance association consisting of two or more employers which shall have a common interest and which shall have entered into an agreement to pool their liabilities under the Administrative Workers' Compensation Act. Such agreement shall be subject to rules of the Commission. Any employer, upon application to become a member of a group self-insurance association, shall file with the Commission a notice, in such form as prescribed by the Commission, acknowledging that the employer accepts joint and several liability. Upon approval by the Commission of such application for membership, said member shall be a qualified self-insured employer; or
 - 5. By any other security as may be approved by the Commission and the Insurance Department.
- B. The Commission may waive the requirements of this section in an amount which is commensurate with the ability of the employer to pay the benefits required by the provisions of this act title.

 Irrevocable letters of credit required by this subsection shall contain such terms as may be prescribed by the Commission and shall be issued for the benefit of the state by a financial institution whose deposits are insured by the Federal Deposit Insurance Corporation.

1.3

- C. An employer who does not fulfill the requirements of this section is not relieved of the obligation to pay compensation under this act title. The security required under this section, including any interest, shall be maintained by the Commission as provided in this act title until each claim for benefits is paid, settled, or lapses under this act title, and costs of administration of such claims are paid.
- D. Failure on the part of any employer to secure the payment of compensation provided in this act shall have the effect of enabling the Commission to assert the rights of an injured employee against the employer.
- E. Any employer that knowingly provides false information to the Commission for purposes of securing or maintaining a self-insurance permit shall be guilty of a felony and subject to a maximum fine of Ten Thousand Dollars (\$10,000.00).
- SECTION 30. AMENDATORY Section 39, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 39), is amended to read as follows:
 - Section 39. A. In order that the liability for compensation may be effectively administered, the employer's carrier may discharge the obligations and duties of the employer under this act title if the employer is not a self-insurer.
- B. For the purpose of an employer's carrier discharging the obligation and duties of the employer:

- 1. An employer's knowledge of an injury shall constitute the 2 carrier's knowledge of the injury;
 - 2. The <u>Workers' Compensation</u> Commission shall have jurisdiction over the carrier to the same extent it has over the employer under this act title; and
 - 3. Any determinations by the Commission shall be binding on the carrier to the same extent as they are on the employer.
- 8 SECTION 31. AMENDATORY Section 40, Chapter 208, O.S.L.
- 9 2013 (85A O.S. Supp. 2016, Section 40), is amended to read as
- 10 follows:

4

5

6

7

16

- Section 40. A. 1. Any employer who fails to secure

 compensation required under this act title, upon conviction, shall

 be guilty of a misdemeanor and subject to a fine of up to Ten

 Thousand Dollars (\$10,000.00) to be deposited in the Workers'

 Compensation Fund.
 - 2. This subsection shall not affect any other liability of the employer under this act title.
- B. 1. Whenever the <u>Workers' Compensation</u> Commission has reason to believe that any employer required to secure the payment of compensation under this <u>act title</u> has failed to do so, the Commission shall serve on the employer a proposed judgment declaring the employer to be in violation of this <u>act title</u> and containing the amount, if any, of the civil penalty to be assessed against the employer under paragraph 5 of this subsection.

- 2. a. An employer may contest a proposed judgment of the Commission issued under paragraph 1 of this subsection by filing with the Commission, within twenty (20) days of receipt of the proposed judgment, a written request for a hearing.
 - b. The request for a hearing does not need to be in any particular form but shall specify the grounds on which the person contests the proposed judgment, the proposed assessment, or both.
 - c. If a written request for hearing is not filed with the Commission within the time specified in subparagraph a of this paragraph, the proposed judgment, the proposed penalty, or both, shall be a final judgment of the Commission and shall not be subject to further review by any court, except if the employer shows good cause why it did not timely contest the judgment or penalty.
 - d. A proposed judgment by the Commission under this section shall be prima facie correct, and the burden is on the employer to prove that the proposed judgment is incorrect.
- 3. a. If the employer alleges that a carrier has contracted to provide it workers' compensation insurance coverage for the period in question, the employer shall include

2

3

4

5

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

20

21

22

23

- the allegation in its request for hearing and shall name the carrier.
 - b. The Commission shall promptly notify the carrier of the employer's allegation and of the date of hearing.
 - c. The carrier shall promptly, and no later than five (5) days before the hearing, respond in writing to the employer's allegation by providing evidence of coverage for the period in question or by affirmatively denying the employer's allegation.
- 4. Hearings under this section shall be procedurally conducted as provided in Sections 69 through 78 of this act title.
- 5. The Commission may assess a fine against an employer who fails to secure the payment of compensation in an amount up to One Thousand Dollars (\$1,000.00) per day of violation payable to the Workers' Compensation Fund.
- 6. If an employer fails to secure the payment of compensation or pay any civil penalty assessed against the employer after a judgment issued under this section has become final by operation of law or on appeal, the Commission may petition the Oklahoma County District Court or the district court of the county where the employer's principal place of business is located for an order enjoining the employer from engaging in further employment until such time as the employer secures the payment of compensation or makes full payment of all civil penalties.

- 1 SECTION 32. AMENDATORY Section 41, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 41), is amended to read as
- 3 | follows:
- 4 Section 41. A. Every employer who has secured compensation
- 5 | under the provisions of this act the Administrative Workers'
- 6 | Compensation Act shall keep posted in a conspicuous place in and
- 7 | about the employer's place of business typewritten or printed
- 8 | notices in accordance with a form prescribed by the Workers'
- 9 | Compensation Commission. The notices shall state that the employer
- 10 has secured the payment of compensation in accordance with the
- 11 provisions of this act title.
- B. The notices shall contain the name and address of the
- 13 carrier, if any, with whom the employer has secured payment of
- 14 | compensation and the date of the expiration of the policy.
- 15 SECTION 33. AMENDATORY Section 42, Chapter 208, O.S.L.
- 16 | 2013 (85A O.S. Supp. 2016, Section 42), is amended to read as
- 17 follows:
- 18 Section 42. A. Contents. Every policy or contract of
- 19 | insurance issued by a carrier to an employer to secure the payment
- of compensation under this act the Administrative Workers'
- 21 | Compensation Act shall contain:
- 22 1. a. Provisions that identify the insured employer and
- either identify each covered employee or describe
- covered employees by class or type of labor performed

- and the estimated number of employees of each such class or type.
 - b. No single policy of workers' compensation insurance may be issued to any group of employers who are unaffiliated with one another in terms of ownership, control, or right to participate in the profits of the affiliated enterprises;
 - 2. Provisions that insolvency or bankruptcy of the employer or discharge therein shall not relieve the carrier from payment of compensation for compensable injuries sustained by an employee during the term of the policy or contract;
 - a. The agreement of the carrier that it shall promptly pay to the person entitled to compensation every installment of compensation that may be awarded or agreed on and that this obligation shall not be affected by any default of the employer or by any default in the giving of any notice required by the policy or otherwise.
 - b. The agreement shall be construed to be a direct obligation by the carrier to the person entitled to compensation, enforceable in that person's name; and
 - 4. Such other provisions as the Insurance Department allows or requires carriers to include in workers' compensation policies.
 - B. Cancellation.

4

5

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

23

- 1. An employer may cancel coverage with a carrier by giving the carrier at least thirty (30) days' notice, unless a shorter period is permitted under subparagraph b of this paragraph.
 - a. Cancellation of coverage is effective at 12:01 a.m.

 thirty (30) days after the date the cancellation

 notice is received by the carrier, unless a later date
 is specified in the notice to the carrier.
 - b. (1) An employer may cancel coverage effective less than thirty (30) days after written notice is received by the carrier where if the employer obtains other coverage or becomes a self-insurer.
 - (2) A cancellation under this subsection is effective immediately on the effective date of the other coverage or on authorization as a self-insurer.
 - 2. a. A notice of cancellation from the carrier shall state the hour and date that cancellation is effective.
 - b. A carrier shall not cancel coverage issued to an employer under this act the Administrative Workers'
 Compensation Act before the date specified for expiration in the policy or contract or until at least thirty (30) days have elapsed after a notice of cancellation has been mailed to the Workers'
 Compensation Commission and to the employer, or until ten (10) days have elapsed after the notice has been

1.3

2.1

- mailed to the employer and to the Commission if the cancellation is for nonpayment of premium.
 - c. If the employer procures other insurance within the notice period, the effective date of the new policy shall be the cancellation date of the old policy.
- 3. Cancellation of coverage by an employer or a carrier shall in no way limit liability that was incurred under the policy or contract before the effective date of cancellation.
 - C. Coverage.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

No policy or contract of insurance shall be issued against liability under this act the Administrative Workers' Compensation Act unless the policy or contract covers the entire liability of the employer. Split coverage whereby some employees of an employer are insured by one carrier and other employees are insured by another carrier, or a plan of self-insurance, is expressly prohibited except for a policy issued covering the liability of an employer or of multiple employers as to specific jobs, ventures, contracts, or undertakings, but only if the policy meets with the reasonable satisfaction and approval of the Insurance Commissioner that the policy is in the best interest of the employers and the employees concerned and does not unduly or improperly affect the continuity of workers' compensation coverage by seriously and negatively affecting other carriers and agents with outstanding policies issued to any of the employers in issue.

- 2. The terms of the policy or contract shall govern any questions of liability between the employer and the carrier.
- D. Under such rules as may be adopted by the Insurance Commissioner, and notwithstanding other provisions of this act title, he or she may certify five or more employers as an insurance group which shall be considered an employer for the purposes of this act title.
- SECTION 34. AMENDATORY Section 43, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 43), is amended to read as follows:

Section 43. A. Liability Unaffected.

- 1. a. The making of a claim for acceptance of compensation benefits from or the making of a claim for compensation against any an employer or carrier insurer for the injury or death of an employee shall not affect the right of the employee, or his or her dependents, to make a claim or maintain an action in court against sue any third other party for the such injury or death.
 - b. The employer or and the employer's insurance carrier shall be entitled to reasonable notice and opportunity to join in the action.
 - c. If the employer or employer's carrier join in the action against a third party for injury or death, they

1.3

2.1

shall be entitled to a have an automatic first lien on two-thirds (2/3) of the net proceeds the amount recovered in the action that remain after the payment of the reasonable costs of collection, for the payment to them of the amount paid and to be paid by them as compensation to by the injured employee or his or her dependents— or legal representative from a third party, which shall be applied as follows:

- 1. Reasonable costs of collection as approved and allowed by
 the court in which such action is pending, or by the Workers'

 Compensation Commission in case of settlement without suit, shall be deducted;
- 2. The commencement of an action by an employee or his or her dependents against a third party for damages by reason of an injury to which this act is applicable, or the adjustment of any claim, shall not affect the rights of the injured employee or his or her dependents to recover compensation, but any amount recovered by the injured employee or his or her dependents from a third party shall be applied as follows:
 - a. reasonable fees and costs of collection shall be deducted,
 - b. the employer or and insurance carrier, as applicable, shall receive two-thirds (2/3) of the remainder of the

recovery or the amount of the workers' compensation
lien, whichever is less; and

c. the remainder of the recovery

- 3. Any excess shall $\frac{1}{90}$ belong to the injured employee or his or her dependents.
 - B. Subrogation.
- 1. An employer or carrier liable for compensation under this act title for the injury or death of an employee shall have the right to maintain an action in tort against any third party responsible for the injury or death. However, the employer or the carrier shall notify the claimant employee in writing that the claimant employee has the right to hire a private attorney to pursue any benefits to which the claimant employee is entitled in addition to the subrogation interest against any third party responsible for the injury or death.
- 2. After reasonable notice and opportunity to be represented in the action has been given to the injured employee, the liability of the third party to the compensation beneficiary shall be determined in the action, as well as the third party's liability to the employer and carrier.
- 3. If the employer recovers against the third party, by suit or otherwise, the injured employee shall be entitled to any amount recovered in excess of the amount that the employer and carrier have

- paid or are liable for in compensation, after deducting reasonable costs of collection.
- 4. An employer or carrier who is liable for compensation under this act title on account of injury or death of an employee shall be entitled to maintain a third-party action against the employer's uninsured motorist coverage or underinsured motorist coverage.
- SECTION 35. AMENDATORY Section 44, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 44), is amended to read as follows:
 - Section 44. A. Any benefits payable to an injured employee under this act title shall be reduced in an amount equal to, dollar-for-dollar, the amount of benefits the injured employee has previously received for the same medical services or period of disability, whether those benefits were paid under a group health care service plan, a group disability policy, a group loss of income policy, a group accident, health, or accident and health policy, a self-insured employee health or welfare benefit plan, or a group hospital or medical service contract; provided, however, such reduction does not apply to any benefit received from a group policy for disability if the injured employee has paid for the policy.
 - B. The <u>claimant employee</u> shall be required to disclose in a manner to be determined by the <u>Workers' Compensation</u> Commission the identity, address, or phone number of any person or entity which has

- paid benefits described in this section in connection with any claim
 under this act title.
- 3 SECTION 36. AMENDATORY Section 45, Chapter 208, O.S.L.
- 4 | 2013, as amended by Section 2, Chapter 390, O.S.L. 2015 (85A O.S.
- 5 | Supp. 2016, Section 45), is amended to read as follows:
- 6 Section 45. A. Temporary Total Disability.
- 7 If the injured employee is temporarily unable to perform his or her job or any alternative work offered by the employer because 8 9 of a disability, he or she shall be entitled to receive compensation 10 equal to seventy percent (70%) of the injured employee's average 11 weekly wage per week, but not to exceed seventy percent (70%) of the state average weekly wage, for one hundred four (104) weeks. 12 13 Provided, there shall be no payment for the first three (3) days of 14 the initial period of temporary total disability. If an 15 administrative law judge finds that a consequential subsequent
- injury has occurred <u>as a direct result of the injury or medical</u>

 treatment to the part of the body originally injured and that

 additional time is needed to reach maximum medical improvement,

 temporary total disability may continue for a period of not more

 than an additional fifty-two (52) weeks. Such finding shall be
- based upon a showing of medical necessity by clear and convincing evidence.
- 23 2. When the injured employee is released from active medical treatment by the treating physician for all body parts found by the

Commission to be injured, or in the event that the employee, without a valid excuse, misses three consecutive medical treatment appointments, fails to comply with medical orders of the treating physician, or otherwise abandons medical care, the employer shall be entitled to terminate temporary total disability by notifying the employee, or if represented, his or her counsel. If, however, an objection to the termination of temporary total disability is filed by the employee within ten (10) days of termination, the Commission shall set the matter within twenty (20) days for a determination if temporary total disability compensation shall be reinstated. temporary total disability shall remain terminated unless the employee proves the existence of a valid excuse for his or her failure to comply with medical orders of the treating physician or his or her abandonment of medical care. The administrative law judge may appoint an independent medical examiner to determine if further medical treatment is reasonable and necessary. independent medical examiner shall not provide treatment to the injured worker employee, unless agreed upon by the parties.

- B. Temporary Partial Disability.
- 1. If the injured employee is temporarily unable to perform his or her job because of a disability, but may perform alternative work offered by the employer, he or she shall be entitled to receive compensation equal to the greater of seventy percent (70%) of the difference between the injured employee's average weekly wage before

1

2

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

- the injury and his or her weekly wage for performing alternative
 work after the injury, but only if his or her weekly wage for
 performing the alternative work is less than the temporary total
 disability rate. However, the injured employee's actual earnings
 plus temporary partial disability shall not exceed the temporary
 - Compensation under this subsection may not exceed fifty-two
 weeks.
 - 3. If the employee refuses to perform the alternative work offered by the employee employer, he or she shall not be entitled to benefits under subsection A of this section or under this section.
 - C. Permanent Partial Disability.

total disability rate.

- 1. If the injured employee has a permanent disability after reaching maximum medical improvement, he or she shall be entitled to receive compensation equal to seventy percent (70%) of the employee's average weekly wage per week, not to exceed Three Hundred Fifty Dollars (\$350.00) per week, for three and one-half (3 1/2) weeks for each percentage point of impairment but not to exceed the earlier of three hundred fifty (350) weeks or the date of the injured employee's death.
 - $\underline{2.}$ A permanent partial disability award or combination of awards granted an injured worker may not exceed a permanent partial disability rating of one hundred percent (100%) to any body part or to the body as a whole. The determination of permanent partial

disability shall be the responsibility of the Commission through its administrative law judges. Any claim by an employee for compensation for permanent partial disability must be supported by competent medical testimony of a medical doctor, osteopathic physician, or chiropractor, and shall be supported by objective medical findings, as defined in this act Section 2 of this title. The opinion of the physician shall include employee's percentage of permanent partial disability and whether or not the disability is job-related and caused by the accidental injury or occupational disease. A physician's opinion of the nature and extent of permanent partial disability to parts of the body other than scheduled members must be based solely on criteria established by the current edition of the American Medical Association's "Guides to the Evaluation of Permanent Impairment". A copy of any written evaluation shall be sent to both parties within seven (7) days of issuance. Medical opinions addressing compensability and permanent disability must be stated within a reasonable degree of medical certainty. Any party may submit the report of an evaluating physician.

2. 3. Permanent partial disability shall not be allowed to a part of the body for which no medical treatment has been received.

A determination of permanent partial disability made by the Commission or administrative law judge which is not supported by objective medical findings provided by a treating physician who is a

1

3

4

5

6

7

10

11

12

13

14

15

16

17

18

19

20

21

22

23

medical doctor, doctor of osteopathy, chiropractor or a qualified independent medical examiner shall be considered an abuse of discretion.

3. The examining physician shall not deviate from the Guides except as may be specifically provided for in the Guides.

4. In cases of permanent partial disability, the compensation shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00) per week, for a term not to exceed a total of three hundred fifty (350) weeks for the body as a whole.

5. Except pursuant to settlement agreements entered into by the employer and employee, payment of a permanent partial disability award shall be deferred and held in reserve by the employer or insurance company if the employee has reached maximum medical improvement and has been released to return to work by his or her treating physician, and then returns to his pre-injury or equivalent job for a term of weeks determined by dividing the total dollar value of the award by seventy percent (70%) of the employee's average weekly wage.

The amount of the permanent partial disability award shall be reduced by seventy percent (70%) of the employee's average weekly wage for each week he works in his pre-injury or equivalent job.

1.3

2.1

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

- b. If, for any reason other than misconduct as defined in Section 2 of this act, the employer terminates the employee or the position offered is not the pre-injury or equivalent job, the remaining permanent partial disability award shall be paid in a lump sum. If the employee is discharged for misconduct, the employer shall have the burden to prove that the employee engaged in misconduct.
- injury or equivalent job, the permanent partial disability award shall continue to be deferred and shall be reduced by seventy percent (70%) of the employee's average weekly wage for each week he refuses to return to his pre-injury or equivalent job.
- d. Attorney fees for permanent partial disability awards,
 as approved by the Commission, shall be calculated
 based upon the total permanent partial disability
 award and paid in full at the time of the deferral.
- e. Assessments pursuant to Sections 31, 98, 112 and 165

 of this act shall be calculated based upon the amount

 of the permanent partial disability award and shall be

 paid at the time of the deferral.

- 4. If an employee is eligible to receive permanent total disability benefits, he or she shall not also receive permanent partial disability benefits.
- 5. An employee may elect to commute the remainder of the permanent partial disability award, including an award under Section 46 of this title, to which the employee is entitled if the employee has returned to work for at least six (6) months, earning at least seventy percent (70%) of the employee's average weekly wage at the time of the injury. An employee who elects to commute the permanent partial disability award is not entitled to additional benefits for the injury.
- 6. Previous Disability: The fact that an employee has suffered previous disability or received compensation therefor shall not preclude the employee from compensation for a later accidental personal injury or occupational disease. In the event there exists a previous permanent partial disability, including a previous non-work-related injury or condition which produced permanent partial disability and the same is aggravated or accelerated by an accidental personal injury or occupational disease, compensation for permanent partial disability shall be only for such amount as was caused by such accidental personal injury or occupational disease and no additional compensation shall be allowed for the preexisting disability or impairment. Any such reduction shall not apply to

temporary total disability, nor shall it apply to compensation for medical treatment.

- a. If workers' compensation benefits have previously been awarded through settlement or judicial or administrative determination in Oklahoma, the percentage basis of the prior settlement or award shall conclusively establish the amount of permanent partial disability determined to be preexisting. If workers' compensation benefits have not previously been awarded through settlement or judicial or administrative determination in Oklahoma, the amount of preexisting permanent partial disability shall be established by competent evidence.
- b. In all cases, the applicable reduction shall be calculated as follows:
 - result of injury sustained while working for the employer against whom workers' compensation benefits are currently being sought, any award of compensation shall be reduced by the current dollar value attributable under the Administrative Workers' Compensation Act to the percentage of permanent partial disability determined to be preexisting. The current dollar

1.3

2.1

value shall be calculated by multiplying the percentage of preexisting permanent partial disability by the compensation rate in effect on the date of the accident or injury against which the reduction will be applied, and

- (2) in all other cases, the employer against whom benefits are currently being sought shall be entitled to a credit for the percentage of preexisting permanent partial disability.
- 7. No payments on any permanent partial disability order shall begin until payments on any preexisting permanent partial disability orders have been completed.
- 8. The whole body shall represent a maximum of three hundred fifty (350) weeks.
- 9. The permanent partial disability rate of compensation for amputation or permanent total loss of use of a scheduled member specified in Section 46 of this act shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00), multiplied by the number of weeks set forth for the member in Section 46 of this act, regardless of whether the injured employee is able to return to his or her pre-injury or equivalent job.
- 10. An injured employee who is eligible for permanent partial disability under this subsection shall be entitled to receive

vocational rehabilitation services provided by a technology center or public secondary school offering vocational-technical education courses, or a member institution of The Oklahoma State System of Higher Education, which shall include retraining and job placement to restore the employee to gainful employment. Vocational rehabilitation services or training shall not extend for a period of more than fifty-two (52) weeks.

D. Permanent Total Disability.

1

2

3

5

6

7

8

9 1. In case of total disability adjudged to be permanent, If the 10 injured employee is incapable of earning wages in any employment for 11 which the employee may become physically suited and reasonably 12 fitted by education, training, experience or vocational 13 rehabilitation provided under this title because of a disability, he 14 or she shall be entitled to receive compensation equal to seventy 15 percent (70%) of the employee's average weekly wages, but not in 16 excess of the state's average weekly wage, shall be paid to the 17 employee during the continuance per week for the duration of the 18 disability until such time as the employee reaches the age of 19 maximum Social Security retirement benefits or for a period of 20 fifteen (15) years, whichever is longer. In the event the claimant 21 employee dies of causes unrelated to the injury or illness, benefits 22 shall cease on the date of death. Provided, however, any person 23 entitled to revive the action shall receive a one-time lump-sum 24 payment equal to twenty-six (26) weeks of weekly benefits for

permanent total disability awarded the claimant. If more than one person is entitled to revive the claim, the lump-sum payment shall be evenly divided between or among such persons. In the event the Commission awards both permanent partial disability and permanent total disability benefits, the permanent total disability award shall not be due until the permanent partial disability award is paid in full. If otherwise qualified according to the provisions of this act title, permanent total disability benefits may be awarded to an employee who has exhausted the maximum period of temporary total disability even though the employee has not reached maximum medical improvement.

2. The Commission shall annually review the status of any employee receiving benefits for permanent total disability against the last employer. The Commission shall require the employee to annually file an affidavit under penalty of perjury stating that he or she is not and has not been gainfully employed and is not capable of gainful employment. Failure to file such affidavit shall result in suspension of benefits; provided, however, reinstatement of benefits may occur after proper hearing before the Commission.

E. 1. The Workers' Compensation Commission shall hire or contract for a Vocational Rehabilitation Director to oversee the vocational rehabilitation program of the Commission.

2. The Vocational Rehabilitation Director shall help injured workers return to the work force. If the injured employee is unable

1	to return to his or her pre-injury or equivalent position due to
2	permanent restrictions as determined by the treating physician, upon
3	the request of either party, the Vocational Rehabilitation Director
4	shall determine if it is appropriate for a claimant to receive
5	vocational rehabilitation training or services, and will oversee
6	such training. If appropriate, the Vocational Rehabilitation
7	Director shall issue administrative orders, including, but not
8	limited to, an order for a vocational rehabilitation evaluation for
9	any injured employee unable to work for at least ninety (90) days.
10	In addition, the Vocational Rehabilitation Director may assign
11	injured workers to vocational rehabilitation counselors for
12	coordination of recommended services. The cost of the services
13	shall be paid by the employer. All administrative orders are
14	subject to appeal to the full Commission.
15	3. There shall be a presumption in favor of ordering vocational
16	rehabilitation services or training for an eligible injured employee
17	under the following circumstances:

- - a. if the employee's occupation is truck driver or laborer and the medical condition is traumatic brain injury, stroke or uncontrolled vertigo,
 - if the employee's occupation is truck driver or b. laborer performing high-risk tasks and the medical condition is seizures,

18

19

20

21

22

1	c.	if the employee's occupation is manual laborer and the
2		medical condition is bilateral wrist fusions,
3	d.	if the employee's occupation is assembly-line worker
4		and the medical condition is radial head fracture with
5		surgical excision,
6	e.	if the employee's occupation is heavy laborer and the
7		medical condition is myocardial infarction with
8		congestive heart failure,
9	f.	if the employee's occupation is heavy manual laborer
10		and the medical condition is multilevel neck or back
11		fusions greater than two levels,
12	g.	if the employee's occupation is laborer performing
13		overhead work and the medical condition is massive
14		rotator cuff tears, with or without surgery,
15	h.	if the employee's occupation is heavy laborer and the
16		medical condition is recurrent inguinal hernia
17		following unsuccessful surgical repair,
18	i.	if the employee's occupation is heavy manual laborer
19		and the medical condition is total knee replacement or
20		total hip replacement,
21	j.	if the employee's occupation is roofer and the medical
22		condition is calcaneal fracture, medically or
23		surgically treated,
24		

1	k.	if the employee's occupation is laborer of any kind	
2		and the medical condition is total shoulder	
3		replacement,	
4	1.	if the employee's occupation is laborer and the	
5		medical condition is amputation of a hand, arm, leg,	
6		or foot,	
7	m.	if the employee's occupation is laborer and the	
8		medical condition is tibial plateau fracture, pilon	
9		fracture,	
10	n.	if the employee's occupation is laborer and the	
11		medical condition is ankle fusion or knee fusion,	
12	0.	if the employee's occupation is driver or heavy	
13		equipment operator and the medical condition is	
14		unilateral industrial blindness, or	
15	p.	if the employee's occupation is laborer and the	
16		medical condition is 3-, 4-, or 5-level positive	
17		discogram of the cervical spine or lumbar spine,	
18		medically treated.	
19	4. Upon	the request of either party, or by order of an	
20	administrative law judge, the Vocational Rehabilitation Director		
21	shall assist the Workers' Compensation Commission in determining if		
22	it is appropriate for a claimant to receive vocational		
23	rehabilitation training or services. If appropriate, the		
24	administrative law judge shall refer the employee to a qualified		

expert for evaluation of the practicability of, need for and kind of rehabilitation services or training necessary and appropriate in order to restore the employee to gainful employment. The cost of the evaluation shall be paid by the employer. Following the evaluation, if the employee refuses the services or training ordered by the administrative law judge, or fails to complete in good faith the vocational rehabilitation training ordered by the administrative law judge, then the cost of the evaluation and services or training rendered may, in the discretion of the administrative law judge, be deducted from any award of benefits to the employee which remains unpaid by the employer. Upon receipt of such report, and after affording all parties an opportunity to be heard, the administrative law judge shall order that any rehabilitation services or training, recommended in the report, or such other rehabilitation services or training as the administrative law judge may deem necessary, provided the employee elects to receive such services, shall be provided at the expense of the employer. Except as otherwise provided in this subsection, refusal to accept rehabilitation services by the employee shall in no way diminish any benefits allowable to an employee.

5. The administrative law judge may order vocational rehabilitation before the injured employee reaches maximum medical improvement, if the treating physician believes that it is likely that the employee's injury will prevent the employee from returning

1

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

to his or her former employment. In granting early benefits for vocational rehabilitation, the Commission shall consider temporary restrictions and the likelihood that such rehabilitation will return the employee to gainful employment earlier than if such benefits are granted after the permanent partial disability hearing in the claim.

6. Vocational rehabilitation services or training shall not extend for a period of more than fifty-two (52) weeks. A request for vocational rehabilitation services or training shall be filed with the Commission by an interested party not later than sixty (60) days from the date of receiving permanent restrictions that prevent the injured employee from returning to his or her pre-injury or equivalent position.

7. If rehabilitation requires residence at or near the facility or institution which is away from the employee's customary residence, reasonable cost of the employee's board, lodging, travel, tuition, books and necessary equipment in training shall be paid for by the insurer in addition to weekly compensation benefits to which the employee is otherwise entitled under the Administrative Workers' Compensation Act.

8. During the period when an employee is actively and in good faith being evaluated or participating in a retraining or job placement program for purposes of evaluating permanent total disability status, the employee shall be entitled to receive benefits at the same rate as the employee's temporary total

1.3

disability benefits for an additional fifty-two (52) weeks. All
tuition related to vocational rehabilitation services shall be paid
by the employer or the employer's insurer on a periodic basis
directly to the facility providing the vocational rehabilitation
services or training to the employee. The employer or employer's
insurer may deduct the amount paid for tuition from compensation
awarded to the employee.

E. Vocational Rehabilitation.

- 1. If the injured employee has a permanent disability after reaching maximum medical improvement and, as a result, is unable to return to his or her pre-injury job or another job that pays at least eighty percent (80%) of the injured employee's pre-injury wages, the injured employee shall be entitled to vocational rehabilitation services provided by a technology center or public secondary school offering vocational-technical education courses or a member institution of The Oklahoma State System of Higher Education, which shall include retraining and job placement to restore the employee to full-time employment. Vocational rehabilitation services or training shall not extend for a period of more than fifty-two (52) weeks.

- 3. If vocational rehabilitation requires residence at or near
 the facility or institution which is away from the employee's
 customary residence, reasonable cost of the employee's board,
 lodging, travel, tuition, books and necessary equipment in training
 shall be paid for by the employer in addition to weekly compensation
 benefits to which the employee is otherwise entitled.
 - F. Disfigurement.
 - 1. If an injured employee incurs serious and permanent disfigurement to any part of the body, the Commission may award compensation to the injured employee in an amount not to exceed Fifty Thousand Dollars (\$50,000.00).
 - No award for disfigurement shall be entered until twelve
 months after the injury.
 - 3. An injured employee shall not be entitled to compensation under this subsection if he or she receives an award for permanent partial disability to the same part of the body.
 - G. Benefits for a single-event injury shall be determined by the law in effect at the time of injury. Benefits for a cumulative trauma injury or occupational disease or illness shall be determined by the law in effect at the time the employee knew or reasonably should have known that the injury, occupational disease or illness was related to work activity. Benefits for death shall be determined by the law in effect at the time of death.

- 1 SECTION 37. AMENDATORY Section 46, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 46), is amended to read as
- 3 | follows:
- 4 Section 46. A. An In lieu of compensation provided pursuant to
- 5 | paragraph 1 of subsection C of Section 45 of this title, an injured
- 6 employee who is entitled to receive permanent partial disability
- 7 | compensation under Section 45 of this act suffers amputation or
- 8 permanent total loss of use of a scheduled member shall receive
- 9 compensation for each part of the body in accordance with equal to
- 10 | seventy percent (70%) of the employee's average weekly wage, not to
- 11 exceed Three Hundred Fifty Dollars (\$350.00) multiplied by the
- 12 number of weeks for the scheduled loss member set forth below. as
- 13 | follows:
- 1. Arm amputated at the elbow, or between the elbow and
- 15 | shoulder, two hundred seventy-five (275) weeks;
- 2. Arm amputated between the elbow and wrist, two hundred
- 17 | twenty (220) weeks;
- 3. Leg amputated at the knee, or between the knee and the hip,
- 19 | two hundred seventy-five (275) weeks;
- 4. Leg amputated between the knee and the ankle, two hundred
- 21 | twenty (220) weeks;
- 5. Hand amputated, two hundred twenty (220) weeks;
- 23 6. Thumb amputated, sixty-six (66) weeks;
- 7. First finger amputated, thirty-nine (39) weeks;

- 8. Second finger amputated, thirty-three (33) weeks;
- 2 9. Third finger amputated, twenty-two (22) weeks;

- 10. Fourth finger amputated, seventeen (17) weeks;
- 11. Foot amputated, two hundred twenty (220) weeks;
- 12. Great toe amputated, thirty-three (33) weeks;
- 13. Toe other than great toe amputated, eleven (11) weeks;
- 14. Eye enucleated, in which there was useful vision, two hundred seventy-five (275) weeks;
 - 15. Loss of hearing of one ear, one hundred ten (110) weeks;
- 16. Loss of hearing of both ears, three hundred thirty (330) weeks; and
- 17. Loss of one testicle, fifty-three (53) weeks; loss of both testicles, one hundred fifty-eight (158) weeks.
- B. The permanent partial disability rate of compensation for amputation or permanent total loss of use of a scheduled member specified in this section shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00), multiplied by the number of weeks as set forth in this section, regardless of whether or not the injured employee is able to return to his or her pre-injury job.
- C. Other cases: In cases in which the Commission finds an injury to a part of the body not specifically covered by the foregoing provisions of this section, the employee may be entitled to compensation for permanent partial disability. The compensation

ordered paid shall be seventy percent (70%) of the employee's

average weekly wage, not to exceed Three Hundred Twenty-three

Dollars (\$323.00) for the number of weeks which the partial

disability of the employee bears to three hundred fifty (350) weeks.

- $\frac{D_{\star}}{D_{\star}}$ 1. Compensation for amputation of the first phalange of a digit shall be one-half (1/2) of the compensation for the amputation of the entire digit.
- 2. Compensation for amputation of more than one phalange of a digit shall be the same as for amputation of the entire digit.
- E. C. 1. Compensation for the permanent loss of eighty percent (80%) or more of the vision of an eye shall be the same as for the loss of an eye.
- 2. In all cases of permanent loss of vision, the use of corrective lenses may be taken into consideration in evaluating the extent of loss of vision.
- F. D. Compensation for amputation or loss of use of two or more digits or one or more phalanges of two or more digits of a hand or a foot may be proportioned to the total loss of use of the hand or the foot occasioned thereby but shall not exceed the compensation for total loss of a hand or a foot.
- G. Compensation for permanent total loss of use of a member shall be the same as for amputation of the member.

1.3

H. The sum of all permanent partial disability awards,

excluding awards against the Multiple Injury Trust Fund, shall not

exceed three hundred fifty (350) weeks.

SECTION 38. AMENDATORY Section 48, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 48), is amended to read as follows:

Section 48. When an injury or death is sustained by a minor employed in violation of federal or state statutes relating to minimum ages for employment of minors, disability or death benefits provided for by this act title shall be doubled; provided, however, such penalty shall not apply when the minor misrepresents his or her age, in writing, to the employer.

SECTION 39. AMENDATORY Section 49, Chapter 208, O.S.L.

14 2013 (85A O.S. Supp. 2016, Section 49), is amended to read as

15 follows:

Section 49. Notwithstanding any other provision of this act title, no compensation for temporary total disability shall be payable to an injured employee for any week for which the injured employee receives unemployment insurance benefits under the laws of this state or the unemployment insurance law of any other state. If a claim for temporary total disability is controverted and later determined to be compensable, temporary total disability shall be payable to an injured employee for any week for which the injured employee receives unemployment benefits but only to the extent that

- 1 the temporary total disability otherwise payable exceeds the 2 unemployment benefits.
- 3 SECTION 40. AMENDATORY Section 50, Chapter 208, O.S.L.
- 4 2013 (85A O.S. Supp. 2016, Section 50), is amended to read as
- 5 | follows:
- Section 50. A. The employer shall promptly provide an injured employee with medical, surgical, hospital, optometric, podiatric, and nursing services, along any with any medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus as may be reasonably necessary in connection with the injury received by the employee. The employer

shall have the right to choose the treating physician.

- B. If the employer fails or neglects to provide medical treatment within five (5) days after actual knowledge is received of an injury, the injured employee may select a physician to provide medical treatment at the expense of the employer; provided, however, that the injured employee, or another in the employee's behalf, may obtain emergency treatment at the expense of the employer where such emergency treatment is not provided by the employer.
- C. Diagnostic tests shall not be repeated sooner than six (6) months from the date of the test unless agreed to by the parties or ordered by the $\underline{\text{Workers'}}$ Compensation Commission for good cause shown.

24

12

1.3

14

15

16

17

18

19

20

21

22

- D. Unless recommended by the treating doctor at the time claimant employee reaches maximum medical improvement or by an independent medical examiner, continuing medical maintenance shall not be awarded by the Commission. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment that is outside the parameters established by the Physician Advisory Committee or ODG the Official Disability Guidelines. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment not previously ordered by the Commission or approved in advance by the employer or insurance carrier.
- E. An employee claiming or entitled to benefits under this act title, shall, if ordered by the Commission or requested by the employer or insurance carrier, submit himself or herself for medical examination. If an employee refuses to submit himself or herself to examination, his or her right to prosecute any proceeding under this act section shall be suspended, and no compensation shall be payable for the period of such refusal.
- F. For compensable injuries resulting in the use of a medical device, ongoing service for the medical device shall be provided in situations including, but not limited to, medical device battery replacement, ongoing medication refills related to the medical device, medical device repair, or medical device replacement.

- G. The employer shall reimburse the employee for the actual mileage in excess of twenty (20) miles round-trip to and from the employee's home to the location of a medical service provider for all reasonable and necessary treatment, for an evaluation of an independent medical examiner and for any evaluation made at the request of the employer or insurance carrier. The rate of reimbursement for such travel expense shall be the official reimbursement rate as established by the State Travel Reimbursement Act. In no event shall the reimbursement of travel for medical treatment or evaluation exceed six hundred (600) miles round-trip.
 - H. Fee Schedule.
- 1. The Commission shall conduct a review of the Fee Schedule every two (2) years. The Fee Schedule shall establish the maximum rates that medical providers shall be reimbursed for medical care provided to injured employees, including, but not limited to, charges by physicians, dentists, counselors, hospitals, ambulatory and outpatient facilities, clinical laboratory services, diagnostic testing services, and ambulance services, and charges for durable medical equipment, prosthetics, orthotics, and supplies. The most current Fee Schedule established by the Administrator of the Workers' Compensation Court prior to the effective date of this section shall remain in effect, unless or until the Legislature approves the Commission's proposed Fee Schedule.

- 2. Reimbursement for medical care shall be prescribed and limited by the Fee Schedule as adopted by the Commission, after notice and public hearing, and after approval by the Legislature by joint resolution. The director of the Employees Group Insurance Division of the Office of Management and Enterprise Services shall provide the Commission such information as may be relevant for the development of the Fee Schedule. The Commission shall develop the Fee Schedule in a manner in which quality of medical care is assured and maintained for injured employees. The Commission shall give due consideration to additional requirements for physicians treating an injured worker employee under this act title, including, but not limited to, communication with claims representatives, case managers, attorneys, and representatives of employers, and the additional time required to complete forms for the Commission, insurance carriers, and employers.
- 3. In making adjustments to the Fee Schedule, the Commission shall use, as a benchmark, the reimbursement rate for each Current Procedural Terminology (CPT) code provided for in the fee schedule published by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services for use in Oklahoma (Medicare Fee Schedule) on the effective date of this section, workers' compensation fee schedules employed by neighboring states, the latest edition of "Relative Values for Physicians" (RVP), usual, customary and reasonable medical payments to workers' compensation

health care providers in the same trade area for comparable
treatment of a person with similar injuries, and all other data the
Commission deems relevant. For services not valued by CMS, the
Commission shall establish values based on the usual, customary and
reasonable medical payments to health care providers in the same
trade area for comparable treatment of a person with similar
injuries.

- a. No reimbursement shall be allowed for any magnetic resonance imaging (MRI) unless the MRI is provided by an entity that meets Medicare requirements for the payment of MRI services or is accredited by the American College of Radiology, the Intersocietal Accreditation Commission or the Joint Commission on Accreditation of Healthcare Organizations. For all other radiology procedures, the reimbursement rate shall be the lesser of the reimbursement rate allowed by the 2010 Oklahoma Fee Schedule and two hundred seven percent (207%) of the Medicare Fee Schedule.
- b. For reimbursement of medical services for Evaluation and Management of injured employees as defined in the Fee Schedule adopted by the Commission, the reimbursement rate shall not be less than one hundred fifty percent (150%) of the Medicare Fee Schedule.

1.3

2.0

2.1

- c. Any entity providing durable medical equipment, prosthetics, orthotics or supplies shall be accredited by a CMS-approved accreditation organization. If a physician provides durable medical equipment, prosthetics, orthotics, prescription drugs, or supplies to a patient ancillary to the patient's visit, reimbursement shall be no more than ten percent (10%) above cost.
- d. The Commission shall develop a reasonable stop-loss provision of the Fee Schedule to provide for adequate reimbursement for treatment for major burns, severe head and neurological injuries, multiple system injuries, and other catastrophic injuries requiring extended periods of intensive care.
- 4. The right to recover charges for every type of medical care for injuries arising out of and in the course of covered employment as defined in this act title shall lie solely with the Commission. When a medical care provider has brought a claim to the Commission to obtain payment for services, a party who prevails in full on the claim shall be entitled to reasonable attorney fees.
- 5. Nothing in this section shall prevent an employer, insurance carrier, group self-insurance association, or certified workplace medical plan from contracting with a provider of medical care for a

1.3

- reimbursement rate that is greater than or less than limits established by the Fee Schedule.
- 6. A treating physician may not charge more than Four Hundred Dollars (\$400.00) per hour for preparation for or testimony at a deposition or appearance before the Commission in connection with a claim covered by the Administrative Workers' Compensation Act.
- 7. The Commission's review of medical and treatment charges pursuant to this section shall be conducted pursuant to the Fee Schedule in existence at the time the medical care or treatment was provided. The judgment approving the medical and treatment charges pursuant to this section shall be enforceable by the Commission in the same manner as provided in this act title for the enforcement of other compensation payments.
- 14 8. Charges for prescription drugs dispensed by a pharmacy shall 15 be limited to ninety percent (90%) of the average wholesale price of 16 the prescription, plus a dispensing fee of Five Dollars (\$5.00) per 17 prescription. "Average wholesale price" means the amount determined 18 from the latest publication designated by the Commission. 19 Physicians shall prescribe and pharmacies shall dispense generic 20 equivalent drugs when available. If the National Drug Code, or 21 "NDC", for the drug product dispensed is for a repackaged drug, then 22 the maximum reimbursement shall be the lesser of the original 23 labeler's NDC and the lowest-cost therapeutic equivalent drug 24 product. Compounded medications shall be billed by the compounding

2

3

4

5

6

7

8

10

11

12

- pharmacy at the ingredient level, with each ingredient identified using the applicable NDC of the drug product, and the corresponding quantity. Ingredients with no NDC area are not separately reimbursable. Payment shall be based on a sum of the allowable fee for each ingredient plus a dispensing fee of Five Dollars (\$5.00) per prescription.
 - 9. When medical care includes prescription drugs dispensed by a physician or other medical care provider and the NDC for the drug product dispensed is for a repackaged drug, then the maximum reimbursement shall be the lesser of the original labeler's NDC and the lowest-cost therapeutic equivalent drug product. Payment shall be based upon a sum of the allowable fee for each ingredient plus a dispensing fee of Five Dollars (\$5.00) per prescription. Compounded medications shall be billed by the compounding pharmacy.
 - 10. Implantables are paid in addition to procedural reimbursement paid for medical or surgical services. A manufacturer's invoice for the actual cost to a physician, hospital or other entity of an implantable device shall be adjusted by the physician, hospital or other entity to reflect, at the time implanted, all applicable discounts, rebates, considerations and product replacement programs and shall be provided to the payer by the physician or hospital as a condition of payment for the implantable device. If the physician, or an entity in which the physician has a financial interest other than an ownership interest

- of less than five percent (5%) in a publically traded company, provides implantable devices, this relationship shall be disclosed to patient, employer, insurance company, third-party commission, certified workplace medical plan, case managers, and attorneys representing claimant the employee and defendant. If the physician, or an entity in which the physician has a financial interest other than an ownership interest of less than five percent (5%) in a publically traded company, buys and resells implantable devices to a hospital or another physician, the markup shall be limited to ten percent (10%) above cost.
- 11. Payment for medical care as required by this act title shall be due within forty-five (45) days of the receipt by the employer or insurance carrier of a complete and accurate invoice, unless the employer or insurance carrier has a good-faith reason to request additional information about such invoice. Thereafter, the Commission may assess a penalty up to twenty-five percent (25%) for any amount due under the Fee Schedule that remains unpaid on the finding by the Commission that no good-faith reason existed for the delay in payment. If the Commission finds a pattern of an employer or insurance carrier willfully and knowingly delaying payments for medical care, the Commission may assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) per occurrence.
- 12. If an employee fails to appear for a scheduled appointment with a physician, the employer or insurance company shall pay to the

- physician a reasonable charge, to be determined by the Commission,

 for the missed appointment. In the absence of a good-faith reason

 for missing the appointment, the Commission shall order the employee

 to reimburse the employer or insurance company for the charge.
 - disclose under penalty of perjury to the Commission, on a form prescribed by the Commission, any ownership or interest in any health care facility, business, or diagnostic center that is not the physician's primary place of business. The disclosure shall include any employee leasing arrangement between the physician and any health care facility that is not the physician's primary place of business. A physician's failure to disclose as required by this section shall be grounds for the Commission to disqualify the physician from providing treatment under this act title.
 - I. Formulary. The Commission by rule shall adopt a closed formulary. Rules adopted by the Commission shall allow an appeals process for claims in which a treating doctor determines and documents that a drug not included in the formulary is necessary to treat an injured employee's compensable injury. The Commission by rule shall require the use of generic pharmaceutical medications and clinically appropriate over-the-counter alternatives to prescription medications unless otherwise specified by the prescribing doctor, in accordance with applicable state law.

- 1 SECTION 41. AMENDATORY Section 52, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 52), is amended to read as
- 3 follows:
- 4 Section 52. The employer shall not be liable for any of the
- 5 payments for medical services and supplies under this act title if
- 6 | the Workers' Compensation Commission determines that there was not a
- 7 | compensable injury.
- 8 | SECTION 42. AMENDATORY Section 53, Chapter 208, O.S.L.
- 9 2013 (85A O.S. Supp. 2016, Section 53), is amended to read as
- 10 follows:
- 11 Section 53. A. An injured employee claiming to be entitled to
- 12 benefits under this act title shall submit to physical examination
- 13 and treatment by another qualified physician, designated or approved
- 14 by the Workers' Compensation Commission, as the Commission may
- 15 require from time to time if reasonable and necessary.
- 16 B. In cases where the Commission directs examination or
- 17 | treatment, proceedings shall be suspended, and no compensation shall
- 18 be payable for any period during which the employee refuses to
- 19 | submit to examination and treatment or otherwise obstructs the
- 20 examination or treatment.
- 21 C. Failure of the employee to obey a judgment of the Commission
- 22 | for an examination or treatment for a period of one (1) month from
- 23 the date of the judgment shall bar the right of the claimant
- 24 employee to further compensation in respect to the injury.

```
1
        SECTION 43.
                        AMENDATORY Section 54, Chapter 208, O.S.L.
 2
    2013 (85A O.S. Supp. 2016, Section 54), is amended to read as
 3
    follows:
 4
        Section 54. Except in cases of hernia, which are specifically
 5
    covered by Section 61 of this act, where If an injured employee
    unreasonably refuses to submit to a surgical operation which has
 6
 7
    been advised by at least two qualified physicians and where if the
    recommended operation does not involve unreasonable risk of life or
 8
    additional serious physical impairment disability, the Workers'
10
    Compensation Commission shall take the refusal into consideration
11
    when determining compensation for permanent partial or permanent
12
    total disability.
1.3
        SECTION 44.
                        AMENDATORY
                                       Section 55, Chapter 208, O.S.L.
14
    2013 (85A O.S. Supp. 2016, Section 55), is amended to read as
15
    follows:
16
        Section 55. A. If an employer or carrier believes that a
17
    charge for medical services or supplies under this act title is
18
    unreasonable, it may submit the charge to the Workers' Compensation
19
    Commission for review. If the Commission determines that the charge
20
    is unreasonable, it may amend the charges to reflect the Fee
21
    Schedule established under Section 50 of this act title, if
22
    applicable, or in accordance with reasonable market rates for the
23
    services or supplies provided.
```

B. The provisions of this section relating to charges shall not apply if a written contract exists between the employer and the person who renders the medical service or supplies.

SECTION 45. AMENDATORY Section 56, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 56), is amended to read as follows:

Section 56. A. If the employer has previously contracted with a certified workplace medical plan, the employer shall select for the injured employee a treating physician from the physicians listed within the network of the certified workplace medical plan. The employee may apply for a change of physician by utilizing the dispute resolution process set out in the certified workplace medical plan on file with the State Department of Health.

B. If the employer is not covered by a certified workplace medical plan, the employer shall select the treating physician regardless of the number of body parts being treated. The Workers' Compensation Commission on application of the employee shall order one change of treating physician. Upon the Commission's granting of the application, the employer shall provide a list of three physicians from whom the employee may select the replacement. The employer may identify physicians within the same practice, facility or hospital as the treating physician. The only requirement for the list of three physicians is that they be licensed and accredited to perform the necessary treatment.

- 1 SECTION 46. AMENDATORY Section 57, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 57), is amended to read as
- 3 | follows:
- 4 Section 57. A. If an injured employee misses two three or more
- 5 | scheduled appointments for treatment, he or she shall no longer be
- 6 eligible to receive benefits under this act title, unless his or her
- 7 | absence was:
- 8 | 1. Caused by extraordinary circumstances beyond the employee's
- 9 | control as determined by the Workers' Compensation Commission; or
- 10 2. The employee gave the employer at least two (2) hours prior
- 11 | notice of the absence and had a valid excuse.
- B. Inability to get transportation to or from the appointment
- 13 | shall not be considered extraordinary circumstances nor a valid
- 14 excuse for the absence.
- 15 SECTION 47. AMENDATORY Section 59, Chapter 208, O.S.L.
- 16 | 2013 (85A O.S. Supp. 2016, Section 59), is amended to read as
- 17 follows:
- Section 59. A. 1. Compensation under this act title based on
- 19 | the employee's average weekly wage shall be computed by dividing the
- 20 employee's gross earnings by the number of full weeks of employment
- 21 | with the employer, up to a maximum of fifty-two (52) weeks.
- 22 2. If the injured employee was working on a piece basis, the
- average weekly wage shall be determined by dividing the earnings of
- 24 | the employee by the number of hours required to earn the wages

- during the period not to exceed fifty-two (52) weeks preceding the
 week in which the accident occurred and by multiplying this hourly
 wage by the number of hours in a full-time workweek in the
 employment.
 - B. Overtime earnings are to be added to the regular weekly wages and shall be computed by dividing the overtime earnings by the number of weeks worked by the employee in the same employment under the contract of hire in force at the time of the accident, not to exceed a period of fifty-two (52) weeks preceding the accident.
 - C. If, because of exceptional circumstances, the average weekly wage cannot be fairly and justly determined by the above formulas, the <u>Workers' Compensation</u> Commission may determine the average weekly wage by a method that is just and fair to all parties concerned.
 - D. The benefit level for members of the National Guard and any authorized voluntary or uncompensated worker rendering services as a firefighter, peace officer or civil defense worker shall be determined by using the wages of the employee in his or her regular occupation.
- SECTION 48. AMENDATORY Section 62, Chapter 208, O.S.L. 21 2013 (85A O.S. Supp. 2016, Section 62), is amended to read as follows:
- Section 62. A. Notwithstanding the provisions of Section 45 of this act title, if an employee suffers a nonsurgical soft tissue

injury, temporary total disability compensation shall not exceed eight (8) twelve (12) weeks, regardless of the number of parts of the body to which there is a nonsurgical soft tissue injury. An employee who is treated with an epidural steroid injection or injections shall be entitled to an extension of an additional eight (8) weeks total, regardless of the number of epidural steroid injections received. An employee who has been recommended by a treating physician for surgery for a soft tissue injury may petition the Workers' Compensation Commission for one extension of temporary total disability compensation and the Commission may order an extension, not to exceed sixteen (16) additional weeks. If the surgery is not performed within thirty (30) days of the approval of the surgery by the employer, its insurance carrier, or an order of the Commission authorizing the surgery, and the delay is caused by the employee acting in bad faith, the benefits for the extension period shall be terminated and the employee shall reimburse the employer any temporary total disability compensation he or she received beyond eight (8) weeks. An epidural steroid injection, or any procedure of the same or similar physical invasiveness, shall not be considered surgery.

B. For purposes of this section, "surgery" does not include an injection, or the forcing of fluids beneath the skin, for treatment or diagnosis.

24

1

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

- C. For purposes of this section, "soft tissue injury" means
 damage to one or more of the tissues that surround bones and joints.

 Soft tissue injury includes, but is not limited to, sprains,

 trains, contusions, tendonitis and muscle tears. Cumulative trauma

 is to be considered a soft tissue injury. Soft tissue injury does

 not include any of the following:
 - 1. Injury to or disease of the spine, spinal discs, spinal nerves or spinal cord, where corrective surgery is performed;
 - 2. Brain or closed-head injury as evidenced by:
 - a. sensory or motor disturbances,
 - b. communication disturbances,
 - c. complex integrated disturbances of cerebral function,
 - d. episodic neurological disorders, or
 - e. other brain and closed-head injury conditions at least as severe in nature as any condition provided in subparagraphs a through d of this paragraph; or
 - 3. Any joint replacement.
- 18 SECTION 49. AMENDATORY Section 64, Chapter 208, O.S.L.
- 19 2013 (85A O.S. Supp. 2016, Section 64), is amended to read as
- 20 follows:

8

9

10

11

12

1.3

14

15

16

17

Section 64. A. Any person or entity may make written

application to the State Commissioner of Health to have a workplace

medical plan certified that provides management of quality treatment

to injured employees for injuries and diseases compensable under

- 1 this act title. Each application for certification shall be accompanied by a fee of One Thousand Five Hundred Dollars 3 (\$1,500.00). A workplace medical plan may be certified to provide 4 services to a limited geographic area. A certificate is valid for a 5 five-year period, unless revoked or suspended. Application for 6 certification shall be made in the form and manner and shall set 7 forth information regarding the proposed program for providing services as the State Commissioner of Health may prescribe. 8 information shall include, but not be limited to:
 - 1. A list of the names of all medical providers who shall provide services under the plan, together with appropriate evidence of compliance with any licensing or certification requirements for those providers to practice in this state; and
 - 2. A description of the places and manner of providing services under the plan.
 - B. The State Commissioner of Health shall not certify a plan unless he or she finds that the plan:
 - 1. Proposes to provide quality services for all medical services which:
 - a. may be required by this act title in a manner that is timely, effective and convenient for the employee, and
 - b. utilize medical treatment guidelines and protocols consistent with those established by the Official Disability Guidelines;

11

12

13

14

15

16

17

18

19

20

2.1

22

23

- 2. Is reasonably geographically convenient to residents of the area for which it seeks certification;
- 3. Provides appropriate financial incentives to reduce service costs and utilization without sacrificing the quality of service;
- 4. Provides adequate methods of peer review, utilization review and dispute resolution to prevent inappropriate, excessive or medically unnecessary treatment, and excludes participation in the plan by those providers who violate these treatment standards;
- 5. Provides aggressive case management for injured employees and a program for early return to work;
- 6. Provides a timely and accurate method of reporting to the State Commissioner of Health necessary information regarding medical service costs and utilization to enable the State Commissioner of Health to determine the effectiveness of the plan;
- 7. Authorizes necessary emergency medical treatment for an injury provided by a provider of medical, surgical, and hospital services who is not a part of the plan; and
- 8. Does not discriminate against or exclude from participation in the plan any category of providers of medical, surgical, or hospital services and includes an adequate number of each category of providers of medical, surgical, and hospital services to give participants access to all categories of providers and does not discriminate against ethnic minority providers of medical services.

- C. The State Commissioner of Health may accept findings, licenses or certifications of other state agencies as satisfactory evidence of compliance with a particular requirement of this section.
- D. Except for self-insured employers, if any insurer does not contract with or provide access to a certified workplace medical plan, an insured, after sixty (60) days' written notice to its insurance carrier, shall be authorized to contract independently with a plan of his or her choice for a period of one (1) year, to provide medical care under this act title. The insured shall be authorized to contract, after sixty (60) days' written notice to its insurance carrier, for additional one-year periods if the insurer has not contracted with or provided access to a certified workplace medical plan.
- E. If an employer is not experience-rated when it participates in a certified workplace medical plan, its workers' compensation insurer shall grant a ten-percent premium reduction.
- F. The State Commissioner of Health shall refuse to certify or shall revoke or suspend the certification of a plan if the State Commissioner of Health finds that the program for providing medical or health care services fails to meet the requirements of this section, or service under the plan is not being provided in accordance with the terms of the plan.

- 1 The State Commissioner of Health shall implement a site visit protocol for employees of the State Department of Health to perform an inspection of a certified workplace medical plan to ensure that medical services to an employee and the medical management of the employee's needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of this act and the State Department of Health. This protocol shall include, but not be limited to:
 - A site visit shall be made to each certified workplace medical plan not less often than once every year, but not later than thirty (30) days following the anniversary date of issuance of the initial or latest renewal certificate;
 - 2. A site visit shall determine whether or not a certified workplace medical plan is operating in accordance with its latest application to the State Department of Health;
 - 3. Compliant operations shall include, but not be limited to:
 - timely and effective medical services available with reasonable geographic convenience,
 - b. treatment guidelines and protocols consistent with the Official Disability Guidelines, and
 - C. effective programs for utilization review, case management, grievances, and dispute resolution;
 - Performance of a site visit shall include:

3

5

7

8

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

23

- a. inspection of organizational documentation,
 - b. inspection of systems documentation and processes,
 - c. random or systematic sampling of closed and open case management cases,
 - d. workplace medical plan employee and management interviews, as appropriate;
- 5. An initial site visit may occur with an interval of less than twelve (12) months to a recently certified plan, or a site visit may occur more often than once in every twelve (12) months if the State Commissioner of Health has reason to suspect that a plan is not operating in accordance with its certification;
- 6. If a deficient practice is identified during a site visit, the State Department of Health shall require a certified workplace medical plan to submit a timely and acceptable written plan of correction, and then may perform a follow-up visit or visits to ensure that the deficient practice has been eliminated;
- 7. If a deficient practice is not remedied by a certified workplace medical plan on a timely basis, the State Commissioner of Health shall revoke or suspend the certification of the plan;
- 8. In addition to the certification fee required pursuant to subsection A of this section, certified workplace medical plans shall pay the State Department of Health:
 - a. One Thousand Five Hundred Dollars (\$1,500.00) for an initial annual site visit, and

- b. One Thousand Dollars (\$1,000.00) for each follow-up visit, but only if less than two site visits occur in a twelve-month period; and
- 9. In addition to the site visit fee required pursuant to paragraph 8 of this subsection, employees of the State Department of Health may charge to the certified workplace medical plan reasonable travel and travel-related expenses for the site visit such as overnight lodging and meals. A certified workplace medical plan shall reimburse travel expenses to the State Department of Health at rates equal to the amounts then currently allowed under the State Travel Reimbursement Act.
- I. The State Board of Health shall adopt such rules as may be necessary to implement the provisions of this section. Such rules shall authorize any person to petition the State Commissioner of Health for decertification of a certified workplace medical plan for a material violation of any rules promulgated pursuant to this section.
- SECTION 50. AMENDATORY Section 65, Chapter 208, O.S.L.

 2013, as amended by Section 3, Chapter 390, O.S.L. 2015 (85A O.S.

 20 Supp. 2016, Section 65), is amended to read as follows:
 - Section 65. A. If an employee suffers from an occupational disease as defined in this section and is disabled or dies as a result of the disease, the employee, or, in case of death, his or her dependents, shall be entitled to compensation as if the

- disability or death were caused by injury arising out of work
 activities within the scope of employment, except as otherwise
 provided in this section.
 - B. No compensation shall be payable for an occupational disease if the employee, at the time of entering into the employment of the employer by whom the compensation would otherwise be payable, falsely represented himself or herself in writing as not having previously been disabled, laid off, or compensated in damages or otherwise, because of the disease.
 - C. 1. If an occupational disease is aggravated by any other disease or infirmity, not itself compensable, or if disability or death from any other cause, not itself compensable, is aggravated, prolonged, accelerated, or in any way contributed to by an occupational disease, the compensation payable shall be reduced and limited to the proportion only of the compensation that would be payable if of the occupational disease were the major cause of the disability or death as the occupational disease, as a causative factor, bears to all the causes of the disability or death that is compensable.
 - 2. The reduction in compensation is to be effected by reducing the number of weekly or monthly payments or the amounts of the payments, as under the circumstances of the particular case may be for the best interest of the claimant employee.

- D. 1. "Occupational disease", as used in this act, unless the context otherwise requires, means any disease that results in disability or death and arises out of and in the course of the occupation or employment of the employee or naturally follows or unavoidably results from an injury as that term is defined in this act. A causal connection between the occupation or employment and the occupational disease shall be established by a preponderance of the evidence.
- 2. No compensation shall be payable for any contagious or infectious disease unless contracted in the course and scope of employment.
- 3. No compensation shall be payable for any ordinary disease of life to which the general public is exposed.
- E. 1. When compensation is payable for an occupational disease, the employer in whose employment the employee was last injuriously exposed to the hazards of the disease and the carrier, if any, on the risk when the employee was last injuriously exposed under the employer shall be liable.
- 2. The amount of the compensation shall be based on the average weekly wage of the employee when last injuriously exposed under the employer, and the notice of injury and claim for compensation shall be given and made to that employer.
- F. 1. An employer shall not be liable for any compensation for an occupational disease unless:

- 1 the disease is due to the nature of an employment in 2 which the hazards of the disease actually exist and is 3 actually incurred in the course and scope of his or 4 her employment. This includes any disease due to or 5 attributable to exposure to or contact with any radioactive material by an employee in the course and 6 7 scope of his or her employment, b. disablement or death results within three (3) years in 8 9 case of silicosis or asbestosis, or one (1) year in
 - b. disablement or death results within three (3) years in case of silicosis or asbestosis, or one (1) year in case of any other occupational disease, except a diseased condition caused by exposure to X-rays, radioactive substances, or ionizing radiation, after the last injurious exposure to the disease in the employment, or
 - c. in case of death, death follows continuous disability from the disease, commencing within the period, for which compensation has been paid or awarded or timely claim made as provided in subparagraph b of this paragraph and results within seven (7) years after the last exposure.
 - 2. However, in case of a diseased condition caused by exposure to X-rays, radioactive substances, or ionizing radiation only, the limitations expressed do not apply.

11

12

1.3

14

15

16

17

18

19

20

21

22

- 1 SECTION 51. AMENDATORY Section 66, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 66), is amended to read as
- 3 follows:
- 4 Section 66. A. As used in this act title, unless the context
- 5 otherwise requires:
- 6 1. "Asbestosis" means the characteristic fibrotic condition of
- 7 | the lungs caused by the inhalation of asbestos dust; and
- 8 | 2. "Silicosis" means the characteristic fibrotic condition of
- 9 the lungs caused by the inhalation of silica dust.
- 10 B. In the absence of conclusive evidence in favor of the claim,
- 11 disability or death from silicosis or asbestosis shall be presumed
- 12 | not to be due to the nature of any occupation within the provision
- of this section unless during the ten (10) years immediately
- 14 preceding the date of disablement the employee has been exposed to
- 15 | the inhalation of silica dust or asbestos dust over a period of not
- 16 less than five (5) years, two (2) years of which shall have been in
- 17 this state, under a contract of employment performed in this state.
- 18 | However, if the employee has been employed by the same employer
- 19 during the entire five-year period, his or her right to compensation
- against the employer shall not be affected by the fact that he or
- 21 | she had been employed during any part of the period outside of this
- 22 state.
- C. Except as otherwise provided in this section, compensation
- 24 | for disability from uncomplicated silicosis or asbestosis shall be

- payable in accordance with the provisions of Sections 45 and 48 of this act title.
- D. 1. In case of disability or death from silicosis or asbestosis complicated with tuberculosis of the lungs, compensation shall be payable as for uncomplicated silicosis or asbestosis, provided that the silicosis or asbestosis was an essential factor in the causing of disability or death.
- 2. In case of disability or death from silicosis or asbestosis complicated with any other disease, or from any other disease complicated with silicosis or asbestosis, the compensation shall be reduced as provided in subsection C of Section 65 of this act title.
- E. 1. When an employee, though not actually disabled, is found by the <u>Workers' Compensation</u> Commission to be affected by silicosis or asbestosis to such a degree as to make it unduly hazardous for him or her to continue in an employment involving exposure to the hazards of the disease, the Commission may order that he or she be removed from his or her employment. In such a case, or in case he or she has already been discharged from the employment and is unemployed, he or she shall be entitled to compensation until he or she can obtain steady employment in some other suitable occupation in which there are no hazards of the disease.
- 2. When in any case the forced change of employment shall, in the opinion of the Commission, require that the employee be given special training in order to qualify him or her for another

- 1 occupation, the employer liable for compensation shall pay for the
- 2 vocational rehabilitation and training provided for in this act
- 3 title.
- 4 SECTION 52. AMENDATORY Section 68, Chapter 208, O.S.L.
- 5 | 2013 (85A O.S. Supp. 2016, Section 68), is amended to read as
- 6 | follows:
- 7 | Section 68. A. Unless an An employee gives oral or written
- 8 | must give notice to the employer within thirty (30) fifteen (15)
- 9 days of the:
- 10 1. The date an the injury occurs, the; or
- 11 | 2. If the injury is an occupational disease or cumulative
- 12 | trauma, the date the employee knew or should have known that the
- 13 | injury may be related to the employment.
- B. If the employee does not give timely notice of an injury,
- 15 there shall be a rebuttable presumption shall be that the injury was
- 16 | not work-related. Such is not a compensable injury; provided,
- 17 however, the presumption must may be overcome by a preponderance of
- 18 | the evidence.
- 19 B. Unless an employee gives oral or written notice to the
- 20 employer within thirty (30) days of the employee's separation from
- 21 employment, there shall be a rebuttable presumption that an
- 22 | occupational disease or cumulative trauma injury did not arise out
- of and in the course of employment. Such presumption must be
- 24 | overcome by a preponderance of the evidence.

SECTION 53. AMENDATORY Section 69, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 69), is amended to read as follows:

Section 69. A. Time for Filing.

- 1. A claim for benefits under this act, other than an occupational disease, the Administrative Workers' Compensation Act shall be barred unless it is filed with the Workers' Compensation Commission within:
 - <u>a.</u> one (1) year from the date of the injury,
 - b. two (2) years from the date of injury for an occupational disease or cumulative trauma, and
 - c. two (2) years from the date of death. If during the one-year period following the filing of the claim the employee receives no weekly benefit compensation and receives no medical treatment resulting from the alleged injury, the claim shall be barred thereafter. For purposes of this section, the date of the injury shall be defined as the date an injury is caused by an accident as set forth in paragraph 9 of Section 2 of this act.
 - 2. a. A claim for compensation for disability on account of injury which is either an occupational disease or occupational infection shall be barred unless filed with the Commission within two (2) years from the date

1.3

2.1

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

b.

15

16

17

12

1.3

14

18

19

20

21

22

24

23

of the last injurious exposure to the hazards of the disease or infection.

- A claim for compensation for disability on account of silicosis or asbestosis shall be filed with the Commission within one (1) year after the time of disablement, and the disablement shall occur within three (3) years from the date of the last injurious exposure to the hazard of silicosis or asbestosis.
- e. A claim for compensation for disability on account of a disease condition caused by exposure to X-rays, radioactive substances, or ionizing radiation only shall be filed with the Commission within two (2) years from the date the condition is made known to an employee following examination and diagnosis by a medical doctor.
- 3. A claim for compensation on account of death shall be barred unless filed with the Commission within two (2) years of the date of such a death.
- 4. If within six (6) months after the filing of a claim for compensation no bona fide request for a hearing has been made with respect to the claim, the claim may, on motion and after hearing, be dismissed with prejudice For the purposes of this section, the date of injury for an occupational disease or cumulative trauma shall be

the date that the employee knew or should have known that the injury may be related to the employment.

B. Time for Filing Additional Compensation.

- 1. In cases in which any compensation, including disability or medical, has been paid on account of injury, a claim for additional compensation shall be barred unless filed with the Commission within one (1) year from the date of the last payment of disability compensation or two (2) years from the date of the injury, whichever is greater If a claim for benefits under this title has been timely filed with the Commission, any claim for additional benefits must be filed within three (3) months after the date that the last benefit was received, except as otherwise prescribed by the treating physician at the time of the last appointment the employee has with the treating physician.
- 2. The statute of limitations provided in this subsection shall not apply to claims for the replacement of medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus permanently or indefinitely required as the result of a compensable injury, when the employer or carrier previously furnished such medical supplies, but replacement of such items shall not constitute payment of compensation so as to toll the statute of limitations.
- C. A claim for additional compensation shall specifically state that it is a claim for additional compensation. Documents which do

not specifically request additional benefits shall not be considered a claim for additional compensation.

D. If within six (6) months after the filing of a claim for additional compensation no bona fide request for a hearing has been made with respect to the claim, the claim shall be dismissed without prejudice to the refiling of the claim within the limitation period specified in subsection B of this section.

E. Failure to File. Failure to file a claim within the period prescribed in subsection A or B of this section shall not be a bar to the right to benefits hereunder unless objection to the failure is made at the first hearing on the claim in which all parties in interest have been given a reasonable notice and opportunity to be heard by the Commission.

F. Persons under Disability.

1. Notwithstanding any statute of limitation provided for in this act, when it is established that failure to file a claim by an injured employee or his or her dependents was induced by fraud, the claim may be filed within one (1) year from the time of the discovery of the fraud.

2. Subsections A and B of this section shall not apply to a mental mentally incompetent person or a minor so long as the person has no guardian or similar legal representative. The limitations prescribed in subsections A and B of this section shall apply to the mental mentally incompetent person or minor from the date of the

- appointment of a guardian or similar legal representative for that person, and when no guardian or similar representative has been appointed, to a minor on reaching the age of majority.
 - C. A latent injury or condition shall not delay or toll the limitation periods specified in this section. This subsection shall not apply to the limitation period for occupational diseases specified in paragraph 2 of subsection A of this section.
- 8 SECTION 54. AMENDATORY Section 70, Chapter 208, O.S.L.
 9 2013 (85A O.S. Supp. 2016, Section 70), is amended to read as
 10 follows:
 - Section 70. The <u>Workers' Compensation</u> Commission is authorized and directed to promulgate rules to establish and implement a preliminary conference procedure designed to accomplish the following objectives:
 - 1. To provide the <u>claimant employee</u> an opportunity to confer with a legal advisor on the staff of the Commission to be advised of his or her rights under this <u>act title</u> and to ensure that the rights are protected. The conference shall be held in the county where the accident occurred, if the accident occurred in this state, unless otherwise agreed to by the parties, or otherwise directed by the Commission;
 - 2. To provide an opportunity for, but not compel, a binding settlement of some or all the issues present at the time;

- 3. To facilitate the resolution of issues without the expense of litigation or attorney fees for either party; and
- 4. To authorize the legal advisor to approve compromise settlements entered into while attending or as a result of the preliminary conference and those joint petition settlements entered into under Section 87 of this act title. Provided, however, the same legal advisors shall not both advise the claimant employee and approve the joint petition.
- 9 SECTION 55. AMENDATORY Section 71, Chapter 208, O.S.L.
 10 2013 (85A O.S. Supp. 2016, Section 71), is amended to read as
 11 follows:
 - Section 71. A. Notice. Within ten (10) days after a an Employee's Notice of Claim for Compensation or other claim for compensation benefits has been filed, the Workers' Compensation Commission shall notify the employer and any other interested person of the filing of the claim.
 - B. Investigation Hearing.
 - 1. The Commission shall assign the claim to an administrative law judge who shall hold a hearing on application of any interested party, or on its own motion prehearing conference within seven (7) days after the filing of the Employee's Notice of Claim for Compensation or other claim for benefits. At the prehearing conference, the issue or issues shall be set for trial at a date no later than sixty (60) days after the prehearing conference.

2.1

- 2. An application for a hearing shall clearly set forth the specific issues of fact or law in controversy and the contentions of the party applying for the hearing.
- 3. If any party is not represented by a lawyer, the administrative law judge shall define the issues to be heard.
- 4. If a hearing on the claim is ordered, the administrative law judge shall give the claimant and other interested parties ten (10) days' notice of the hearing served personally on the claimant and other parties, or by registered mail. The hearing shall be held in Tulsa or Oklahoma County, as determined by the Commission.
- 5. The award, together with the statement of the findings of fact and other matters pertinent to the issues, shall be filed with the record of the proceedings, and a copy of the award shall immediately be sent to the parties in or to counsels of record, if any.
- C. <u>Hearings and trials shall not be continued</u>, absent extraordinary circumstances as determined by the Commission.
 - D. Evidence and Construction.
 - 1. a. At the hearing the <u>claimant employee</u> and the employer may each present evidence relating to the claim.

 Evidence may be presented by any person authorized in writing for such purpose. The evidence may include verified medical reports which shall be accorded such

- weight as may be warranted when considering all evidence in the case.
 - b. Any determination of the existence or extent of physical impairment disability shall be supported by objective and measurable physical or mental findings.
 - 2. When deciding any issue, administrative law judges and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof on the issue has established it by a preponderance of the evidence.
 - 3. Administrative law judges, the Commission, and any reviewing courts shall strictly construe the provisions of this act title.
 - 4. In determining whether a party has met the burden of proof on an issue, administrative law judges and the Commission shall weigh the evidence impartially and without giving the benefit of the doubt to any party.
 - D. Judgment. E. The judgment denying the claim or making the award shall be filed in the office of the Commission, and a copy shall be sent by registered mail, facsimile, electronic mail or by other electronic means with confirmation of receipt to the claimant employee and to the employer or to their attorneys.
 - E. F. No compensation for disability of an injured employee shall be payable for any period beyond his or her death; provided, however, an award of compensation for disability may be made after

- 1 the death of the injured employee for the period of disability
 2 preceding death.
 - G. Conduct of Hearing or Inquiry.

- 1. In making an investigation or inquiry or conducting a hearing, the administrative law judges and the Commission shall not be bound by technical or statutory rules of evidence or by technical or formal rules of procedure, except as provided by this title. The administrative law judges and the Commission may make such investigation or inquiry, or conduct the hearing, in a manner as shall best ascertain the rights of the parties.
- 2. Declarations of a deceased employee concerning the injury may be received in evidence and may, if corroborated by other evidence, be sufficient to establish the injury.
- 3. When deciding any issue, administrative law judges and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof on the issue has established the proof by a preponderance of evidence.
- 4. Administrative law judges are required to make specific, onthe-record findings of ultimate facts responsive to the issues
 shaped by the evidence as well as conclusions of law on which
 judgment is to be rested.
 - H. Hearings to be Public Records.
- 1. a. Hearings before the Commission shall be open to the public and shall be stenographically reported. The

- Commission is authorized to contract for the reporting of the hearings.
 - <u>b.</u> The Commission shall, by rule, provide for the preparation of a record of all hearings and other proceedings before it.
 - 2. The Commission shall not be required to stenographically report or prepare a record of joint petition hearings. The administrative law judge or legal advisor shall record the hearing at no cost to the parties.
 - I. Introduction of Evidence.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

2.1

22

23

2.4

- 1. All oral evidence or documentary evidence shall be presented to the designated representative of the Commission at the initial hearing on a controverted claim. The oral evidence shall be stenographically reported. Each party shall present all evidence at the initial hearing. Further hearings for the purpose of introducing additional evidence shall be granted only at the discretion of the hearing officer or Commission. A request for a hearing for the introduction of additional evidence shall show the substance of the evidence desired to be presented.
 - 2. a. Any party proposing to introduce medical reports or testimony of physicians at the hearing of a controverted claim shall, as a condition precedent to the right to do so, furnish to the opposing party and to the Commission copies of the written reports of the

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

11

12

1.3

14

15

16

17

18

19

20

21

22

physicians of their findings and opinions at least seven (7) days before the date of the hearing. If no written reports are available to a party, the party shall notify in writing the opposing party and the Commission of the name and address of the physicians proposed to be used as witnesses and the substance of their testimony at least seven (7) days before the hearing.

- b. If the opposing party desires to cross-examine the physician, he or she should notify the party who submits a medical report to him or her as soon as practicable, in order that he or she may make every effort to have the physician present for the hearing.
- 3. A party failing to observe the requirements of this subsection may not be allowed to introduce medical reports or testimony of physicians at a hearing, except in the discretion of the hearing officer or the Commission.
- 4. The time periods may be waived by the consent of the parties.
- J. Expert testimony shall not be allowed unless it satisfies the requirements of Federal Rule of Evidence 702 with annotations and amendments.

23

1 SECTION 56. AMENDATORY Section 77, Chapter 208, O.S.L.

2 | 2013 (85A O.S. Supp. 2016, Section 77), is amended to read as

3 follows:

1.3

follows:

Section 77. If the <u>Workers' Compensation</u> Commission is a party to or is otherwise interested in a court proceeding under this act <u>title</u>, it may employ attorneys to appear on its behalf. If requested by the Commission, it shall be the duty of the Attorney General or the <u>prosecuting district</u> attorneys of the different districts to represent the Commission without extra compensation.

SECTION 57. AMENDATORY Section 78, Chapter 208, O.S.L.

Section 78. A. Any party feeling aggrieved by the judgment, decision, or award made by the administrative law judge may, within ten (10) days of issuance, appeal to the Workers' Compensation Commission. After hearing arguments, the Commission may reverse or modify the decision only if it determines that the decision was against the clear weight of the evidence or contrary to law. All such proceedings of the Commission shall be recorded by a court reporter, if requested by any party. Any judgment of the Commission which reverses a decision of the administrative law judge shall contain specific findings relating to the reversal.

B. The chair of the Commission shall have the authority to appoint an administrative law judge to the en banc panel when any

- Commissioner of the Commission is disqualified for any reason, to

 fill a vacancy, or in the absence of a Commissioner; provided, the

 appointed administrative law judge shall not have presided over any
- 4 of the previous hearings on the claim.

11

12

13

14

15

16

17

18

- 5 <u>C.</u> The appellant shall pay a filing fee of One Hundred Seventy-6 five Dollars (\$175.00) to the Commission at the time of filing his 7 or her appeal. The fee shall be deposited in the Workers' 8 Compensation Fund.
 - E. D. The judgment, decision or award of the Commission shall be final and conclusive on all questions within its jurisdiction between the parties unless an action is commenced in the Supreme Court of this state to review the judgment, decision or award within twenty (20) days of being sent to the parties. Any judgment, decision or award made by an administrative law judge shall be stayed until all appeal rights have been waived or exhausted. The Supreme Court may modify, reverse, remand for rehearing, or set aside the judgment or award only if it was:
 - 1. In violation of constitutional provisions;
- 20 Commission;
 - 3. Made on unlawful procedure;
- 4. Affected by other error of law;
- 5. Clearly erroneous in view of the reliable, material, probative and substantial competent evidence;

- 6. Arbitrary or capricious;
- 7. Procured by fraud; or

3

19

20

21

22

23

24

8. Missing findings of fact on issues essential to the decision.

5 This action shall be commenced by filing with the Clerk of the Supreme Court a certified copy of the judgment, decision or award of 6 7 the Commission attached to the petition by the complaint which shall specify why the judgment, decision or award is erroneous or illegal. The proceedings shall be heard in a summary manner and shall have 10 precedence over all other civil cases in the Supreme Court, except 11 preferred Corporation Commission appeals. The Supreme Court shall 12 require the appealing party to file within forty-five (45) days from 13 the date of the filing of an appeal or a judgment appealed from, a 14 transcript of the record of the proceedings before the Commission, 15 or such later time as may be granted by the Supreme Court on 16 application and for good cause shown. The action shall be subject 17 to the law and practice applicable to other civil actions cognizable 18 in the Supreme Court.

D. E. A fee of One Hundred Dollars (\$100.00) per appeal to the Supreme Court shall be paid to the Commission and deposited in the Workers' Compensation Fund as costs for preparing, assembling, indexing and transmitting the record for appellate review. This fee shall be paid by the party taking the appeal. If more than one party to the action files an appeal from the same judgment, decision

or award, the fee shall be paid by the party whose petition in error commences the principal appeal.

3 SECTION 58. AMENDATORY Section 82, Chapter 208, O.S.L.

2013 (85A O.S. Supp. 2016, Section 82), is amended to read as

follows:

4

5

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

23

24

Section 82.

- A. 1. a. Fees for legal services rendered in a claim shall not be valid unless approved by the <u>Workers' Compensation</u>

 Commission.
 - b. An attorney representing an injured employee may only recover attorney fees up to ten percent (10%) of any temporary total disability or temporary partial disability compensation and twenty percent (20%) fifteen percent (15%) of any permanent partial disability, permanent total disability, or death compensation awarded to an injured employee by the Commission from a controverted claim. If the employer makes a written offer to settle permanent partial disability, permanent total disability, or death compensation and that offer is rejected, the employee's attorney may not recover attorney fees in excess of thirty percent (30%) of the difference between the amount of any award and the settlement offer.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	

- (1) Attorney fees may not be collected for recovery on noncontroverted claims.
- (2) Attorney fees shall not be awarded on medical benefits or services.
- (3) The fee for legal services rendered by an attorney representing an employee in connection with a change of physician requested by the injured employee, controverted by the employer, and awarded by the Commission, shall be Two Hundred Dollars (\$200.00).
- (4) Attorney fees may include not more than ten

 percent (10%) of the value, or reasonable

 estimate thereof, of vocational rehabilitation

 services.
- contested hearing before the Commission over whether
 there has been a compensable injury or whether the
 employee is entitled to a claim for which the employer
 has denied compensability or denied the payment of
 temporary total disability, temporary partial
 disability, permanent partial disability, permanent
 total disability, or death compensation. A request
 for a change in physician shall not trigger a
 controverted claim for purposes of recovering any

attorney fees except the fees under division 3 of subparagraph b of this paragraph. A controverted claim shall not exist if the employee or his or her representative has withheld pertinent information in his or her possession related to the claim from the employer or has violated the provisions of Section 6 of this act title.

- 2. Any person who or entity that brings a controverted claim against the State Treasurer, as a custodian of the Multiple Injury Trust Fund, shall provide notice of the claim to the Commission.

 Thereafter, the Commission shall direct fees for legal services be paid from the Fund, in addition to any compensation award. The fees shall be authorized only on the difference between the amount of compensation controverted and the amount awarded from the Fund.
- 3. In any case where attorney fees are allowed by the Commission, the limitations expressed in subparagraph b of paragraph 1 of this subsection shall apply.
- 4. Medical providers may voluntarily contract with the attorney for the employee to recover disputed charges, and the provider may charge a reasonable fee for the cost of collection.
- B. An attorney representing an employee under this $\frac{\text{title}}{\text{may}}$ not recover fees for services except as expressly provided in this section.

- 1 SECTION 59. AMENDATORY Section 85, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 85), is amended to read as
- 3 | follows:
- 4 Section 85. Clean claims for services rendered under this act
- 5 | title are payable within thirty (30) days after receipt by the
- 6 employer unless disputed as to compensability or amount. "Clean
- 7 claim" means a claim that has no defect or impropriety, including a
- 8 | lack of any required substantiating documentation, or particular
- 9 circumstance requiring special treatment that impedes prompt
- 10 payment.
- 11 SECTION 60. AMENDATORY Section 86, Chapter 208, O.S.L.
- 12 | 2013 (85A O.S. Supp. 2016, Section 86), is amended to read as
- 13 follows:
- 14 Section 86. A. 1. Each employer desiring to controvert an
- employee's right to compensation shall file with the Workers'
- 16 | Compensation Commission on or before the fifteenth day following
- 17 | notice of the alleged injury or death a statement on a form
- 18 prescribed by the Commission that the right to compensation is
- 19 | controverted and the grounds for the controversion, the names of the
- 20 claimant employee, employer, and carrier, if any, and the date and
- 21 place of the alleged injury or death.
- 22 2. Failure to file the statement of controversion shall not
- preclude the employer's ability to controvert the claim or cause it

- to waive any defenses. The employer can make additional defenses not included in the initial notice at any time.
- If an employer is unable to obtain sufficient medical 3 4 information as to the alleged injury or death within fifteen (15) 5 days following receipt of notice, although the employer has acted in good faith and with all due diligence, the employer may apply in 6 7 writing for an extension of time for making payment of the first installment or controverting the claim. This written application is 8 to be postmarked within the fifteen-day period. The Commission may, 10 in its discretion, grant the extension and fix the additional time 11 to be allowed. Filing of application for an extension shall not be 12 deemed to be a controversion of the claim.
 - C. The provisions in subsection B of this section shall not apply in cases where the physician is an employee of, on retainer with, or has a written contract to provide medical services for the employer.
- SECTION 61. AMENDATORY Section 87, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 87), is amended to read as follows:
- Section 87. A. If the employer or carrier and the injured
 employee desire to settle the claim, they shall file a joint
 petition for settlement with the Workers' Compensation Commission.

 After the joint petition has been filed, the Commission shall order

14

15

16

1

- 1 that all claims between the parties have been settled. No appeal 2 shall lie from a judgment or award denying a joint petition.
- B. The Commission shall not approve a joint petition or other

 settlement that provides for the payment of benefits in a lump sum

 except as otherwise provided in this title.
- 6 SECTION 62. AMENDATORY Section 89, Chapter 208, O.S.L.
- 7 2013 (85A O.S. Supp. 2016, Section 89), is amended to read as
- 8 follows:

10

11

12

13

14

15

16

17

- Section 89. If the employer has made advance payments for compensation, the employer shall be entitled to be reimbursed out of any unpaid installment or installments of compensation due. If the injured employee receives full wages during disability, he or she shall not be entitled to compensation during the period. Any wages paid by the employer, over the statutory temporary disability maximum, shall be deducted from the permanent partial disability award. Such deduction shall be made after any such applicable attorney fee and any such assessment made pursuant to Sections 45 and 46 of this act title have been paid.
- 19 SECTION 63. AMENDATORY Section 91, Chapter 208, O.S.L.
- 20 | 2013 (85A O.S. Supp. 2016, Section 91), is amended to read as
- 21 follows:
- Section 91. Compensation shall bear interest pursuant to

 Section 727.1 of Title 12 of the Oklahoma Statutes from the day an

 award is made by either an administrative law judge or the full

- 1 | Workers' Compensation Commission on all accrued and unpaid
- 2 | compensation.
- 3 | SECTION 64. AMENDATORY Section 94, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 94), is amended to read as
- 5 follows:
- 6 Section 94. An employee who is incarcerated shall not be
- 7 eligible to receive medical or disability benefits under this act
- 8 title.
- 9 SECTION 65. AMENDATORY Section 95, Chapter 208, O.S.L.
- 10 | 2013 (85A O.S. Supp. 2016, Section 95), is amended to read as
- 11 | follows:
- 12 Section 95. A. On approval by the Insurance Commissioner, and
- 13 | following the adoption of such rules as the Insurance Commissioner
- 14 deems necessary, each insurer issuing a policy under this act title
- 15 | shall offer, as a part of the policy or as an optional endorsement
- 16 to the policy, deductibles optional to the policyholder for benefits
- 17 payable under this act title. Deductible amounts offered shall be
- 18 | fully disclosed to the prospective policyholder in writing. The
- 19 policyholder exercising the deductible option shall choose only one
- 20 | deductible amount.
- B. Optional deductibles shall be offered in each policy
- 22 | insuring liability for workers' compensation that is issued,
- delivered, issued for delivery, or renewed under this act title on
- or after approval by the Insurance Commissioner, unless an insured

- employer and insurer agree to renegotiate a workers' compensation policy in effect on that date so as to include a provision allowing for a deductible.
- C. If the policyholder exercises the option and chooses a deductible, the insured employer shall be liable for the amount of the deductible for benefits paid for each compensable claim of work injury suffered by an employee. The insurer shall pay all or part of the deductible amount, whichever is applicable to a compensable claim, to the person or medical provider entitled to the benefits conferred by this act title and seek reimbursement from the insured employer for the applicable deductible amount. The payment or nonpayment of deductible amounts by the insured employer to the insurer shall be treated under the policy insuring the liability for workers' compensation in the same manner as payment or nonpayment of premiums.
- D. If the Insurance Commissioner determines it to be feasible, and under such rules as he or she may adopt, premium reduction for deductibles may be determined before the application of any experience modification, premium surcharge, or premium discounts, and, to the extent that an employer's experience rating or safety record is based on benefits paid, money paid by the insured employer under a deductible as provided in this section may not be included as benefits paid so as to harm the experience rating of the employer.

- E. This section shall not apply to employers who are approved to self-insure against liability for workers' compensation or group self-insurance funds for workers' compensation.
- 4 SECTION 66. AMENDATORY Section 98, Chapter 208, O.S.L.
- 5 | 2013, as amended by Section 4, Chapter 169, O.S.L. 2014 (85A O.S.
- 6 | Supp. 2016, Section 98), is amended to read as follows:
- Section 98. The Self-insurance Guaranty Fund shall be derived 8 from the following sources:
 - 1. Any unexpended funds, including interest thereon, held by the State Treasurer in the Workers' Compensation Self-insurance Guaranty Fund transferred to the Self-insurance Guaranty Fund as provided in Section 124 of this title;
 - 2. Until In the event that the Self-insurance Guaranty Fund contains Two Million Dollars (\$2,000,000.00) or in the event the amount in the fund falls below One Million Dollars (\$1,000,000.00)

 Eight Hundred Thousand Dollars (\$800,000.00) or less, an assessment levied by the Workers' Compensation Commission against each private self-insurer and group self-insurance association based on an assessment rate to be determined by the commissioners, not exceeding one percent (1%) two percent (2%) of actual paid losses of the self-insurer during the preceding calendar year, payable to the Tax Commission for deposit to the fund. The assessment against private self-insurers shall be determined using a rate equal to the proportion that the deficiency in the fund attributable to private

1.3

self-insurers bears to the actual paid losses of all private self-insurers for the year period of January 1 through December 31 preceding the assessment. The assessment against group self-insurance associations shall be determined using a rate equal to the proportion that the deficiency in excess of the surplus of the Group Self-Insurance Association Guaranty Fund at the date of the transfer attributable to group self-insurance associations bears to the actual paid losses of all group self-insurance associations cumulatively for any calendar year preceding the assessment. Each self-insurer shall provide the Workers' Compensation Commission with such information as the Commission may determine is necessary to effectuate the purposes of this paragraph. For purposes of this paragraph, "actual paid losses" means all medical and indemnity payments, including temporary disability, permanent disability, and death benefits, and excluding loss adjustment expenses and reserves.

- a. The assessment shall be paid within thirty (30) calendar days after the date the commissioners notify the self-insurer of the assessment.
- b. A private employer or group self-insurance association which ceases to be a self-insurer shall remain liable for any and all assessments of the self-insurer as provided in this paragraph based on actual paid losses for the calendar year period preceding the assessment.

2.1

Failure of a self-insurer to pay, or timely pay, an assessment required by this paragraph, or to report payment of the same to the Commission within ten (10) days of payment, shall be grounds for revocation by the Commission of the self-insurer's permit to selfinsure in this state, after notice and hearing. A former self-insurer failing to make payments required by this paragraph promptly and correctly, or failing to report payment of the same to the Commission within ten (10) days of payment, shall be subject to administrative penalties as allowed by law, including but not limited to, a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid and deposited to the credit of the Workers' Compensation Fund created in Section 28 of this title. It shall be the duty of the Tax Commission to collect the assessment provided for in this paragraph. The Tax Commission is authorized to bring an action for recovery of any delinquent or unpaid assessments, and may enforce payment of the assessment by proceeding in accordance with Section 79 of this title.

- d. An impaired self-insurer shall be exempt from assessments beginning on the date of the Commission's designation until the Commission determines the self-insurer is no longer impaired.
 - of March 1 and September 1 of each year, and when otherwise requested by the Workers' Compensation Commission, and shall advise the Workers' Compensation Commission in writing within thirty (30) days of each such determination; and
- 3. Any excess funds, including interest thereon, transferred to the Self-insurance Guaranty Fund, as provided in subsection D of Section 99 of this title; and
- 4. Any interest accruing on monies paid into the fund.
 SECTION 67. AMENDATORY Section 99, Chapter 208, O.S.L.
 2013, as amended by Section 5, Chapter 169, O.S.L. 2014 (85A O.S.
 Supp. 2016, Section 99), is amended to read as follows:

Section 99. On determination by the <u>Workers' Compensation</u>

Commission that a self-insurer has become an impaired self-insurer,
the Commission shall secure release of the security required by
Section 38 of this title and, advise the Self-insurance Guaranty

Fund Board of the impairment and transfer the proceeds of the

security to the Self-insurance Guaranty Fund Board to be maintained
in a segregated interest-bearing division special agency account for

administering workers' compensation obligations of the impaired self-insurer. The Self-insurance Guaranty Fund Board shall be the fiduciary of the account. Claims administration, including processing, investigating and paying valid claims against an impaired self-insurer under the Administrative Workers' Compensation Act, may include payment by the surety that issued the surety bond or be under a contract between the Commission and an insurance carrier, appropriate state governmental entity or an approved service organization, as approved by the Commission.

- B. Proceeds from the released security, including interest thereon, shall be used by the Board to administer the workers' compensation obligations of the impaired self-insurer. Claims administration includes, but is not limited to, processing, investigating and paying claims, actuarial studies, attorney fees incurred for filing a proof of claim in the bankruptcy of the impaired self-insurer, and a pro rata portion of the staff expenses of the Self-insurance Guaranty Fund Board.
- C. Any unexpended funds, including interest thereon, held by the State Treasurer in an interest-bearing account on the effective date of this act from which an impaired self-insurer's workers' compensation obligations are paid, shall be transferred to the Board. Such funds shall be expended by the Board only for the purpose of administering the workers' compensation obligations of

- the impaired self-insurer and as otherwise authorized in subsection

 D of this section.
- 3 D. Except as otherwise provided by law or by agreement of the 4 parties, excess proceeds from the security remaining after each 5 claim for benefits of an impaired self-insurer has been paid, settled or lapsed under the Administrative Workers' Compensation Act 6 and costs of administration of such claims have been paid, as 7 determined by the Self-insurance Guaranty Fund Board, shall be 8 transferred to the Self-insurance Guaranty Fund by the Board. 9 10 SECTION 68. AMENDATORY Section 101, Chapter 208, O.S.L. 11 2013 (85A O.S. Supp. 2016, Section 101), is amended to read as
 - Section 101. A. On or before the first day of July each year, the Workers' Compensation Commission shall prepare, make public and submit a report for the prior calendar year to the Governor, the President Pro Tempore of the Senate, the Speaker of the House of Representatives, and each member of the Legislature, containing a statement of the number of awards made and the causes of the accidents leading to the injuries for which the awards were made, total work load data of the administrative law judges, including a detailed report of the work load and judgments written by each judge, a detailed statement of the expenses of the Commission, together with any other matter which the Commission deems proper to report.

2

12

1.3

14

15

16

17

18

19

20

21

22

23

24

follows:

- B. After public hearing and consultation with representatives of employers, insurance carriers, and employees, the Commission shall implement, with the assistance of the Insurance Commissioner, by July 1, 2014, an electronic data interchange (EDI) system that provides relevant data concerning the Oklahoma workers' compensation system and the delivery of benefits to injured workers employees.
- 7 C. To assist the Commission in developing and implementing the EDI system, there is hereby created the Oklahoma Workers' 8 9 Compensation Electronic Data Interchange Advisory Committee. 10 thirty (30) days of the effective date of this act after February 1, 11 2014, the Governor shall appoint five persons to serve as members of 12 the advisory committee, one of whom shall be selected by the 13 Governor as chair. The chair shall provide adequate notice of 14 meetings of the advisory committee and public hearings as required 15 by law.
- SECTION 69. AMENDATORY Section 102, Chapter 208, O.S.L.
 17 2013 (85A O.S. Supp. 2016, Section 102), is amended to read as
 18 follows:
 - Section 102. A. The Workers' Compensation Commission shall adopt rules permitting two or more employers, not otherwise subject to the provisions of Section 150 107 of this act title, to pool together liabilities under this act title for the purpose of qualifying as a group self-insurer and each such employer shall be classified as a self-insurer.

2

3

4

5

6

19

20

21

22

23

- 1 The Commission shall approve the distribution of all undistributed policyholders' surplus of a Workers' Compensation Self-Insurance Program if the Program complies with the following criteria:
 - 1. Has been in business for at least five (5) years;
 - 2. Has its financial statements audited by a public accounting firm which audits at least one corporate client which has assets in excess of One Billion Dollars (\$1,000,000.00) and on which the accounting firm has issued an unqualified opinion as to the fair presentation of the financial position of the Program showing adequate solvency and reserves; and
 - Is in compliance with the provisions of this act title and all other regulations as required by the Commission.
 - C. A group self-insurer created pursuant to this section either prior to or after the effective date of this act February 1, 2014, shall not be subject to the provisions of the Oklahoma Securities Act.
- 18 SECTION 70. AMENDATORY Section 103, Chapter 208, O.S.L. 19 2013 (85A O.S. Supp. 2016, Section 103), is amended to read as 20 follows:
- 21 Section 103. The Workers' Compensation Commission shall adopt 22 rules permitting two or more group self-insurance associations to 23 pool their liabilities under this act title for the purpose of

3

4

5

6

7

10

11

12

13

14

15

16

- 1 providing such group self-insurance associations specific and
- 2 aggregate excess insurance.
- 3 SECTION 71. AMENDATORY Section 104, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 104), is amended to read as
- 5 | follows:
- 6 Section 104. No member or personnel of the Workers'
- 7 | Compensation Commission, the Self-insurance Guaranty Fund Board, or
- 8 | administrative law judge shall be liable in a civil proceeding for
- 9 any act performed in good faith in the performance of that person's
- 10 powers or duties under this act title.
- 11 SECTION 72. AMENDATORY Section 105, Chapter 208, O.S.L.
- 12 | 2013 (85A O.S. Supp. 2016, Section 105), is amended to read as
- 13 follows:
- 14 Section 105. A. No employee of the Workers' Compensation
- 15 | Commission shall be competent to testify on any matter concerning
- 16 any information the employee has received through the performance of
- 17 | the employee's duties under the provisions of this act title.
- B. The commissioners and employees of the Commission shall not
- 19 | solicit employment for any attorney or physician nor shall they
- 20 recommend or refer any claimant employee or employer to an attorney
- 21 or physician. If any employee of the Commission makes such a
- 22 | solicitation, recommendation or reference, that person, upon
- 23 conviction, shall be guilty of a misdemeanor punishable, for each
- 24 offense, by a fine of not more than One Thousand Dollars (\$1,000.00)

- 1 or by imprisonment in the county jail not to exceed one (1) year, or
- 2 | by both such fine and imprisonment. The Commission shall
- 3 | immediately terminate the employment of any employee who is guilty
- 4 of such solicitation, recommendation or reference. A commissioner
- 5 quilty of such solicitation, recommendation or reference shall be
- 6 subject to removal from office.
- 7 | C. No administrative law judge shall engage in any ex parte
- 8 communication with any party to an action pending before the
- 9 | Commission or with any witness or medical provider regarding the
- 10 merits of a specific matter pending before the judge for resolution.
- 11 | Any violation of this provision shall subject the judge to
- 12 | disqualification from the action or matter upon presentation of an
- 13 application for disqualification.
- 14 SECTION 73. AMENDATORY Section 150, Chapter 208, O.S.L.
- 15 | 2013 (85A O.S. Supp. 2016, Section 107), is amended to read as
- 16 | follows:
- Section 107. A. 1. All public entities of this state, their
- 18 agencies and instrumentalities, authorities, and public trusts of
- 19 | which they are beneficiaries shall provide workers' compensation to
- 20 | their employees and elected officials engaged in either governmental
- 21 or proprietary functions in accordance with this section.
- 22 | Compensation or indemnification for compensation shall be paid out
- 23 of the funds of the public entities.

- 2. Except as otherwise provided, the state and all its institutions of higher education, departments, instrumentalities, institutions, and public trusts of which it or they are beneficiaries shall insure against liability for workers' compensation with CompSource Oklahoma and shall not be permitted to insure with any other insurance carrier unless:
 - a. CompSource Oklahoma refuses to accept the risk when the application for insurance is made,
 - b. specifically authorized by law,
 - c. the state entity can obtain workers' compensation insurance coverage at the same cost or at a lower cost from another insurance carrier licensed in this state, or
 - d. CompSource Oklahoma begins operating as a mutual insurance company.
 - 3. a. The state, all state institutions of higher education except comprehensive universities, and all state departments, instrumentalities, institutions, and public trusts of which the state is a beneficiary, may self-insure. Self-insurance administration may only be obtained through CompSource Oklahoma, unless CompSource Oklahoma begins operating as a mutual insurance company.

2

3

4

5

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

2.0

2.1

22

23

- b. If CompSource Oklahoma begins operating as a mutual insurance company:
 - (1) the state, all state institutions of higher education except comprehensive universities, and all state departments, instrumentalities, institutions, and public trusts so electing to self-insure shall pay premiums set by CompSource Oklahoma which shall collect premiums, pay claims and provide for excess insurance, and
 - (2) all dividends or profits accumulating from a self-insurance program shall be refunded to the participants on a formula devised by CompSource Oklahoma.
- B. All counties, cities and towns, their instrumentalities and public trusts of which they are beneficiaries shall insure against their liability for workers' compensation with CompSource Oklahoma or, through any combination of the following, may:
 - 1. Insure with an insurance carrier licensed in this state;
- 2. Self-insure and make any appropriation of funds to cover their risk;
- 3. Secure reinsurance or excess insurance over and above a self-insurance retention in any manner authorized by subsections B and C of Section 167 of Title 51 of the Oklahoma Statutes; or

2

3

4

5

6

7

8

9

10

11

12

1.3

14

15

16

17

18

19

20

2.1

22

- 4. Secure compensation for their employees in the manner provided in The Governmental Tort Claims Act, subsection C of Section 167 of Title 51 of the Oklahoma Statutes.
- C. Boards of education, their instrumentalities and public trusts of which they are beneficiaries shall insure against their liability for workers' compensation through any combination of the following:
 - 1. Insure with an insurance carrier licensed in Oklahoma;
- 2. Self-insure and make any appropriation of funds to cover their risk; or
- 3. Secure reinsurance or excess insurance over and above a self-insurance retention in any manner authorized by subsection B of Section 168 of Title 51 of the Oklahoma Statutes.
- D. Comprehensive universities shall insure against their liability for workers' compensation with CompSource Oklahoma or, if it can be demonstrated to the Board of Regents of the comprehensive university prior to the inception date of a workers' compensation policy that the policy will result in a lower cost than one with CompSource Oklahoma or if CompSource Oklahoma begins operating as a mutual insurance company, through any combination of the following:
 - 1. Insure with an insurance carrier licensed in Oklahoma; or
- 2. Self-insurance, making any appropriation of funds to cover their risk.

1.3

2.1

- E. In addition to any other provision of this section, city, county, city-county, and public trust hospitals may insure with other insurance carriers licensed in this state if it can be demonstrated to the governing body of the hospital prior to the inception date of a workers' compensation policy each year that the policy will result in a lower cost than one with CompSource Oklahoma or if CompSource Oklahoma begins operating as a mutual insurance company.
- F. For purposes of this act title, all contracts of employment for state, county, municipal, and state-funded educational entities and public trusts will be considered to have been entered into in this state regardless of where the work is performed.
- G. When a person is employed by the state, a municipality, a county, or by any political subdivision thereof, and, while off-duty from the employment, is employed by a private employer, the private employer alone shall be liable for compensation under this act title for any injury or death of the person arising out of and in the course of employment which occurs during the hours of actual employment by the private employer. The provisions of this subsection shall not relieve the state, a municipality or a county, or any political subdivision thereof, from providing disability benefits to which a person may be entitled pursuant to a pension or retirement plan. The provisions of this subsection shall not preclude an employee or group of employees so employed from

- 1 providing separate compensation coverage for off-duty employment by
- 2 | a private employer.
- 3 SECTION 74. AMENDATORY Section 151, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2016, Section 108), is amended to read as
- 5 follows:
- 6 Section 108. Any claimant employee may, upon the payment of the
- 7 | Workers' Compensation Commission's filing fee, dismiss any claim
- 8 | brought by the claimant employee at any time before final submission
- 9 of the case to the Commission for decision. Such dismissal shall be
- 10 | without prejudice unless the words "with prejudice" are included in
- 11 | the order. If any claim that is filed within the statutory time
- 12 permitted by Section 18 of this act title is dismissed without
- 13 prejudice, a new claim may be filed within one (1) year after the
- 14 entry of the order dismissing the first claim even if the statutory
- 15 | time for filing has expired.
- 16 SECTION 75. AMENDATORY Section 152, Chapter 208, O.S.L.
- 17 | 2013 (85A O.S. Supp. 2016, Section 109), is amended to read as
- 18 follows:
- 19 Section 109. A. The Workers' Compensation Commission shall
- 20 establish a workers' compensation counselor or ombudsman program to
- 21 | assist injured workers employees, employers and persons claiming
- 22 death benefits in obtaining benefits under this act title. A
- 23 | special effort shall be made to equip counselors or ombudsmen with

- sufficient resources to assist injured $\frac{\text{workers}}{\text{workers}}$ employees through the system without the necessity of retaining legal representation.
- B. Workers' compensation counselors or ombudsmen shall provide information to injured workers employees; investigate complaints; communicate with employers, insurance carriers, self-insurers, and health care providers; provide informational seminars and workshops on workers' compensation for medical providers, insurance adjustors, and employee and employer groups; and develop informational materials for employees, employers and medical providers.
- C. The <u>Upon request</u>, the Commission shall mail a notice to the injured worker within ten (10) days of the filing of an Employer's First Notice of Injury. The notice shall advise the injured worker of information to the injured employee about the availability of the services of the Commission's counselor or ombudsman program and of the availability of mediation and other forms of alternative dispute resolution to assist the injured worker employee. The Commission shall provide additional information as the Commission may determine necessary.
- D. The Commission shall develop a program that provides for annual training for own-risk employers and claims representatives handling workers' compensation claims in Oklahoma. The training shall include information about the alternative dispute resolution program, including counselor and ombudsman programs, mediation, and other services provided by the Commission.

- 1 SECTION 76. AMENDATORY Section 153, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 110), is amended to read as
- 3 follows:
- 4 | Section 110. A. The Workers' Compensation Commission shall
- 5 develop an alternative dispute resolution program which affords an
- 6 injured employee the opportunity to obtain benefits by request or
- 7 | informal procedure. The program shall include an increased emphasis
- 8 on making mediation and other alternative dispute resolution
- 9 programs affordable and convenient to an injured employee not
- 10 | represented by counsel.
- B. Participation in an alternative dispute resolution program
- 12 | is not a prerequisite to the commencement of a claim for benefits
- 13 under this act title. A request for alternative dispute resolution
- 14 or a consent to participate in such program does not invoke the
- 15 jurisdiction of the Commission.
- 16 C. Mediation shall be voluntary, informal, and nonbinding in
- 17 any claim arising pursuant to the provisions of this act title,
- 18 except for claims against the Multiple Injury Trust Fund and medical
- 19 treatment issues subject to a certified workplace medical plan.
- 20 Provided, however, the parties may waive mediation and proceed
- 21 directly to an administrative hearing.
- D. A Commission mediator, appointed by the Commission, shall
- 23 | conduct an informal mediation between the parties in regard to
- 24 claims for a closed period of lost time where the employee has

- returned to work, for medical benefits only, for reimbursement of
 travel expenses and medical treatment, in cases in which the
 employee is not represented by an attorney, or there is no record of
 insurance coverage. Such mediation shall be conducted by the
 Commission mediator within thirty (30) days of the filing of a
 - E. Upon the filing of a request for an administrative hearing on issues not specifically listed in subsection D of this section, the Commission shall set the case for prehearing before the assigned judge within fifteen (15) days. At the prehearing, the administrative law judge shall accept a waiver of mediation by the parties or appoint a mediator and issue an order reflecting such appointment. The mediator shall contact the parties and schedule a mediation session within thirty (30) days of such order, unless otherwise agreed to by the parties.
 - F. Mediation is confidential and no part of the proceeding shall be considered a matter of public record. Recommendations of the mediator are not binding unless the parties enter into a settlement agreement. If an agreement is not reached, the results and statements made during the mediation are not admissible in any following proceeding.
 - G. The Commission shall be responsible for certifying those persons who are eligible and qualified to serve as mediators. An individual may be certified as a mediator if the applicant meets the

request for any such benefit.

- qualifications as required by the Commission. A certified mediator
 may be an attorney or nonattorney who has worked in the area of
 Oklahoma workers' compensation benefits for at least five (5) years.

 Mediators serving as Commission-certified mediators on the effective
 date of this section shall serve the remainder of their respective
 five-year certification periods and may reapply for successive
 certification periods.
 - H. Each certified mediator shall remain on the list for five (5) years, unless removed. Mediators shall be required to complete at least six (6) hours of continuing education per two-year period in the areas of mediation and workers' compensation. Proof of compliance with this requirement shall be submitted to the Commission. This continuing education requirement shall be in addition to any other such general requirement which may be required by the Oklahoma State Bar Association. Cost of continuing education is to be borne by the applicant.
 - I. Mediators shall be compensated at the rate or fee as determined by the mediator; provided, however, the rate or fee shall not exceed a maximum rate to be established by the Commission by rule. The cost of mediation shall be paid by the respondent or its insurance carrier. A mediator must schedule mediations for a minimum two-hour block of time, and may not schedule more than one mediation to take place at a time.

- J. At the time of a mediation, the <u>claimant employee</u> shall be in attendance unless all parties agree, and all parties shall be represented during the entire mediation session by a person with full settlement authority to settle any issue of the claim. If a party does not have full settlement authority, or does not participate in good faith in the mediation process, the mediator shall report to the assigned administrative law judge of the Commission who may for good cause shown assess costs, attorney fees, and sanctions.
- K. To encourage early resolution of claims, an injured employee may participate in mediation without counsel. Upon compromise settlement of the claim, the parties may submit the settlement agreement to any administrative law judge for final approval.
- SECTION 77. AMENDATORY Section 154, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 111), is amended to read as follows:
 - Section 111. A. Any claim for any benefit under this act shall be commenced with the If any employee is denied any rights under this title, he or she may challenge the denial by filing of an Employee's First Notice of Claim for Compensation by the employee with the Workers' Compensation Commission. The claim shall contain a The Employee's First Notice of Claim for Compensation shall be on a form prescribed by the Commission and shall require the following information:

- 1. A description of the alleged injury, including the affected body parts;
- 2. A description of the employee's claim for benefits, including the rights alleged to have been denied by the employer;
- 3. The section of this title which is the basis for the employee's claim; and
- 4. A statement that all matters stated therein are true and accurate and shall be signed by the claimant employee and the claimant's employee's agent, if any. Any person who signs this statement or causes another to sign this statement knowing the statement to be false shall be guilty of perjury. An individual who signs on behalf of a claimant an employee may be presumed to have the authorization of the claimant employee and to be acting at the claimant's employee's direction.
- If the Employee's First Notice of Claim for Compensation does not contain the required information, it shall be rejected by the Commission.
 - B. If an employer controverts any issue related to the Employee's First Notice of Claim for Compensation, the employer shall file a Notice of Contested Issues on a form prescribed by the Commission. All answers and defenses to claims or other documents filed on behalf of a respondent or the respondent's insurer in a workers' compensation case shall contain a statement that all matters stated therein are true and accurate and shall be signed by

the respondent, the insurer, or their respective agents, if any.

Any person who signs such a statement or causes another to sign such

a statement, knowing the statement to be false, shall be guilty of

perjury. An individual who signs on behalf of a respondent, its

insurer, or its agent may be presumed to have the authorization of

the respondent, its insurer or agent and to be acting at their

C. Any party shall have the right to request a prehearing conference or administrative hearing before the Commission on any issue. The Commission shall, within seven (7) days of the receipt of such notification, set the matter for prehearing conference or administrative hearing at the earliest available time. In the event the compensability of a claim is contested, the respondent shall complete discovery and secure a medical evaluation of the claimant within sixty (60) days of the filling of a request for benefits.

SECTION 78. AMENDATORY Section 155, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016, Section 112), is amended to read as follows:

Section 112. A. The Workers' Compensation Commission shall create, maintain and review a list of licensed physicians who shall serve as independent medical examiners from a list of licensed physicians who have completed such course study as the Commission may require. An independent medical examiner must agree to examine an employee within forty-five (45) days of appointment. The

direction.

Commission shall, to the best of its ability, include the most experienced and competent physicians in the specific fields of expertise utilized most often in the treatment of injured employees. The period of qualification shall be two (2) years. Physicians may be qualified for successive two-year periods. Physicians serving as independent medical examiners on the effective date of this act

February 1, 2014, shall serve the remainder of their respective two-year qualification periods and may reapply for successive qualification periods. The Commission may remove an independent medical examiner from the list for cause.

- B. An administrative law judge may appoint an independent medical examiner to assist in determining any issue before the Commission. In the event surgery is recommended by a treating physician, upon request of the employer, an independent medical examiner shall be appointed to determine the reasonableness and necessity of the recommended surgery. Such independent medical examiner shall be qualified to perform the type of surgery recommended.
- C. An independent medical examiner shall be selected from the list of independent medical examiners within ten (10) days when the employer or the employee petitions the Commission for the selection of an independent medical examiner. The independent medical examiner shall be certified by a recognized specialty board in the area or areas appropriate to the condition under review.

- D. The Commission shall, to the best of its ability, maintain a geographic balance of independent medical examiners.
- E. Counsel for the employee and employer are responsible for transmittal of the employee's medical records to the independent medical examiner within ten (10) days of appointment.
- F. After a physical examination and review of medical records and other appropriate information, including depositions and surveillance video, the independent medical examiner shall submit a verified written report to the Commission and to the parties. In the event the independent medical examiner determines that more medical treatment is necessary, the employer shall designate a treating physician to provide the indicated treatment.
- G. Any independent medical examiner selected pursuant to the provisions of this section shall be reimbursed for the medical examination, reports and fees in a reasonable and customary amount set by the Commission, and these costs shall be borne by the employer.
- H. The Commission shall create a review process to oversee on a continuing basis the quality of performance and the timeliness of the submission of medical findings by independent medical examiners.
- I. If the Commission does not follow the opinion of the independent medical examiner on any issue, the administrative law judge or member of the Board of Review shall set out its reasons for deviating from the opinion of the independent medical examiner. The

1.3

- opinion of the independent medical examiner shall be followed unless there is clear and convincing evidence to the contrary.
- J. Upon receipt of an independent medical examiner's report, any party shall have the right to object to the introduction of the report into evidence. The objection must be made by giving written notification to all parties and to the Commission within ten (10) days after receipt of the report. The employer shall be responsible for the reasonable charges of the physician for such testimony, preparation time, and the expense of the deposition.
- 10 SECTION 79. AMENDATORY Section 156, Chapter 208, O.S.L.
 11 2013 (85A O.S. Supp. 2016, Section 113), is amended to read as
 12 follows:

Section 113. For cases not covered by a certified workplace medical plan, and where the employer, insurance company, or own-risk employer do not provide case management, case management may be granted by the Workers' Compensation Commission on the request of any party, or when the Commission determines that case management is appropriate. The administrative law judge shall appoint a case manager from a list of qualified case managers developed, maintained and periodically reviewed by the Commission. The period of qualification shall be two (2) years. Case managers may be qualified for successive two-year periods. Case managers serving as qualified case managers on the effective date of this act February 1, 2014, shall serve the remainder of their respective two-year

1.3

- 1 | qualification periods and may reapply for successive qualification
- 2 periods. The reasonable and customary charges of a medical case
- 3 | manager appointed by the Commission shall be borne by the employer
- 4 or insurance carrier. One change of case manager per party shall be
- 5 | made upon application of any party.
- 6 SECTION 80. AMENDATORY Section 157, Chapter 208, O.S.L.
- 7 | 2013 (85A O.S. Supp. 2016, Section 114), is amended to read as
- 8 follows:
- 9 Section 114. When a compensable injury results in the loss of
- 10 one or more eyes, teeth, or members of the body, or the replacement
- 11 of a joint, the employer shall furnish such prosthetic devices as
- 12 | may be necessary as determined by the Workers' Compensation
- 13 | Commission in the treatment and rehabilitation of the injured worker
- 14 employee for the lifetime of the worker employee. When a worker an
- 15 employee sustains a compensable injury, arising out of and in the
- 16 | course of his or her employment, which results in damage to a
- 17 | prosthetic device with which such worker is equipped, the employer
- 18 | shall repair or replace such device. Provided, that a subsequent
- 19 | injury to the part of the body for which a prosthetic device is
- 20 provided shall terminate the obligation of the employer to provide
- 21 | such prosthetic device.
- SECTION 81. AMENDATORY Section 158, Chapter 208, O.S.L.
- 23 | 2013 (85A O.S. Supp. 2016, Section 115), is amended to read as
- 24 follows:

1 Section 115. A. If the employee and employer shall reach an 2 agreement for the full, final and complete settlement of any issue 3 of a claim pursuant to this act the Administrative Workers' 4 Compensation Act, a form designated as "Joint Petition" shall be 5 signed by both the employer and employee, or representatives thereof, and shall be approved by the Workers' Compensation 6 7 Commission or an administrative law judge, and filed with the Commission. In cases in which the employee is not represented by 8 legal counsel, the Commission or an administrative law judge shall 10 have jurisdiction to approve a full, final and complete settlement 11 of any issue upon the filing of an Employer's First Notice of Injury 12 Claim for Compensation. There shall be no requirement for the 13 filing of an Employee's First Notice of Claim for Compensation to 14 effect such settlement in cases in which the employee is not 15 represented by legal counsel.

- B. In the event all issues of a claim are not fully, finally and completely settled by a Joint Petition, the issues not settled by the parties and subject to the Commission's continuing jurisdiction must be noted by appendix to the Joint Petition or on a form created for such purpose by the Commission. The appendix must be signed by the parties and approved by the Commission as set forth herein.
- C. In the absence of fraud, a Joint Petition shall be deemed binding upon the parties thereto and a final adjudication of all

16

17

18

19

20

21

22

23

- rights pursuant to this act title or the workers' compensation law
 in effect at the time of the injury or final order of the Workers'

 Compensation Court. An official record shall be made by an official
 Commission reporter of the testimony taken to effect the Joint
- 5 Petition.

7

8

10

11

12

13

14

15

- D. A good-faith effort shall be made on the part of any insurance carrier, CompSource Oklahoma, or group self-insured plan to notify an insured employer of the possibility of and terms of any settlement of a workers' compensation case pursuant to this section. Written comments or objections to settlements shall be filed with the Commission and periodically shared with the management of the applicable insurer. A written notice shall be made to all policyholders of their right to a good-faith effort by their insurer to notify them of any proposed settlement, if the policyholder so chooses.
- SECTION 82. AMENDATORY Section 161, Chapter 208, O.S.L.

 2013 (85A O.S. Supp. 2016, Section 118), is amended to read as

 follows:
- Section 118. A. A fee of One Hundred Forty Dollars (\$140.00)

 per case, including any Joint Petition authorized by this act title,

 shall be collected by the Workers' Compensation Commission and

 assessed as costs to be paid by the party against whom any award

 becomes final, to be deposited as follows:

- 1. One Hundred Five Dollars (\$105.00) to the credit of the Workers' Compensation Commission Revolving Fund created by Section 28.1 of this act title;
- 2. Ten Dollars (\$10.00) to the credit of the Attorney General's Workers' Compensation Fraud Unit Revolving Fund created by Section 19.2 of Title 74 of the Oklahoma Statutes; and
- 3. Twenty-five Dollars (\$25.00) to the credit of the Workers' Compensation Commission Revolving Fund for purposes of implementing the provisions of this act title, including strengthening and providing additional funding for the Attorney General's Workers' Compensation Fraud Unit, providing counseling services pursuant to the workers' compensation counselor or ombudsman program and safety in the workplace.
- B. A fee of One Hundred Thirty Dollars (\$130.00) per action to reopen any case pursuant to Section 32 of this act title shall be collected by the Commission and assessed as costs to be paid by the party that reopens the case. The fee collected pursuant to this subsection shall be deposited to the credit of the Workers' Compensation Commission Revolving Fund for purposes of implementing the provisions of this act title, including strengthening and providing additional funding for the Attorney General's Workers' Compensation Fraud Unit, providing counseling services pursuant to the workers' compensation counselor or ombudsman program and safety in the workplace.

- 1 SECTION 83. AMENDATORY Section 164, Chapter 208, O.S.L.
- 2 | 2013 (85A O.S. Supp. 2016, Section 121), is amended to read as
- 3 follows:
- 4 Section 121. A. There is hereby created an Advisory Council on
- 5 Workers' Compensation.
- B. The voting membership of the Advisory Council shall consist
- 7 of nine (9) members. Any member serving on the effective date of
- 8 this section February 1, 2014, shall serve the remainder of his or
- 9 her term. The chair of the Workers' Compensation Commission shall
- 10 be an ex officio nonvoting member.
- 11 1. The Governor shall appoint three members representing
- 12 employers in this state, one of whom shall be from a list of
- 13 | nominees provided by the predominant statewide broad-based business
- 14 organization.
- 15 2. The Speaker of the House of Representatives shall appoint
- 16 | three members representing employees in this state, one of whom
- 17 | shall be from a list of nominees provided by the most representative
- 18 | labor organization in the state.
- 3. The President Pro Tempore of the Senate shall appoint three
- 20 members, two who are attorneys representing the legal profession in
- 21 | this state, one of whom shall be an attorney who practices primarily
- 22 | in the area of defense of workers' compensation claims, and one of
- 23 whom shall be an attorney who primarily represents claimants

- 1 employees, and a medical doctor or doctor of osteopathy actively
 2 engaged in the treatment of injured workers employees.
 - C. The term of office for appointees shall be as follows:
 - 1. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2015;
 - 2. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2016; and
 - 3. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2017.
 - D. Thereafter, successors in office shall be appointed for a three-year term. Members shall be eligible to succeed themselves in office.
 - E. Any person appointed to fill a vacancy shall be appointed for the unexpired portion of the term.
- F. The chair and the vice-chair of the Advisory Council shall be appointed by the Governor.

- G. Members shall receive their traveling and other necessary expenses incurred in the performance of their duties as provided in the State Travel Reimbursement Act.
- H. Meetings of the Advisory Council shall be quarterly or as called by the chair or upon petition by a majority of the voting members. The presence of five voting members constitutes a quorum. No action shall be taken by the Advisory Council without the affirmative vote of at least five members.
- I. The Commission shall provide office supplies and personnel of the Commission to carry out any of the duties that have been entrusted to the Advisory Council.
- J. The Advisory Council shall analyze and review the workers' compensation system, the reports of the Commission, and trends in the field of workers' compensation. The Advisory Council may recommend improvements and proper responses to developing trends. The Advisory Council shall report its findings annually to the Governor, the Chief Justice of the Supreme Court, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives.
- K. In addition to other duties required by this section, the Advisory Council shall consult with the Court regarding oversight of independent medical examiners as provided in Section 45 of this act title.

- L. The Advisory Council shall review the Oklahoma Treatment Guidelines as provided in the <u>Administrative</u> Workers' Compensation Code <u>Act</u>, and report the findings of such review to the Commission as provided in this act section.
- 5 SECTION 84. AMENDATORY Section 165, Chapter 208, O.S.L.
- 6 2013, as amended by Section 4, Chapter 344, O.S.L. 2015 (85A O.S.
- 7 | Supp. 2016, Section 122), is amended to read as follows:
- Section 122. A. The Workers' Compensation Commission Revolving

 Fund established by Section 2 28.1 of this act title shall be used

 for the costs of administering this act title and for other purposes

 as authorized by law.
 - B. For the purpose of providing funds for the Workers'

 Compensation Commission Revolving Fund, for the Workers'

 Compensation Administrative Fund created in Section 5 401.1 of this act title, for the Multiple Injury Trust Fund created in Section 28 of this title, and to fund other provisions within this title, the following tax rates shall apply:
 - 1. Each mutual or interinsurance association, stock company,
 CompSource Oklahoma or other insurance carrier writing workers'
 compensation insurance in this state shall pay to the Oklahoma Tax
 Commission an assessment at a rate of one percent (1%) of all gross
 direct premiums written during each quarter of the calendar year for
 workers' compensation insurance on risks located in this state after
 deducting from such gross direct premiums, return premiums,

- unabsorbed portions of any deposit premiums, policy dividends, safety refunds, savings and other similar returns paid or credited to policyholders. Such payments to the Tax Commission shall be made not later than the fifteenth day of the month following the close of each quarter of the calendar year in which such gross direct premium is collected or collectible. Contributions made by insurance carriers and CompSource Oklahoma, under the provisions of this section, shall be considered for the purpose of computing workers' compensation rates; and
- 2. When an employer is authorized to become a self-insurer, the Workers' Compensation Commission shall so notify the Tax Commission, giving the effective date of such authorization. The Tax Commission shall then assess and collect from the employers carrying their own risk an assessment at the rate of two percent (2%) of the total compensation for permanent total disability awards, permanent partial disability awards and death benefits paid out during each quarter of the calendar year by the employers. Such assessment shall be payable by the employers and collected by the Tax Commission according to the provisions of this section regarding payment and collection of the assessment created in paragraph 1 of this subsection.
- C. It shall be the duty of the Tax Commission to collect the payments provided for in this title. The Tax Commission is hereby authorized to bring an action for the recovery of any delinquent or

- unpaid payments required in this section. The Tax Commission may
 also enforce payments by proceeding in accordance with the
 provisions of Section 98 of this title.
 - D. The Tax Commission shall pay monthly to the State Treasurer to the credit of the Multiple Injury Trust Fund all monies collected under the provisions of this section less the annual amounts which shall be apportioned by the Oklahoma Tax Commission as follows:
 - 1. Five Million Dollars (\$5,000,000.00) shall be payable in equal monthly installments to the credit of the Workers'

 Compensation Commission Revolving Fund established in Section 2 28.1 of this act title for the fiscal year ending June 30, 2016, and Three Million Dollars (\$3,000,000.00) for the fiscal year ending June 30, 2017, and for all subsequent years to be used to implement the provisions of this title; and
 - 2. Four Million Dollars (\$4,000,000.00) shall be payable in equal monthly installments to the credit of the Workers'

 Compensation Administrative Fund established in Section 5 401.1 of this act title for the fiscal year ending June 30, 2016, Three Million Five Hundred Thousand Dollars (\$3,500,000.00) for the fiscal year ending June 30, 2017, Three Million Five Hundred Thousand Dollars (\$3,500,000.00) for the fiscal year ending June 30, 2018, Three Million Dollars (\$3,000,000.00) for the fiscal year ending June 30, 2019, and Two Million Five Hundred Thousand Dollars (\$2,500,000.00) for the fiscal year ending June 30, 2020. Monies

- 1 deposited in the Workers' Compensation Administrative Fund shall be
- 2 | used by the Workers' Compensation Court of Existing Claims to
- 3 | implement provisions provided for in this title.
- 4 E. The refund provisions of Sections 227 through 229 of Title
- 5 | 68 of the Oklahoma Statutes shall be applicable to any payments made
- 6 pursuant to this section.
- 7 SECTION 85. AMENDATORY Section 166, Chapter 208, O.S.L.
- 8 | 2013 (85A O.S. Supp. 2016, Section 123), is amended to read as
- 9 follows:
- 10 Section 123. Any form, claim, answer or report to be filed by
- 11 any person with the Workers' Compensation Commission pursuant to
- 12 | this act title shall contain or be verified by a written declaration
- 13 that such form, claim, answer or report is true and made under the
- 14 | penalty of perjury.
- 15 SECTION 86. AMENDATORY Section 168, Chapter 208, O.S.L.
- 16 | 2013 (85A O.S. Supp. 2016, Section 125), is amended to read as
- 17 | follows:
- 18 Section 125. The time within which an act is to be done, as
- 19 provided for in this act title, shall be computed by excluding the
- 20 | first day and including the last day. If the last day is a legal
- 21 | holiday as defined by Section 82.1 of Title 25 of the Oklahoma
- 22 | Statutes, it shall be excluded.
- 23 | SECTION 87. REPEALER Sections 36, 60, 61, 63, 67, 72,
- 24 | 80, 159 and 160, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2016,

1	Sections 36, 60, 61, 63, 67, 72, 80, 116 and 117), are hereby
2	repealed.
3	SECTION 88. This act shall become effective in accordance with
4	the provisions of Section 58 of Article V of the Oklahoma
5	Constitution.
6	Passed the House of Representatives the 20th day of March, 2017.
7	
8	
9	Presiding Officer of the House of Representatives
10	
11	Passed the Senate the day of, 2017.
12	
13	Presiding Officer of the Senate
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	