1	STATE OF OKLAHOMA
2	2nd Session of the 55th Legislature (2016)
3	COMMITTEE SUBSTITUTE FOR ENGROSSED
4	HOUSE BILL 2205 By: Echols of the House
5	and
6	Sykes of the Senate
7	
8	COMMITTEE SUBSTITUTE
9	An Act relating to workers' compensation; amending 85 O.S. 2011, Section 380, as amended by Section 45,
10	Chapter 254, O.S.L. 2013 (85 O.S. Supp. 2015, Section 380), which relates to Volunteer Firefighters Group
11	Insurance Pool; modifying entity to establish requirements for certain insurance; requiring
12	selection of certain company through competitive bid; modifying entity to collect certain premiums;
13	modifying entity required to submit certain report; modifying procedures for changing certain rates;
14	amending Sections 2, 7, 45, as amended by Section 2, Chapter 390, O.S.L. 2015, 46, 62, 68, 108, 109, 110,
15	as amended by Section 4, Chapter 390, O.S.L. 2015, 111, 112, as amended by Section 5, Chapter 390,
16	0.S.L. 2015, 113 and 118, as amended by Section 6, Chapter 390, O.S.L. 2015, Chapter 208, O.S.L. 2013
17	(85A O.S. Supp. 2015, Sections 2, 7, 45, 46, 62, 68, 201, 202, 203, 204, 205, 206 and 211), which relate
18	to discrimination, disability, soft tissue injury, rebuttable presumption, the Oklahoma Employee Injury
19	Benefit Act, qualified employers, benefit plans, compensation, Oklahoma Option Insured and Self-
20	insured Guaranty Funds, fees and appellate rights;
21	modifying definitions; modifying jurisdictional requirement for certain claims; establishing
22	liability for damages for certain violations; specifying burden of proof for certain violations;
23	modifying requirements for award of temporary total disability; modifying requirements for award of
24	permanent partial disability; modifying calculation for specified permanent partial disability; modifying

1 definitions; modifying procedures for application for certain employer status; requiring certain notice; requiring issuance of certain certificate; modifying 2 procedures for confirmation of certain status; 3 modifying procedures for certain notification; specifying fee schedule for certain groups; modifying requirements for certain benefit plans; clarifying 4 applicability of certain insurance coverage; 5 conforming language; modifying procedures for appeal of denial of certain claims; requiring maintenance of certain records; requiring certain notice; 6 establishing filing fee for certain appeals; and 7 providing an effective date. 8 9 10 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 11 SECTION 1. AMENDATORY 85 O.S. 2011, Section 380, as 12 amended by Section 45, Chapter 254, O.S.L. 2013 (85 O.S. Supp. 2015, 13 Section 380), is amended to read as follows: Section 380. 1. Volunteer fire departments organized 14 Α. 15 pursuant to state law may obtain workers' compensation insurance for volunteer firefighters through the Volunteer Firefighter Group 16 Insurance Pool pursuant to requirements established by CompSource 17 Mutual Insurance Company an insurance company selected by the Office 18 of Management and Enterprise Services through a competitive bid 19 which shall administer the Pool. For the premium set by CompSource 20 Mutual Insurance Company the insurance company, the state shall 21 provide Fifty-five Dollars (\$55.00) per firefighter per year. 22 Except as otherwise provided by subsection D of this section, the 23 total amount paid by the state shall not exceed Three Hundred Twenty 24

Thousand Three Hundred Thirty-eight Dollars (\$320,338.00) per year
 or so much thereof as may be necessary to fund the Volunteer
 Firefighter Group Insurance Pool.

2. CompSource Mutual Insurance Company The Office of Management 4 and Enterprise Services shall collect all appropriations for the 5 premium from premiums that were provided to state agencies, public 6 7 trusts and other instrumentalities of the state prior to the effective date of this act. Any funds received by CompSource Mutual 8 9 Insurance Company the insurance company from any state agency, 10 public trust, or other instrumentality the Office of Management and 11 Enterprise Services for purposes of workers' compensation insurance 12 pursuant to this section shall be deposited to the credit of the Volunteer Firefighter Group Insurance Pool. CompSource Mutual 13 Insurance Company The insurance company shall collect premiums, pay 14 15 claims, and provide for excess insurance as needed.

16 Β. CompSource Mutual Insurance Company The Office of Management and Enterprise Services shall report, annually, to the Governor, the 17 Speaker of the Oklahoma House of Representatives, and the President 18 Pro Tempore of the State Senate the number of enrollees in the 19 Volunteer Firefighter Group Insurance Pool, and the amount of any 20 anticipated surplus or deficiency of the Pool; and shall also 21 provide to the Governor, the Speaker of the Oklahoma House of 22 Representatives and the President Pro Tempore of the State Senate 23 sixty (60) days advance notice of any proposed change in rates for 24

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1 the Volunteer Firefighter Group Insurance Pool <u>as determined by the</u> 2 insurance company.

C. The amount of claims paid, claim expenses, underwriting
losses, loss ratio, or any other financial aspect of the Volunteer
Firefighter Group Insurance Pool shall not be considered when
determining or considering bids for the amount of any premiums,
rates, or expenses owed by, or any discounts, rebates, dividends, or
other financial benefits owed to any other policyholder of
<u>CompSource Mutual Insurance Company</u> the insurance company.

10 D. Except as otherwise provided by law, any increase in the 11 state payment rate for volunteer firefighters under the Volunteer 12 Firefighter Group Insurance Pool shall not exceed five percent (5%) per annum. Any proposed change in rates for the Volunteer 13 Firefighter Group Insurance Pool must shall be approved by the Board 14 15 of Directors of CompSource Mutual Insurance Company Office of Management and Enterprise Services with notice provided pursuant to 16 subsection B of this section. CompSource Mutual Insurance Company 17 The insurance company shall not increase premiums for the Volunteer 18 Firefighter Group Insurance Pool more than once per annum. 19

E. For purposes of this section, the term "volunteer fire departments" includes those volunteer fire departments which have authorized voluntary or uncompensated workers rendering services as firefighters and are created by statute pursuant to Section 592 of Title 18 of the Oklahoma Statutes, Sections 29-201 through 29-204 of

Title 11 of the Oklahoma Statutes, and those defined by Section 351
 of Title 19 of the Oklahoma Statutes.

3 SECTION 2. AMENDATORY Section 2, Chapter 208, O.S.L.
4 2013 (85A O.S. Supp. 2015, Section 2), is amended to read as
5 follows:

6 Section 2. As used in the Administrative Workers' Compensation 7 Act:

8 1. "Actually dependent" means a surviving spouse, a child or 9 any other person who receives one-half (1/2) or more of his or her 10 support from the employee;

"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 16 manager, of health care services provided to an injured or disabled 17 worker, including but not limited to systematically monitoring the 18 treatment rendered and the medical progress of the injured or 19 disabled worker; ensuring that any treatment plan follows all 20 appropriate treatment protocols, utilization controls and practice 21 parameters; assessing whether alternative health care services are 22 appropriate and delivered in a cost-effective manner based upon 23

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

10	a.	Certified	Disab	pility	Mar	nagement	Specialist	(CDMS),
11	b.	Certified	Case	Manage	er	(CCM),		

12 c. Certified Rehabilitation Registered Nurse (CRRN),

13 d. Case Manager - Certified (CMC),

e. Certified Occupational Health Nurse (COHN), or

15 f. Certified Occupational Health Nurse Specialist (COHN-16 S);

5. "Certified workplace medical plan" means an organization of 17 health care providers or any other entity, certified by the State 18 Commissioner of Health, that is authorized to enter into a 19 contractual agreement with an employer, group self-insurance 20 association plan, an employer's workers' compensation insurance 21 carrier, third-party administrator or an insured to provide medical 22 care under the Administrative Workers' Compensation Act. Certified 23 plans shall only include plans which provide medical services and 24

1 payment for services on a fee-for-service basis to medical 2 providers;

6. "Child" means a natural or adopted son or daughter of the 3 employee under eighteen (18) years of age; or a natural or adopted 4 5 son or daughter of an employee eighteen (18) years of age or over who is physically or mentally incapable of self-support; or any 6 natural or adopted son or daughter of an employee eighteen (18) 7 years of age or over who is actually dependent; or any natural or 8 9 adopted son or daughter of an employee between eighteen (18) and 10 twenty-three (23) years of age who is enrolled as a full-time 11 student in any accredited educational institution. The term "child" 12 includes a posthumous child, a child legally adopted or one for whom adoption proceedings are pending at the time of death, an actually 13 dependent stepchild or an actually dependent acknowledged child born 14 15 out of wedlock;

16 7. "Claimant" means a person who claims benefits for an injury 17 or occupational disease pursuant to the provisions of the 18 Administrative Workers' Compensation Act;

19 8. "Commission" means the Workers' Compensation Commission;
20 9. a. "Compensable injury" means damage or harm to the
21 physical structure of the body, or prosthetic
22 appliances, including eyeglasses, contact lenses, or
23 hearing aids, caused solely as the result of either an
24 accident, cumulative trauma or occupational disease

1		aris	ing out of the course and scope of employment. An
2		"acc	ident" means an event involving factors external
3		to t	he employee that:
4		(1)	was unintended, unanticipated, unforeseen,
5			unplanned and unexpected,
6		(2)	occurred at a specifically identifiable time and
7			place,
8		(3)	occurred by chance or from unknown causes, and
9		(4)	was independent of sickness, mental incapacity,
10			bodily infirmity or any other cause.
11	b.	"Com	pensable injury" does not include:
12		(1)	injury to any active participant in assaults or
13			combats which, although they may occur in the
14			workplace, are the result of non-employment-
15			related hostility or animus of one, both, or all
16			of the combatants and which assault or combat
17			amounts to a deviation from customary duties;
18			provided, however, injuries caused by horseplay
19			shall not be considered to be compensable
20			injuries, except for innocent victims,
21		(2)	injury incurred while engaging in or performing
22			or as the result of engaging in or performing any
23			recreational or social activities for the
24			employee's personal pleasure,

1 (3) injury which was inflicted on the employee at a 2 time when employment services were not being 3 performed or before the employee was hired or after the employment relationship was terminated, 4 (4) 5 injury where the accident was caused by the use of alcohol, illegal drugs, or prescription drugs 6 used in contravention of physician's orders. If, 7 within twenty-four (24) hours of being injured or 8 9 reporting an injury, an employee tests positive for intoxication, an illegal controlled 10 substance, or a legal controlled substance used 11 in contravention to a treating physician's 12 13 orders, or refuses to undergo the drug and alcohol testing, there shall be a rebuttable 14 presumption that the injury was caused by the use 15 of alcohol, illegal drugs, or prescription drugs 16 17 used in contravention of physician's orders. This presumption may only be overcome if the 18 employee proves by objective, clear and 19 convincing evidence that his or her state of 20 21 intoxication had no causal relationship to the injury, 22 23 (5) any strain, degeneration, damage or harm to, or

disease or condition of, the eye or

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1 musculoskeletal structure or other body part 2 resulting from the natural results of aging, osteoarthritis, arthritis, or degenerative 3 process including, but not limited to, 4 5 degenerative joint disease, degenerative disc disease, degenerative 6 7 spondylosis/spondylolisthesis and spinal stenosis, or 8 9 (6) any preexisting condition except when the 10 treating physician clearly confirms an identifiable and significant aggravation incurred 11 12 in the course and scope of employment.

- c. The definition of "compensable injury" shall not be
  construed to limit or abrogate the right to recover
  for mental injuries as described in Section 13 of this
  act, heart or lung injury or illness as described in
  Section 14 of this act, or occupational diseases as
  described in Section 65 of this act.
- 19 d. A compensable injury shall be established by medical
  20 evidence supported by objective findings as defined in
  21 paragraph 30 of this section.
- e. The injured employee shall prove by a preponderance of
  the evidence that he or she has suffered a compensable
  injury.

1 f. Benefits shall not be payable for a condition which 2 results from a non-work-related independent 3 intervening cause following a compensable injury which 4 causes or prolongs disability, aggravation, or 5 requires treatment. A non-work-related independent 6 intervening cause does not require negligence or 7 recklessness on the part of a claimant.

g. An employee who suffers a compensable injury shall be
entitled to receive compensation as prescribed in this
act. 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;

14 10. "Compensation" means the money allowance payable to the 15 employee or to his or her dependents and includes the medical 16 services and supplies provided for in Section 50 of this act and 17 funeral expenses;

18 11. "Consequential injury" means injury or harm to a part of 19 the body that is a direct result of the injury or medical treatment 20 to the part of the body originally injured in the claim. The 21 Commission shall not make a finding of a consequential injury unless 22 it is established by objective medical evidence that medical 23 treatment for such part of the body is required;

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1 12. "Continuing medical maintenance" means medical treatment 2 that is reasonable and necessary to maintain claimant's condition 3 resulting from the compensable injury or illness after reaching 4 maximum medical improvement. Continuing medical maintenance shall 5 not include diagnostic tests, surgery, injections, counseling, 6 physical therapy, or pain management devices or equipment;

"Course and scope of employment" means an activity of any 7 13. kind or character for which the employee was hired and that relates 8 9 to and derives from the work, business, trade or profession of an 10 employer, and is performed by an employee in the furtherance of the 11 affairs or business of an employer. The term includes activities conducted on the premises of an employer or at other locations 12 13 designated by an employer and travel by an employee in furtherance of the affairs of an employer that is specifically directed by the 14 employer. This term does not include: 15

- 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,
- c. 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
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1 for the employer or after the employee clocks out or 2 otherwise stops work for the employer, or any injury occurring while an employee is on a work 3 d. break, unless the injury occurs while the employee is 4 5 on a work break inside the employer's facility and the work break is authorized by the employee's supervisor; 6 "Cumulative trauma" means an injury to an employee that is 7 14. caused by the combined effect of repetitive physical activities 8 9 extending over a period of time in the course and scope of 10 employment. Cumulative trauma shall not mean fatigue, soreness or 11 general aches and pain that may have been caused, aggravated,

12 exacerbated or accelerated by the employee's course and scope of 13 employment. Cumulative trauma shall have resulted directly and 14 independently of all other causes and the employee shall have 15 completed at least one hundred eighty (180) days of continuous 16 active employment with the employer;

17 15. "Death" means only death resulting from compensable injury 18 as defined in paragraph 9 of this section;

19 16. "Disability" means incapacity because of compensable injury 20 to earn, in the same or any other employment, substantially the same 21 amount of wages the employee was receiving at the time of the 22 compensable injury;

17. "Drive-away operations" includes every person engaged inthe business of transporting and delivering new or used vehicles by

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1 driving, either singly or by towbar, saddle-mount or full-mount 2 method, or any combination thereof, with or without towing a 3 privately owned vehicle;

"Employee" means any person, including a minor, in the 4 18. a. 5 service of an employer under any contract of hire or apprenticeship, written or oral, expressed or implied, 6 but excluding one whose employment is casual and not 7 in the course of the trade, business, profession, or 8 9 occupation of his or her employer and excluding one 10 who is required to perform work for a municipality or 11 county or the state or federal government on having been convicted of a criminal offense or while 12 incarcerated. "Employee" shall also include a member 13 of the Oklahoma National Guard while in the 14 15 performance of duties only while in response to state orders and any authorized voluntary or uncompensated 16 worker, rendering services as a firefighter, peace 17 officer or emergency management worker. Travel by a 18 policeman, fireman, or a member of a first aid or 19 rescue squad, in responding to and returning from an 20 emergency, shall be deemed to be in the course of 21 employment. 22

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b. The term "employee" shall not include:

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1	(1)	any person for whom an employer is liable under
2		any Act of Congress for providing compensation to
3		employees for injuries, disease or death arising
4		out of and in the course of employment including,
5		but not limited to, the Federal Employees'
6		Compensation Act, the Federal Employers'
7		Liability Act, the Longshore and Harbor Workers'
8		Compensation Act and the Jones Act, to the extent
9		his or her employees are subject to such acts,
10	(2)	any person who is employed in agriculture or
11		horticulture by an employer who had a gross
12		annual payroll in the preceding calendar year of
13		less than One Hundred Thousand Dollars
14		(\$100,000.00) wages for agricultural or
15		horticultural workers, or any person who is
16		employed in agriculture or horticulture who is
17		not engaged in operation of motorized machines,
18	(3)	any person who is a licensed real estate sales
19		associate or broker, paid on a commission basis,
20	(4)	any person who is providing services in a medical
21		care or social services program, or who is a
22		participant in a work or training program,
23		administered by the Department of Human Services,
24		unless the Department is required by federal law
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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 are related by blood or marriage to 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,
- 10 (6) any person employed by an employer which is a 11 youth sports league which qualifies for exemption 12 from federal income taxation pursuant to federal 13 law,
- sole proprietors, members of a partnership, 14 (7) individuals who are party to a franchise 15 agreement as set out by the Federal Trade 16 17 Commission franchise disclosure rule, 16 CFR 436.1 through 436.11, members of a limited 18 liability company who own at least ten percent 19 20 (10%) of the capital of the limited liability 21 company or any stockholder-employees of a corporation who own ten percent (10%) or more 22 stock in the corporation, unless they elect to be 23 covered by a policy of insurance covering 24

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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,
- 10 (9) a person, commonly referred to as an owner-11 operator, who owns or leases a truck-tractor or 12 truck for hire, if the owner-operator actually 13 operates the truck-tractor or truck and if the person contracting with the owner-operator is not 14 the lessor of the truck-tractor or truck. 15 Provided, however, an owner-operator shall not be 16 17 precluded from workers' compensation coverage under the Administrative Workers' Compensation 18 Act if the owner-operator elects to participate 19 20 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 owner-

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1 operator actually utilizes the tow vehicle and if 2 the person contracting with the drive-away owneroperator is not the lessor of the tow vehicle. 3 Provided, however, a drive-away owner-operator 4 5 shall not be precluded from workers' compensation coverage under the Administrative Workers' 6 Compensation Act if the drive-away owner-operator 7 elects to participate as a sole proprietor, and 8 9 (11)any person who is employed as a domestic servant 10 or as a casual worker in and about a private home 11 or household, which private home or household had 12 a gross annual payroll in the preceding calendar 13 year of less than Fifty Thousand Dollars (\$50,000.00) for such workers; 14

15 19. "Employer" means a person, partnership, association, limited liability company, corporation, and the legal 16 17 representatives of a deceased employer, or the receiver or trustee of a person, partnership, association, corporation, or limited 18 liability company, departments, instrumentalities and institutions 19 20 of this state and divisions thereof, counties and divisions thereof, public trusts, boards of education and incorporated cities or towns 21 and divisions thereof, employing a person included within the term 22 "employee" as defined in this section. Employer may also mean the 23 employer's workers' compensation insurance carrier, if applicable. 24

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Except as provided otherwise, this 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. "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;

10 21. "Evidence-based" means expert-based, literature-supported 11 and outcomes validated by well-designed randomized trials when such 12 information is available and which uses the best available evidence 13 to support medical decision making;

14 22. "Gainful employment" means the capacity to perform 15 employment for wages for a period of time that is not part-time, 16 occasional or sporadic;

17 23. "Impaired self-insurer" means a private self-insurer or 18 group self-insurance association that fails to pay its workers' 19 compensation obligations, or is financially unable to do so and is 20 the subject of any proceeding under the Federal Bankruptcy Reform 21 Act of 1978, and any subsequent amendments or is the subject of any 22 proceeding in which a receiver, custodian, liquidator,

23 rehabilitator, trustee or similar officer has been appointed by a

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1 court of competent jurisdiction to act in lieu of or on behalf of 2 the self-insurer;

3 24. "Incapacity" means inadequate strength or ability to 4 perform a work-related task;

5 25. "Insurance Commissioner" means the Insurance Commissioner6 of the State of Oklahoma;

7 26. "Insurance Department" means the Insurance Department of
8 the State of Oklahoma;

9 27. "Major cause" means more than fifty percent (50%) of the 10 resulting injury, disease or illness. A finding of major cause 11 shall be established by a preponderance of the evidence. A finding 12 that the workplace was not a major cause of the injury, disease or 13 illness shall not adversely affect the exclusive remedy provisions 14 of this act and shall not create a separate cause of action outside 15 this act;

16 28. "Maximum medical improvement" means that no further 17 material improvement would reasonably be expected from medical 18 treatment or the passage of time;

19 29. "Medical services" means those services specified in20 Section 50 of this act;

21 30. "Misconduct" shall include the following:

22 a. unexplained absenteeism or tardiness,

b. willful or wanton indifference to or neglect of theduties required,

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1	C.	•	willful	or wanton breach of any duty required by the
2			employe	r,
3	d.	•	the mis	management of a position of employment by
4			action	or inaction,
5	e.	•	actions	or omissions that place in jeopardy the
6			health,	life, or property of self or others,
7	f.	•	dishone	sty,
8	g.	•	wrongdo	ing,
9	h.	•	violati	on of a law, or
10	i.	•	a viola	tion of a policy or rule adopted to ensure
11			orderly	work or the safety of self or others;
12	31. a.	•	(1) "C	bjective findings" are those findings which
13			Ca	nnot come under the voluntary control of the
14			pa	tient.
15			(2) (a	) When determining permanent disability, a
16				physician, any other medical provider, an
17				administrative law judge, the Commission or
18				the courts shall not consider complaints of
19				pain.
20			(b	) For the purpose of making permanent
21				disability ratings to the spine, physicians
22				shall use criteria established by the <del>most</del>
23				current sixth edition of the American
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1		Medical Association "Guides to the
2		Evaluation of Permanent Impairment".
3	(3) (a)	Objective evidence necessary to prove
4		permanent disability in occupational hearing
5		loss cases may be established by medically
6		recognized and accepted clinical diagnostic
7		methodologies, including, but not limited
8		to, audiological tests that measure air and
9		bone conduction thresholds and speech
10		discrimination ability.
11	(b)	Any difference in the baseline hearing
12		levels shall be confirmed by subsequent
13		testing; provided, however, such test shall
14		be given within four (4) weeks of the
15		initial baseline hearing level test but not
16		before five (5) days after being adjusted
17		for presbycusis.
18	b. Medical o	pinions addressing compensability and
19	permanent	disability shall be stated within a
20	reasonabl	e degree of medical certainty;
21	32. "Official Disa	bility Guidelines" or "ODG" means the current
22	edition of the Official	Disability Guidelines and the ODG Treatment
23	in Workers' Comp as pub	lished by the Work Loss Data Institute;
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33. "Permanent disability" means the extent, expressed as a
 percentage, of the loss of a portion of the total physiological
 capabilities of the human body as established by competent medical
 evidence and based on the current edition of the American Medical
 Association guides to the evaluation of impairment, if the
 impairment is contained therein;

7 34. "Permanent partial disability" means a permanent disability 8 or loss of use after maximum medical improvement has been reached 9 which prevents the injured employee, who has been released to return 10 to work by the treating physician, from returning to his or her pre-11 injury or equivalent job. All evaluations of permanent partial 12 disability must be supported by objective findings;

13 35. "Permanent total disability" means, based on objective 14 findings, incapacity, based upon accidental injury or occupational 15 disease, to earn wages in any employment for which the employee may 16 become physically suited and reasonably fitted by education, 17 training, experience or vocational rehabilitation provided under 18 this act. Loss of both hands, both feet, both legs, or both eyes, 19 or any two thereof, shall constitute permanent total disability;

36. "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;

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1 37. "Pre-injury or equivalent job" means the job that the 2 claimant was working for the employer at the time the injury 3 occurred or any other employment offered by the claimant's employer 4 that pays at least one hundred percent (100%) of the employee's 5 average weekly wage;

6 38. "Private self-insurer" means a private employer that has 7 been authorized to self-insure its workers' compensation obligations 8 pursuant to this act, but does not include group self-insurance 9 associations authorized by this act, or any public employer that 10 self-insures pursuant to this act;

11 39. "Prosthetic" means an artificial device used to replace a 12 part or joint of the body that is lost or injured in an accident or 13 illness covered by this act;

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 the body parts listed in Section 46 of this title which are amputated or have permanent loss of use;

19 41. "Scientifically based" involves the application of 20 rigorous, systematic, and objective procedures to obtain reliable 21 and valid knowledge relevant to medical testing, diagnoses and 22 treatment; is adequate to justify the general conclusions drawn; and 23 has been accepted by a peer-review journal or approved by a panel of

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1 independent experts through a comparably rigorous, objective, and 2 scientific review;

3 42. "State average weekly wage" means the state average weekly 4 wage determined by the Oklahoma Employment Security Commission in 5 the preceding calendar year. If such determination is not 6 available, the Commission shall determine the wage annually after 7 reasonable investigation;

8 43. "Subcontractor" means a person, firm, corporation or other 9 legal entity hired by the general or prime contractor to perform a 10 specific task for the completion of a work-related activity;

11 44. "Surgery" does not include an injection, or the forcing of 12 fluids beneath the skin, for treatment or diagnosis;

13 45. "Surviving spouse" means the employee's spouse by reason of 14 a legal marriage recognized by the State of Oklahoma or under the 15 requirements of a common law marriage in this state, as determined 16 by the Workers' Compensation Commission;

17 46. "Temporary partial disability" means an injured employee 18 who is temporarily unable to perform his or her job, but may perform 19 alternative work offered by the employer;

20 47. "Time of accident" or "date of accident" means the time or 21 date of the occurrence of the accidental incident from which 22 compensable injury, disability, or death results; and

48. "Wages" means money compensation received for employment atthe time of the accident, including the reasonable value of board,

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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 7, Chapter 208, O.S.L.

7 2013 (85A O.S. Supp. 2015, Section 7), is amended to read as 8 follows:

9 Section 7. A. An employer may not discriminate or retaliate10 against an employee when the employee has in good faith:

11 1. Filed a claim under this act;

Retained a lawyer for representation regarding a claim under
 this act;

14 3. Instituted or caused to be instituted any proceeding under 15 the provisions of this act; or

4. Testified or is about to testify in any proceeding under the
 provisions of this act.

B. The Commission shall have exclusive jurisdiction to hear and
decide claims based on subsection A of this section.

## 20 C. If the Commission determines that the defendant violated

21 subsection A of this section, the Commission may award the employee

22 back pay up to a maximum of One Hundred Thousand Dollars

23 (\$100,000.00) If a district court of this state determines that an

24 employer violated a provision of this section, such employer shall

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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
<del>pay</del> <u>compensatory damages</u> otherwise allowable.

7 D. C. The prevailing party shall be entitled to recover costs
8 and a reasonable attorney fee.

9 E. D. No employer may discharge an employee during a period of
10 temporary total disability for the sole reason of being absent from
11 work or for the purpose of avoiding payment of temporary total
12 disability benefits to the injured employee.

13 F. E. Notwithstanding any other provision of this section, an 14 employer shall not be required to rehire or retain an employee who, 15 after temporary total disability has been exhausted, is determined 16 by a physician to be physically unable to perform his or her 17 assigned duties, or whose position is no longer available.

18 G. F. This section shall not be construed as establishing an
19 exception to the employment at will doctrine.

20 H. G. The remedies provided for in this section shall be 21 exclusive with respect to any claim arising out of the conduct 22 described in subsection A of this section.

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- 24

SECTION 4. AMENDATORY Section 45, Chapter 208, O.S.L.
 2013, as amended by Section 2, Chapter 390, O.S.L. 2015 (85A O.S.
 Supp. 2015, Section 45), is amended to read as follows:
 Section 45. A. Temporary Total Disability.

5 1. If the injured employee is temporarily unable to perform his or her job or any alternative work offered by the employer, he or 6 she shall be entitled to receive compensation equal to seventy 7 percent (70%) of the injured employee's average weekly wage, but not 8 9 to exceed seventy percent (70%) of the state average weekly wage, 10 for one hundred four (104) weeks. Provided, there shall be no 11 payment for the first three (3) days of the initial period of 12 temporary total disability. If an administrative law judge finds 13 that a consequential injury has occurred and that additional time is needed to reach maximum medical improvement, temporary total 14 disability may continue for a period of not more than an additional 15 fifty-two (52) weeks. Such finding shall be based upon a showing of 16 medical necessity by clear and convincing evidence. 17

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 two or <u>more</u> appointments as prescribed under Section 57 of this title, fails to comply with medical orders of the treating physician, or otherwise abandons medical care, the employer shall be entitled to

1 terminate temporary total disability by notifying the employee, or if represented, his or her counsel. If, however, an objection to 2 the termination is filed by the employee within ten (10) days of 3 termination, the Commission shall set the matter within twenty (20) 4 5 days for a determination if temporary total disability compensation shall be reinstated. The temporary total disability shall remain 6 terminated unless the employee proves the existence of a valid 7 excuse for his or her failure to comply with medical orders of the 8 9 treating physician or his or her abandonment of medical care. The 10 administrative law judge may appoint an independent medical examiner to determine if further medical treatment is reasonable and 11 12 necessary. The independent medical examiner shall not provide 13 treatment to the injured worker, unless agreed upon by the parties. Temporary Partial Disability. 14 Β.

If the injured employee is temporarily unable to perform his 15 1. or her job, but may perform alternative work offered by the 16 employer, he or she shall be entitled to receive compensation equal 17 to the greater of seventy percent (70%) of the difference between 18 the injured employee's average weekly wage before the injury and his 19 or her weekly wage for performing alternative work after the injury, 20 but only if his or her weekly wage for performing the alternative 21 work is less than the temporary total disability rate. However, the 22 injured employee's actual earnings plus temporary partial disability 23 shall not exceed the temporary total disability rate. 24

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Compensation under this subsection may not exceed fifty-two
 (52) weeks.

3 3. If the employee refuses to perform the alternative work
4 offered by the employee employer, he or she shall not be entitled to
5 benefits under subsection A of this section or under this section.

C. Permanent Partial Disability.

6

7 A permanent partial disability award or combination of 1. awards granted an injured worker may not exceed a permanent partial 8 9 disability rating of one hundred percent (100%) to any body part or 10 to the body as a whole. The determination of permanent partial 11 disability shall be the responsibility of the Commission through its administrative law judges. Any claim by an employee for 12 13 compensation for permanent partial disability must be supported by competent medical testimony of a medical doctor, osteopathic 14 physician, or chiropractor, and shall be supported by objective 15 medical findings, as defined in this act. The opinion of the 16 17 physician shall include employee's percentage of permanent partial disability and whether or not the disability is job-related and 18 caused by the accidental injury or occupational disease. A 19 physician's opinion of the nature and extent of permanent partial 20 disability to parts of the body other than scheduled members must be 21 based solely on criteria established by the current sixth edition of 22 the American Medical Association's "Guides to the Evaluation of 23 Permanent Impairment". A copy of any written evaluation shall be 24

1 sent to both parties within seven (7) days of issuance. Medical 2 opinions addressing compensability and permanent disability must be 3 stated within a reasonable degree of medical certainty. Any party 4 may submit the report of an evaluating physician.

5 2. Permanent partial disability shall not be allowed to a part of the body for which no medical treatment has been received. A 6 determination of permanent partial disability made by the Commission 7 or administrative law judge which is not supported by objective 8 9 medical findings provided by a treating physician who is a medical 10 doctor, doctor of osteopathy, chiropractor or a qualified independent medical examiner shall be considered an abuse of 11 12 discretion.

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

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1	treating physician, and then returns to his pre-injury or equivalent
2	job for a term of weeks determined by dividing the total dollar
3	value of the award by seventy percent (70%) of the employee's
4	average weekly wage.
5	a. The amount of the permanent partial disability award
6	shall be reduced by seventy percent (70%) of the
7	employee's average weekly wage for each week he works
8	in his pre-injury or equivalent job.
9	b. If, for any reason other than misconduct as defined in
10	Section 2 of this act, the employer terminates the
11	employee or the position offered is not the pre-injury
12	or equivalent job, the remaining permanent partial
13	disability award shall be paid in a lump sum. If the
14	employee is discharged for misconduct, the employer
15	shall have the burden to prove that the employee
16	engaged in misconduct.
17	c. If the employee refuses an offer to return to his pre-
18	injury or equivalent job, the permanent partial
19	disability award shall continue to be deferred and
20	shall be reduced by seventy percent (70%) of the
21	employee's average weekly wage for each week he
22	refuses to return to his pre-injury or equivalent job.
23	d. Attorney fees for permanent partial disability awards,
24	as approved by the Commission, shall be calculated

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1based upon the total permanent partial disability2award and paid in full at the time of the deferral.3c. Assessments pursuant to Sections 31, 98, 112 and 1654of this act shall be calculated based upon the amount5of the permanent partial disability award and shall be6paid at the time of the deferral.

6. Previous Disability: The fact that an employee has suffered 7 previous disability or received compensation therefor shall not 8 9 preclude the employee from compensation for a later accidental 10 personal injury or occupational disease. In the event there exists a previous permanent partial disability, including a previous non-11 12 work-related injury or condition which produced permanent partial 13 disability and the same is appravated or accelerated by an accidental personal injury or occupational disease, compensation for 14 permanent partial disability shall be only for such amount as was 15 caused by such accidental personal injury or occupational disease 16 17 and no additional compensation shall be allowed for the preexisting disability or impairment. Any such reduction shall not apply to 18 temporary total disability, nor shall it apply to compensation for 19 20 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

1 shall conclusively establish the amount of permanent 2 partial disability determined to be preexisting. If 3 workers' compensation benefits have not previously been awarded through settlement or judicial or 4 5 administrative determination in Oklahoma, the amount of preexisting permanent partial disability shall be 6 established by competent evidence. 7 b. In all cases, the applicable reduction shall be 8 9 calculated as follows: 10 (1)if the preexisting impairment is the result of injury sustained while working for the employer 11 against whom workers' compensation benefits are 12 13 currently being sought, any award of compensation shall be reduced by the current dollar value 14 attributable under the Administrative Workers' 15 Compensation Act to the percentage of permanent 16 17 partial disability determined to be preexisting. The current dollar value shall be calculated by 18 multiplying the percentage of preexisting 19 20 permanent partial disability by the compensation rate in effect on the date of the accident or 21 injury against which the reduction will be 22 23 applied, and

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(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. 6. No payments on any permanent partial disability order
 shall begin until payments on any preexisting permanent partial

7 disability orders have been completed.

8 8. 7. The whole body shall represent a maximum of three hundred
9 fifty (350) weeks.

10 9. 8. The permanent partial disability rate of compensation for 11 amputation or permanent total loss of use of a scheduled member specified in Section 46 of this act shall be seventy percent (70%) 12 of the employee's average weekly wage, not to exceed Three Hundred 13 Twenty-three Dollars (\$323.00), multiplied by the number of weeks 14 set forth for the member in Section 46 of this act, regardless of 15 whether the injured employee is able to return to his or her pre-16 injury or equivalent job. 17

18 10. 9. An injured employee who is eligible for permanent 19 partial disability under this subsection shall be entitled to 20 receive vocational rehabilitation services provided by a technology 21 center or public secondary school offering vocational-technical 22 education courses, or a member institution of The Oklahoma State 23 System of Higher Education, which shall include retraining and job 24 placement to restore the employee to gainful employment. Vocational

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1 rehabilitation services or training shall not extend for a period of 2 more than fifty-two (52) weeks.

3 D. Permanent Total Disability.

In case of total disability adjudged to be permanent, 4 1. 5 seventy percent (70%) of the employee's average weekly wages, but not in excess of the state's average weekly wage, shall be paid to 6 7 the employee during the continuance of the disability until such time as the employee reaches the age of maximum Social Security 8 9 retirement benefits or for a period of fifteen (15) years, whichever 10 is longer. In the event the claimant dies of causes unrelated to 11 the injury or illness, benefits shall cease on the date of death. 12 Provided, however, any person entitled to revive the action shall 13 receive a one-time lump-sum payment equal to twenty-six (26) weeks of weekly benefits for permanent total disability awarded the 14 15 claimant. If more than one person is entitled to revive the claim, the lump-sum payment shall be evenly divided between or among such 16 In the event the Commission awards both permanent partial 17 persons. disability and permanent total disability benefits, the permanent 18 total disability award shall not be due until the permanent partial 19 disability award is paid in full. If otherwise qualified according 20 to the provisions of this act, permanent total disability benefits 21 may be awarded to an employee who has exhausted the maximum period 22 of temporary total disability even though the employee has not 23 reached maximum medical improvement. 24

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1 2. The Commission shall annually review the status of any employee receiving benefits for permanent total disability against 2 the last employer. The Commission shall require the employee to 3 annually file an affidavit under penalty of perjury stating that he 4 5 or she is not and has not been gainfully employed and is not capable of gainful employment. Failure to file such affidavit shall result 6 in suspension of benefits; provided, however, reinstatement of 7 benefits may occur after proper hearing before the Commission. 8

9 E. 1. The Workers' Compensation Commission shall hire or 10 contract for a Vocational Rehabilitation Director to oversee the 11 vocational rehabilitation program of the Commission.

The Vocational Rehabilitation Director shall help injured 12 2. workers return to the work force. If the injured employee is unable 13 to return to his or her pre-injury or equivalent position due to 14 permanent restrictions as determined by the treating physician, upon 15 the request of either party, the Vocational Rehabilitation Director 16 shall determine if it is appropriate for a claimant to receive 17 vocational rehabilitation training or services, and will oversee 18 such training. If appropriate, the Vocational Rehabilitation 19 Director shall issue administrative orders, including, but not 20 limited to, an order for a vocational rehabilitation evaluation for 21 any injured employee unable to work for at least ninety (90) days. 22 In addition, the Vocational Rehabilitation Director may assign 23 injured workers to vocational rehabilitation counselors for 24

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coordination of recommended services. The cost of the services
 shall be paid by the employer. All administrative orders are
 subject to appeal to the full Commission.

3. There shall be a presumption in favor of ordering vocational
rehabilitation services or training for an eligible injured employee
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,
- b. if the employee's occupation is truck driver or
  laborer performing high-risk tasks and the medical
  condition is seizures,
- c. if the employee's occupation is manual laborer and the
   medical condition is bilateral wrist fusions,
- d. if the employee's occupation is assembly-line worker
  and the medical condition is radial head fracture with
  surgical excision,
- e. if the employee's occupation is heavy laborer and the
   medical condition is myocardial infarction with
   congestive heart failure,
- f. if the employee's occupation is heavy manual laborer and the medical condition is multilevel neck or back fusions greater than two levels,

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- 1g.if the employee's occupation is laborer performing2overhead work and the medical condition is massive3rotator cuff tears, with or without surgery,
- h. if the employee's occupation is heavy laborer and the
  medical condition is recurrent inguinal hernia
  following unsuccessful surgical repair,
- i. if the employee's occupation is heavy manual laborer
  and the medical condition is total knee replacement or
  total hip replacement,
- j. if the employee's occupation is roofer and the medical condition is calcaneal fracture, medically or surgically treated,
- 13 k. if the employee's occupation is laborer of any kind
  14 and the medical condition is total shoulder
  15 replacement,
- 16 l. if the employee's occupation is laborer and the
   17 medical condition is amputation of a hand, arm, leg,
   18 or foot,
- 19 m. if the employee's occupation is laborer and the 20 medical condition is tibial plateau fracture, pilon 21 fracture,
- n. if the employee's occupation is laborer and themedical condition is ankle fusion or knee fusion,
- 24

- o. if the employee's occupation is driver or heavy
   equipment operator and the medical condition is
   unilateral industrial blindness, or
- p. if the employee's occupation is laborer and the
  medical condition is 3-, 4-, or 5-level positive
  discogram of the cervical spine or lumbar spine,
  medically treated.

4. Upon the request of either party, or by order of an 8 9 administrative law judge, the Vocational Rehabilitation Director 10 shall assist the Workers' Compensation Commission in determining if 11 it is appropriate for a claimant to receive vocational 12 rehabilitation training or services. If appropriate, the administrative law judge shall refer the employee to a qualified 13 expert for evaluation of the practicability of, need for and kind of 14 rehabilitation services or training necessary and appropriate in 15 order to restore the employee to gainful employment. The cost of 16 17 the evaluation shall be paid by the employer. Following the evaluation, if the employee refuses the services or training ordered 18 by the administrative law judge, or fails to complete in good faith 19 the vocational rehabilitation training ordered by the administrative 20 law judge, then the cost of the evaluation and services or training 21 rendered may, in the discretion of the administrative law judge, be 22 deducted from any award of benefits to the employee which remains 23 unpaid by the employer. Upon receipt of such report, and after 24

1 affording all parties an opportunity to be heard, the administrative law judge shall order that any rehabilitation services or training, 2 recommended in the report, or such other rehabilitation services or 3 training as the administrative law judge may deem necessary, 4 5 provided the employee elects to receive such services, shall be provided at the expense of the employer. Except as otherwise 6 provided in this subsection, refusal to accept rehabilitation 7 services by the employee shall in no way diminish any benefits 8 9 allowable to an employee.

10 5. The administrative law judge may order vocational 11 rehabilitation before the injured employee reaches maximum medical 12 improvement, if the treating physician believes that it is likely that the employee's injury will prevent the employee from returning 13 to his or her former employment. In granting early benefits for 14 vocational rehabilitation, the Commission shall consider temporary 15 restrictions and the likelihood that such rehabilitation will return 16 the employee to gainful employment earlier than if such benefits are 17 granted after the permanent partial disability hearing in the claim. 18

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

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1 the injured employee from returning to his or her pre-injury or 2 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.

10 8. During the period when an employee is actively and in good faith being evaluated or participating in a retraining or job 11 12 placement program for purposes of evaluating permanent total 13 disability status, the employee shall be entitled to receive benefits at the same rate as the employee's temporary total 14 disability benefits for an additional fifty-two (52) weeks. 15 All tuition related to vocational rehabilitation services shall be paid 16 by the employer or the employer's insurer on a periodic basis 17 directly to the facility providing the vocational rehabilitation 18 services or training to the employee. The employer or employer's 19 insurer may deduct the amount paid for tuition from compensation 20 awarded to the employee. 21

22 F. Disfigurement.

If an injured employee incurs serious and permanent
 disfigurement to any part of the body, the Commission may award

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1 compensation to the injured employee in an amount not to exceed 2 Fifty Thousand Dollars (\$50,000.00).

3 2. No award for disfigurement shall be entered until twelve4 (12) 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.

15 SECTION 5. AMENDATORY Section 46, Chapter 208, O.S.L. 16 2013 (85A O.S. Supp. 2015, Section 46), is amended to read as 17 follows:

Section 46. A. An <u>In lieu of compensation provided pursuant to</u> <u>paragraph 4 of subsection C of Section 45 of this title, an</u> injured employee who is entitled to receive permanent partial disability compensation under Section 45 of this act <u>suffers amputation or</u> <u>permanent loss of use of a scheduled member</u> shall receive compensation for each part of the body <u>in accordance with equal to</u> <u>seventy percent (70%) of the employee's average weekly wage, not to</u>

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1 exceed Three Hundred Twenty-three Dollars (\$323.00) multiplied by the number of weeks for the scheduled loss member set forth below. 2 3 as follows: 1. Arm amputated at the elbow, or between the elbow and 4 5 shoulder, two hundred seventy-five (275) weeks; 2. Arm amputated between the elbow and wrist, two hundred 6 twenty (220) weeks; 7 3. Leg amputated at the knee, or between the knee and the hip, 8 9 two hundred seventy-five (275) weeks; 10 4. Leg amputated between the knee and the ankle, two hundred twenty (220) weeks; 11 Hand amputated, two hundred twenty (220) weeks; 12 5. 6. Thumb amputated, sixty-six (66) weeks; 13 7. First finger amputated, thirty-nine (39) weeks; 14 Second finger amputated, thirty-three (33) weeks; 15 8. 9. Third finger amputated, twenty-two (22) weeks; 16 10. Fourth finger amputated, seventeen (17) weeks; 17 11. Foot amputated, two hundred twenty (220) weeks; 18 12. Great toe amputated, thirty-three (33) weeks; 19 13. Toe other than great toe amputated, eleven (11) weeks; 20 14. Eye enucleated, in which there was useful vision, two 21 hundred seventy-five (275) weeks; 22 15. Loss of hearing of one ear, one hundred ten (110) weeks; 23 24

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1 16. Loss of hearing of both ears, three hundred thirty (330)
 2 weeks; and

3 17. Loss of one testicle, fifty-three (53) weeks; loss of both
4 testicles, one hundred fifty-eight (158) weeks.

5 B. The permanent partial disability rate of compensation for 6 amputation or permanent total loss of use of a scheduled member 7 specified in this section shall be seventy percent (70%) of the 8 employee's average weekly wage, not to exceed Three Hundred Twenty-9 three Dollars (\$323.00), multiplied by the number of weeks as set 10 forth in this section, regardless of whether or not the injured 11 employee is able to return to his or her pre-injury job.

C. Other cases: In cases in which the Commission finds an 12 injury to a part of the body not specifically covered by the 13 foregoing provisions of this section, the employee may be entitled 14 to compensation for permanent partial disability. The compensation 15 ordered paid shall be seventy percent (70%) of the employee's 16 17 average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00) for the number of weeks which the partial 18 disability of the employee bears to three hundred fifty (350) weeks. 19 Compensation for amputation of the first phalange of a 20 D. 1. digit shall be one-half (1/2) of the compensation for the amputation 21

23 2. Compensation for amputation of more than one phalange of a24 digit shall be the same as for amputation of the entire digit.

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of the entire digit.

E. 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. 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.

12 G. Compensation for permanent total loss of use of a member13 shall be the same as for amputation of the member.

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 6. AMENDATORY Section 62, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2015, Section 62), is amended to read as follows:

20 Section 62. A. Notwithstanding the provisions of Section 45 of 21 this act, if an employee suffers a nonsurgical soft tissue injury, 22 temporary total disability compensation shall not exceed eight (8) 23 weeks, regardless of the number of parts of the body to which there 24 is a nonsurgical soft tissue injury. An employee who is treated

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with an epidural steroid injection or injections shall be entitled 1 to an extension of an additional eight (8) weeks total, regardless 2 3 of the number of injections. An employee who has been recommended by a treating physician for surgery for a soft tissue injury may 4 5 petition the Workers' Compensation Commission for one extension of temporary total disability compensation and the Commission may order 6 an extension, not to exceed sixteen (16) additional weeks. 7 If the surgery is not performed within thirty (30) days of the approval of 8 9 the surgery by the employer, its insurance carrier, or an order of 10 the Commission authorizing the surgery, and the delay is caused by the employee acting in bad faith, the benefits for the extension 11 period shall be terminated and the employee shall reimburse the 12 employer any temporary total disability compensation he or she 13 received beyond eight (8) weeks. An epidural steroid injection, or 14 any procedure of the same or similar physical invasiveness, shall 15 not be considered surgery. 16

B. 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,
strains, 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:

Injury to or disease of the spine, spinal discs, spinal
 nerves or spinal cord, where corrective surgery is performed;

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1	2. Brain or closed-head injury as evidenced by:
2	a. sensory or motor disturbances,
3	b. communication disturbances,
4	c. complex integrated disturbances of cerebral function,
5	d. episodic neurological disorders, or
6	e. other brain and closed-head injury conditions at least
7	as severe in nature as any condition provided in
8	subparagraphs a through d of this paragraph; or
9	3. Any joint replacement.
10	SECTION 7. AMENDATORY Section 68, Chapter 208, O.S.L.
11	2013 (85A O.S. Supp. 2015, Section 68), is amended to read as
12	follows:
13	Section 68. A. Unless an employee gives oral or written notice
14	to the employer within <del>thirty (30)</del> <u>fifteen (15)</u> days of the date an
15	injury occurs, the rebuttable presumption shall be that the injury
16	was not work-related. Such presumption must <u>may</u> be overcome by a
17	preponderance of the evidence. If the notice of injury is not
18	timely given but the employee overcomes the presumption, no
19	compensation shall be due for the time period prior to the date
20	notice was given. In no event shall compensation be allowed if
21	notice is not given within one hundred twenty (120) days after the
22	date of the injury.
23	B. Unless an employee gives oral or written notice to the

24 employer within thirty (30) days of the employee's separation from

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1	employment, there shall be a rebuttable presumption that an
2	occupational disease or cumulative trauma injury did not arise out
3	of and in the course of employment. Such presumption must may be
4	overcome by a preponderance of the evidence.
5	SECTION 8. AMENDATORY Section 108, Chapter 208, O.S.L.
6	
7	2013 (85A O.S. Supp. 2015, Section 201), is amended to read as follows:
8	
9	Section 201. A. As used in the Oklahoma Employee Injury
10	Benefit Act:
11	1. "Benefit plan" means a <u>written</u> plan established by a
12	qualified employer under the requirements of Section 110 of this act
13	the Employee Injury Benefit Act;
14	2. "Commission" means the Workers' Compensation Commission
15	under the Administrative Workers' Compensation Act;
16	3. "Commissioner" means the Insurance Commissioner of the State
17	<del>of Oklahoma</del> "Claimant" means a covered employee or his or her
18	representative or beneficiary who claims benefits under the Employee
19	Injury Benefit Act;
20	4. "Covered employee" means an employee whose employment with a
21	qualified employer is principally located within the state;
22	5. <u>"Department" means the Insurance Department of the State of</u>
23	Oklahoma;
24	

1 <u>6.</u> "Employee" means any person defined as an employee pursuant 2 to Section 2 of this act;

6. 7. "Employer", except when otherwise expressly stated, means 3 a person, partnership, association, limited liability company, 4 5 corporation, and the legal representatives of a deceased employer, or the receiver or trustee of a person, partnership, association, 6 corporation, or limited liability company, department, 7 instrumentality or institution of this state and divisions thereof, 8 9 counties and divisions thereof and other political subdivisions of 10 this state and public trusts employing a person included within the 11 term employee as defined in this section;

12 <u>8. "Fully insured plan" means insurance coverage of one hundred</u> 13 <u>percent (100%) of an employer's statutory benefit liability, which</u> 14 <u>may include a self-insured retention of up to Twenty-five Thousand</u> 15 Dollars (\$25,000.00) per person, per occurrence;

7. 9. "Occupational injury disease" means an injury, including 16 death, or occupational illness, causing internal or external harm to 17 the body, which arises out of and in the course of employment shall 18 have the same meaning provided pursuant to Section 65 of this title; 19 8. 10. "Qualified employer" means an employer otherwise subject 20 to the Administrative Workers' Compensation Act that voluntarily 21 elects is approved to be exempt from such act the Administrative 22 Workers' Compensation Act by satisfying the requirements under this 23 act the Employee Injury Benefit Act; and 24

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1 9. 11. "Surviving spouse" means the covered employee's spouse by reason of a legal marriage recognized by the State of Oklahoma or 2 under the requirements of a common law marriage in this state. 3 B. Unless otherwise defined in this section, defined terms in 4 5 the Administrative Workers' Compensation Act shall have the same meaning in this act the Employee Injury Benefit Act. 6 SECTION 9. Section 109, Chapter 208, O.S.L. 7 AMENDATORY 2013 (85A O.S. Supp. 2015, Section 202), is amended to read as 8 9 follows: 10 Section 202. A. Any employer may voluntarily elect apply to be 11 exempt from the Administrative Workers' Compensation Act and become 12 a qualified employer if the employer by submitting to the 13 Department: 1. Is in compliance with the notice requirements in subsections 14 B and H of this section A qualified employer election form published 15 16 by the Department; and 2. Has established a written A benefit plan as described in 17 Section 110 of this act and its proposed effective date, subject to 18 the Department's approval; 19 3. An annual nonrefundable fee of One Thousand Five Hundred 20 Dollars (\$1,500.00); 21 4. The notice to employees required by subsection G of this 22 23 section; and 24

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<u>5. Any additional information required pursuant to rules</u>
 promulgated by the Department.

3 B. An employer that has elected The Department shall notify an 4 employer whether it has met the requirements to become a qualified 5 employer by satisfying the. If such requirements of this section shall notify the Insurance Commissioner in writing of the election 6 and the date that the election is to become effective, which may not 7 be sooner than the date that the qualified employer satisfies the 8 9 employee notice requirements in this section. Such qualified 10 employer shall pay to the Commissioner an annual nonrefundable fee of One Thousand Five Hundred Dollars (\$1,500.00) on the date of 11 12 filing written notice and every year thereafter have been met, the 13 Department shall issue a certificate of qualified employer to the employer. If such requirements have not been met, the notice shall 14 contain a description of the deficiencies and how such deficiencies 15 16 may be resolved.

С. The Commissioner Department shall collect and maintain the 17 information required under this section and shall monitor compliance 18 with the requirements of this section. The Commissioner Department 19 may also require an a qualified employer to provide information 20 periodically to confirm its qualified-employer status. Subject to 21 subsection D of this section, the Commissioner that it is still in 22 compliance with the requirements of a qualified employer. The 23 Department shall adopt rules designating the methods and procedures 24

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1 for confirming whether an employer is has met and continues to meet the requirements to become a qualified employer, notifying an 2 employer of any qualifying deficiencies, and the consequences 3 thereof of noncompliance with the requirements of the Employee 4 5 Injury Benefit Act. The Commissioner Department shall record the date and time each notice of qualified-employer that an employer is 6 7 approved as a qualified employer and the date that such status is received and the becomes effective date of qualified-employer 8 9 election. The Commissioner Department shall maintain a list on its 10 official website accessible by the public of all qualified employers 11 and the date and time that such exemption status became effective. 12 D. Except as otherwise expressly provided in this act, neither the Workers' Compensation Commission, the courts of this state, or 13 any state administrative agencies shall promulgate rules or any 14 15 procedures related to design, documentation, implementation, administration or funding of a qualified employer's benefit plan If 16 17 the Department determines that a qualified employer is deficient in any requirements, it shall provide written notice of the deficiency 18 to the employer. Within ten (10) days, the qualified employer shall 19 provide proof to the Department that it has cured the deficiency or 20 it shall automatically lose status as a qualified employer and 21 become subject to the provisions of the Administrative Workers' 22 Compensation Act. An employer that has lost status as a qualified 23 24 employer may reapply for such status.

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1 Ε. The Commissioner Department may designate an information collection agent, implement an electronic reporting and public 2 information access program, and adopt rules as necessary to 3 implement the information collection requirements of this section. 4 5 F. The Commissioner may prescribe rules and forms to be used for the qualified-employer notification and shall require the A 6 7 qualified employer to shall provide its the Department with: 1. Its name, address, contact person and phone number, federal 8 9 tax identification number, number of persons employed in this state 10 as of a specified date<sub> $\tau$ </sub>; 11 2. The name, title, address and telephone number of the person 12 to contact for claim administration contact information,; and a 3. A listing of all covered business locations in the state. 13 The Commissioner Department shall notify the Commissioner Workers' 14 Compensation Commission and the Department of Labor of all 15 qualified-employer notifications. The Department of Labor shall 16 provide such notifications to other governmental agencies as it 17 18 deems necessary. G. The Commissioner may contract with the Oklahoma Employment 19 Security Commission, the State Treasurer or the Department of Labor 20 for assistance in collecting the notification required under this 21

22 section or otherwise fulfilling the Commissioner's responsibilities

23 under this act. Such agencies shall cooperate with the Commissioner

24 in enforcing the provisions of this section.

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H. A qualified employer shall notify each of its employees in
 the manner provided in this section that it is a qualified employer,
 that it does not carry workers' compensation insurance coverage and
 that such coverage has terminated or been cancelled.

5 I. The A qualified employer shall provide written notification to covered employees as required by this section that it does not 6 7 carry workers' compensation coverage at the time the covered employee is hired or at least five (5) days before the effective 8 9 time of designation as a qualified employer the benefit plan, as 10 applicable. The notice shall contain the name, title, address and 11 telephone number of the person to contact for claim administration. 12 A qualified employer shall post the employee notification required by this section at conspicuous locations at the qualified employer's 13 places of business as necessary to provide reasonable notice to all 14 15 covered employees. The Commissioner Department may adopt rules relating to the form, content, and method of delivery of the 16 employee notification required by this section. 17

H. Two or more employers who are members of a controlled group
may apply to the Department for approval as a single qualified
employer and be listed on a single qualified employer certificate.
The first member of the controlled group shall pay to the Department
an annual nonrefundable fee as required by paragraph 3 of subsection
A of this section. Each additional participating member of the
controlled group shall:

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1	1. If the controlled group is fully insured, pay to the
2	Department an annual nonrefundable fee of Two Hundred Fifty Dollars
3	(\$250.00) on the date of filing written notice of election and every
4	year thereafter; or
5	2. If the controlled group is self-insured, pay to the
6	Department an annual nonrefundable fee of Seven Hundred Fifty
7	Dollars (\$750.00) on the date of filing written notice of election
8	and every year thereafter.
9	SECTION 10. AMENDATORY Section 110, Chapter 208, O.S.L.
10	2013, as amended by Section 4, Chapter 390, O.S.L. 2015 (85A O.S.
11	Supp. 2015, Section 203), is amended to read as follows:
12	Section 203. A. An employer <del>voluntarily</del> electing to become a
13	qualified employer shall adopt a written benefit plan that complies
14	with the requirements of this section. Qualified-employer status is
15	optional for eligible employers. The benefit plan shall not become
16	effective until the date that the qualified employer first satisfies
17	the notice requirements in Section 202 of this title.
18	B. The benefit plan shall provide for payment of the same forms
19	of benefits included in the Administrative Workers' Compensation Act
20	for temporary total disability, temporary partial disability,
21	permanent partial disability, vocational rehabilitation, permanent
22	total disability, disfigurement, amputation or permanent total loss
23	of use of a scheduled member, death and medical benefits as a result
24	of an occupational compensable injury, on a no-fault basis, with the

1 same statute of limitations, notice of injury reporting, and with dollar, percentage, and duration limits that are at least equal to 2 3 or greater than the dollar, percentage, and duration limits contained in Sections 45, 46 and 47 of this title. For this 4 5 purpose, the standards for determination of average weekly wage, death beneficiaries, and disability under the Administrative 6 7 Workers' Compensation Act shall apply under the Oklahoma Employee Injury Benefit Act; but no such Act. Benefit plans shall not be 8 9 subject to other provision requirements of the Administrative 10 Workers' Compensation Act defining covered injuries, medical 11 management, dispute resolution or other process, funding, notices 12 penalties shall apply or otherwise be controlling under the Oklahoma Employee Injury Benefit Act, unless expressly incorporated. 13 C. The benefit plan may provide for lump-sum payouts that are, 14

15 as reasonably determined by the administrator of such plan appointed by the qualified employer, actuarially equivalent to expected future 16 payments. The benefit plan may also provide for settlement 17 agreements; provided, however, any settlement agreement by a covered 18 employee shall be voluntary, entered into not earlier than the tenth 19 business day after the date of the initial report of injury, and 20 signed after the covered employee has received a medical evaluation 21 from a nonemergency care doctor, with any waiver of rights being 22 conspicuous and on the face of the agreement. The benefit plan 23 shall pay benefits without regard to whether the covered employee, 24

1	the qualified employer, or a third party caused the occupational
2	injury; and provided further, that the benefit plan shall provide
3	eligibility to participate in and provide the same forms and levels
4	of benefits to all Oklahoma employees of the qualified employer.
5	The Administrative Workers' Compensation Act shall not define,
6	restrict, expand or otherwise apply to a benefit plan. Regardless
7	of whether such provisions are incorporated into a benefit plan,
8	qualified employers and their covered employees shall be subject to
9	the provisions of the Administrative Workers' Compensation Act
10	related to:
11	1. Compensable injury, as defined pursuant to paragraph 9 of
12	Section 2 of this title;
13	2. Course and scope of employment, as defined pursuant to
14	paragraph 13 of Section 2 of this title;
15	3. Fraud, pursuant to Section 6 of this title;
16	4. Discrimination or retaliation, pursuant to Section 7 of this
17	<u>title;</u>
18	5. Liability other than immediate employer, pursuant to Section
19	36 of this title; and
20	6. Failure to appear for scheduled appointments, pursuant to
21	Section 57 of this title.
22	D. No A qualified employer shall not charge any fee or cost to
23	an employee shall apply related to a qualified employer's benefit
24	plan.

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E. The qualified employer shall provide to the Commissioner and
 covered employees notice of the name, title, address, and telephone
 number for the person to contact for injury benefit claims
 administration, whether in-house at the qualified employer or a
 third-party administrator.

F. Information submitted to the Commissioner Department as part
of the application for approval as a qualified employer, to confirm
eligibility for continuing status as a qualified employer, or as
otherwise required by the Oklahoma Employee Injury Benefit Act may
not be made public by the Commissioner or by an agent or employee of
the Commissioner Department without the written consent of the
applicant or qualified employer, as applicable, except that:

13 1. The information may be discoverable by a party in a civil 14 action or contested case to which the employer that submitted the 15 information is a party, upon a showing by the party seeking to 16 discover the information that:

a. the information sought is relevant to and necessary
for the furtherance of the action or case,

b. the information sought is unavailable for from other
 non-confidential sources, and

c. a subpoena issued by a judicial or administrative
 officer of competent jurisdiction has been submitted
 to the Commissioner Department; and

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1	2. The Commissioner Department may disclose the information to
2	a public officer having jurisdiction over the regulation of
3	insurance in another state if:
4	a. the public officer agrees in writing to maintain the
5	confidentiality of the information, and
6	b. the laws of the state in which the public officer
7	serves require the information to be kept
8	confidential; and
9	3. A qualified employer's benefit plan and employee notice
10	shall be open to the public.
11	F. A qualified employer's insurance coverage pertains only to
12	covered employees in this state. An employer with employees in
13	other states shall obtain insurance coverage in compliance with the
14	laws of that state; provided:
15	1. A qualified employer's benefit plan and insurance coverage
16	may apply to an employee who is employed outside of this state on
17	<pre>temporary assignment;</pre>
18	2. A qualified employer's insurance policy may include an
19	endorsement that provides coverage for employees working in other
20	states in compliance with the laws of such states; and
21	3. If an employee is not principally employed in this state but
22	is injured in this state, the employee shall be subject to the
23	provisions of the Act under this title under which the employer
24	provides coverage.

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1 SECTION 11. AMENDATORY Section 111, Chapter 208, O.S.L.
2 2013 (85A O.S. Supp. 2015, Section 204), is amended to read as
3 follows:

Section 204. A. A qualified employer may self-fund or insure
benefits payable under the benefit plan, employers' liability under
this act, and any other insurable risk related to its status as a
qualified employer with any insurance carrier authorized to do
business in this state.

B. Insurance coverage or surety bond obtained by a qualified
employer shall be from an admitted or surplus lines insurer with an
AM Best Rating of B+ or better. The Insurance Department has no
duty to approve insurance rates charged for this coverage. A
qualified employer shall secure compensation to covered employees in
one of the following ways:

15 1. Obtaining accidental insurance coverage in an amount equal
 16 to the compensation obligation;

Furnishing satisfactory proof to the Commissioner Department
 of the employer's financial ability to pay the compensation. The
 Commissioner, under Under rules adopted by the Insurance Department
 or the Commissioner for an individual self-insured employer, the
 Department shall require an employer that has:

a. less than one hundred employees or less than One
Million Dollars (\$1,000,000.00) in net assets to:

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1	(1)	deposit with the <del>Commissioner</del> <u>Department</u>
2		securities, an irrevocable letter of credit or a
3		surety bond payable to the state, in an amount
4		determined by the <del>Commissioner</del> <u>Department</u> which
5		shall be at least an average of the yearly claims
6		for the last three (3) years, or
7	(2)	provide proof of excess coverage with such terms
8		and conditions as is commensurate with their
9		ability to pay the benefits required by the
10		provisions of this act,
11	b. one	hundred or more employees and One Million Dollars
12	(\$1,	,000,000.00) or more in net assets to:
13	(1)	secure a surety bond payable to the state, or an
14		irrevocable letter of credit, in an amount
15		determined by the <del>Commissioner</del> <u>Department</u> which
16		shall be at least an average of the yearly claims
17		for the last three (3) years, or
18	(2)	provide proof of excess coverage with such terms
19		and conditions as is commensurate with their
20		ability to pay the benefits required by the
21		provisions of this act; or
22	3. Any other	security as may be approved by the <del>Commissioner</del>
23	Department.	

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1 C. The Commissioner Department may waive the requirements of this section in an amount which is commensurate with the ability of 2 3 the employer to pay the benefits required by the provisions of this act. Irrevocable letters of credit required by this section shall 4 5 contain such terms as may be prescribed by the Commissioner Department and shall be issued for the benefit of the state by a 6 7 financial institution whose deposits are insured by the Federal Deposit Insurance Corporation. 8

D. An employer who does not fulfill the requirements of this
section is not relieved of the obligation for compensation to a
covered employee. The security required under this section,
including any interest thereon, shall be maintained by the
Commissioner Department as provided in this act until each claim for
benefits is paid, settled, or lapses under this act, and costs of
administration of such claims are paid.

16 E. Any bond shall be filed and held by the Commissioner 17 <u>Department</u> and shall be for the exclusive benefit of any covered 18 employee of a qualified employer.

19 F. Any security held by the <u>Commissioner Department</u> may be used 20 to make a payment to or on behalf of a covered employee provided the 21 following requirements are met:

The covered employee sustained an occupational injury that
 is covered by the qualified employer's benefit plan;

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2. The covered employee's claim for payment of a specific
 medical or wage replacement benefit amount has been accepted by the
 plan administrator of the benefit plan or acknowledged in a final
 judgment or court order assessing a specific dollar figure for
 benefits payable under the benefit plan;

3. The covered employee is unable to receive payment from the
benefit plan or collect on such judgment or court order because the
qualified employer has filed for bankruptcy or the benefit plan has
become insolvent; and

The covered employee is listed as an unsecured creditor of
 the qualified employer because of the acceptance of such claim by
 the plan administrator of the benefit plan or judgment or court
 order assessing a specific dollar figure for benefits payable under
 the benefit plan.

G. The Commissioner Department shall promulgate rules to carry out the provisions of this section including those establishing the procedure by which a covered employee may request and receive payment from the security held by the Commissioner Department.

H. The benefit plan may provide some level of benefits forsickness, injury or death not due to an occupational injury.

I. A qualified employer shall hold harmless any insurance agent
or broker who sold the employer a benefits program compliant with
the Oklahoma Employee Injury Benefit Act if the qualified employer

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is sued in district court for an injury arising in the course and
 scope of employment.

3 SECTION 12. AMENDATORY Section 112, Chapter 208, O.S.L. 2013, as amended by Section 5, Chapter 390, O.S.L. 2015 (85A O.S. 4 5 Supp. 2015, Section 205), is amended to read as follows: Section 205. A. There are established within the Office of the 6 7 State Treasurer two separate funds: The Oklahoma Option Insured Guaranty Fund; and 8 1. 9 2. The Oklahoma Option Self-insured Guaranty Fund. 10 Β. The funds established pursuant to subsection A of this 11 section shall be for the purpose of continuation of benefits under 12 this act for covered claims that are due and unpaid or interrupted due to the inability of the insurer or sponsor of a self-insured 13 plan, as applicable, to meet its compensation obligations because 14 its financial resources, security deposit, guaranty agreements, 15 surety agreements and excess insurance are either inadequate or not 16 immediately accessible for the payment of benefits. Monies in such 17 funds, including interest, are not subject to appropriation and 18 shall be expended to compensate employees for eligible benefits for 19 a compensable injury under this act, pay outstanding workers' 20 compensation obligations of the impaired insurer, and for all claims 21 for related administrative fees, operating costs, attorney fees, and 22 other costs reasonably incurred by the Oklahoma Property and 23 Casualty Guaranty Association in the performance of its duties under 24

1 this act. Expenditures from such funds shall be made on warrants 2 issued by the State Treasurer against claims as prescribed by law. 3 Such funds shall be subject to audit the same as state funds and 4 accounts, the cost for which shall be paid for from the funds. A 5 "covered claim" has the meaning given to it pursuant to paragraph 7 6 of Section 2004 of Title 36 of the Oklahoma Statutes.

C. The funds established under this section shall be
administered, disbursed, and invested under the direction of the
Oklahoma Property and Casualty Insurance Guaranty Association
established by Section 2005 of Title 36 of the Oklahoma Statutes.
D. The funds established under this section shall be funded

12 from the following sources:

13 1. Insured Guaranty Fund:

Until the Insured Guaranty Fund contains Two Million Dollars 14 (\$2,000,000.00) or if the amount in the fund falls below One Million 15 Dollars (\$1,000,000.00), each insurer shall be assessed a fee equal 16 to two percent (2%) of all gross direct premiums written during each 17 quarter of the calendar year for insurance covering a benefit plan 18 under this act after deducting from such gross direct premiums, 19 return premiums, unabsorbed portions of any deposit premiums, policy 20 dividends, safety refunds, savings and other similar returns paid or 21 credited to policyholders. The assessment shall be paid to the 22 Insured Guaranty Fund, care of the Commission, no later than the 23 fifteenth day of the month following the close of each quarter of 24

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the calendar year in which the gross direct premium is collected or collectible. No insurer may be assessed in any year an amount greater than two percent (2%) of the net direct written premiums of that insurer or one percent (1%) of that surplus of the insurer as regards policyholders for the calendar year preceding the assessment on the kinds of insurance in the account, whichever is less; and

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2. Self-insured Guaranty Fund:

Until the Self-insured Guaranty Fund contains One Million 8 9 Dollars (\$1,000,000.00) or if the amount in the fund falls below 10 Seven Hundred Fifty Thousand Dollars (\$750,000.00), each self-11 insurer shall be assessed a fee at the rate of one percent (1%) of 12 the total compensation for permanent partial disability awards paid out during each quarter of the calendar year by the employers. The 13 fee shall be paid to the Self-insured Guaranty Fund, care of the 14 Commission, no later than the fifteenth day of the month following 15 the close of each quarter of the calendar year. The fee shall be 16 determined using a rate equal to the proportion that the deficiency 17 in the fund attributable to self-insurers bears to the actual paid 18 losses of all self-insurers for the preceding calendar year. Each 19 self-insurer shall provide the Commission with the information 20 necessary to determine the amount of the fee to be assessed. 21

E. The Guaranty Association shall create a separate account for each fund which may not be commingled with any other account managed by the Guaranty Association.

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1 F. On determination by the Commissioner Department that a self-2 insurer has become an impaired insurer, the Commissioner Department shall release the security required by paragraph 2 of subsection B 3 of Section 111 of this act title and advise the Guaranty Association 4 5 of the impairment. Claims administration, including processing, investigating and paying valid claims against an impaired self-6 insurer under this act, may include payment by the surety that 7 issued the surety bond or be under a contract between the 8 9 Commissioner Department and an insurance carrier, appropriate state 10 governmental entity or an approved service organization.

G. The Guaranty Association shall be a party in interest in all proceedings involving any claims for benefits under this act with respect to an impaired insurer and shall have all rights of subrogation of the impaired insurer. In those proceedings, the Guaranty Association may assume and exercise all rights and defenses of the impaired insurer, including, but not limited to, the right to:

18 1. Appear, defend and appeal claims;

Receive notice of, investigate, adjust, compromise, settle
 and pay claims; and

21 3. Investigate, handle and contest claims.

22 H. The Guaranty Association may also:

Retain persons necessary to handle claims and perform other
 duties of the Guaranty Association;

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2. Sue or be sued;

3. Negotiate and become a party to such contracts as are
necessary to carry out the purposes of this act; and

4 4. Exercise any other powers necessary to perform its duties5 under this act.

I. No monies deposited to the funds shall be subject to anydeduction, tax, levy or any other type of assessment.

J. An impaired self-insurer shall be exempt from assessments
9 until it is no longer impaired.

10 K. Unless provided otherwise in this act, all fines and 11 penalties assessed under this act shall be paid to the Commission 12 for deposit into the funds established in this section in equal 13 amounts.

14 SECTION 13. AMENDATORY Section 113, Chapter 208, O.S.L. 15 2013 (85A O.S. Supp. 2015, Section 206), is amended to read as 16 follows:

Section 206. A. In addition to the premium or surplus lines 17 taxes collected from carriers, the carriers shall pay annually to 18 the Workers' Compensation Commission a fee, at the rate to be 19 determined as provided in Section 115 of this act title but not to 20 exceed three percent (3%), on all written premiums resulting from 21 the writing of insurance under this act on risks within the state. 22 The fee required pursuant to subsection A of this section 23 в. shall be collected by the Workers' Compensation Commission from the 24

carriers at the same time and in the same manner as insurance
 premium taxes under Title 36 of the Oklahoma Statutes and deposited
 into the Oklahoma Option Insured Guaranty Fund.

C. 1. Assessments on which premium taxes are based shall be
made on forms prescribed by the Commission and shall be paid to the
Commission.

Absent a waiver obtained from the Commission for good cause,
the failure of the carrier to pay the assessment when due shall be
referred to the Commissioner Department for appropriate
administrative action against the Oklahoma certificate of authority
of the delinquent insurer.

D. Payments shall be made by check payable to the Commission.
SECTION 14. AMENDATORY Section 118, Chapter 208, O.S.L.
2013, as amended by Section 6, Chapter 390, O.S.L. 2015 (85A O.S.
Supp. 2015, Section 211), is amended to read as follows:

Section 211. A. If an a qualified employer denies a claimant's 16 claim for benefits under this act the Employee Injury Benefit Act, 17 the qualified employer shall notify him or her in writing of the 18 decision or the need for additional information within fifteen (15) 19 days after receipt of the claim, subject to a reasonable extension 20 if the qualified employer requests additional information. Unless 21 otherwise provided by law, the adverse benefit determination letter 22 shall contain an explanation of why the claim was denied, including 23 the benefit plan provision or provisions that were the basis for the 24

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denial, and a detailed description of how to appeal the determination. <u>The letter shall also inform the claimant of the</u> <u>right to testify at the hearing, produce witnesses in person or by</u> <u>written statement and submit expert reports.</u> Additional claim procedures consistent with this section may be specified in the benefit plan.

7 B. The benefit plan Qualified employers and claimants shall provide be subject to the following minimum appeal rights: 8 9 1. The claimant may appeal in writing an initial adverse 10 benefit determination to an appeals committee within one hundred 11 eighty (180) days following his or her receipt of the adverse 12 benefit determination. The appeal appeals committee shall be heard by a committee consisting consist of at least three people, none of 13 whom are employees of the qualified employer, that were not involved 14 15 in the original adverse benefit determination or have any pecuniary 16 interest in the outcome of the appeal. The appeals committee shall conduct a full and fair hearing including, but not limited to, the 17 opportunity to present live testimony, witness statements, briefs, 18 expert reports and oral argument on the merits. The appeals 19 committee shall not give any deference to the claimant's initial 20 adverse benefit determination in its review; 21

22 2. The <u>appeals</u> committee may request any additional information 23 it deems necessary to make a decision, including having the claimant 24 submit to a medical exam. The committee shall create a

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1 comprehensive record of the hearing and maintain such record for no
2 less than two (2) years from the date the decision on appeal is
3 issued;

3. The committee shall notify the claimant in writing of its
decision, including an explanation of the decision and his or her
right to judicial review;

7 4. Subject to the need for a reasonable extension of time due to matters beyond the control of the benefit plan, the appeals 8 9 committee shall review the determination and issue a decision no 10 later than forty-five (45) days from the date the notice of contest 11 is received. The committee shall provide written notice of its 12 decision to the claimant and the qualified employer. Such notice shall include a detailed explanation of the decision, analysis of 13 evidence presented and instruction for seeking judicial review of 14 the decision. No legal action may be brought by or with respect to 15 a claimant to recover benefits under the benefit plan before the 16 foregoing claim procedures have been exhausted; 17

18 5. If any part of an adverse benefit determination is upheld by 19 the committee, the <u>4</u>. The qualified employer or claimant may then 20 file appeal the decision of the appeals committee by filing a 21 petition for review with the Commission within one (1) year after 22 the date the claimant receives notice that of the adverse benefit 23 determination, or part thereof, was upheld is received. The appeals 24 committee shall provide the record of the hearing to the Commission

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1 within seven (7) days of notice from the Commission. If the 2 Commission determines in its sole discretion that the record is 3 deficient, it shall provide written notice to the appeals committee 4 of the defect or defects, after which the committee shall have three 5 (3) days to submit a cured record. If the record is not cured, the administrative law judge shall presume that the defect or defects 6 7 are unfavorable to the qualified employer. The Commission shall appoint an administrative law judge to hear any the appeal of an 8 9 adverse benefit determination as a trial de novo. The Commission 10 shall prescribe additional rules governing the authority and responsibility of the parties, the administrative law judge and the 11 12 Commission during the appeal processes. The administrative law judge and Commission shall act as the court of competent 13 jurisdiction under 29 U.S.C.A. Section 1132(e)(1), and shall possess 14 adjudicative authority to render decisions in individual proceedings 15 16 by claimants to recover benefits due to the claimant or employers under the terms of the claimant's applicable plan, including the 17 authority to award or deny benefits and otherwise enforce the 18 claimant's rights under the terms of the benefit plan, or to clarify 19 the claimant's rights to future benefits under the terms of the 20 plan; 21 6. 5. The Commission administrative law judge shall rely on the 22

23 record established by the internal appeal process and use an
24 objective standard of review that is not arbitrary or capricious the

1 claim de novo. Any party aggrieved by the judgment, decision, or 2 award made by an administrative law judge may, within ten (10) days 3 of issuance, appeal to the Commission. After hearing, the Commission may reverse or modify the decision of the administrative 4 5 law judge only if it determines that the decision was against the clear weight of evidence or contrary to law. All such proceedings 6 7 of the Commission shall be recorded by a court reporter. Any judgment of the Commission which reverses a decision of the 8 9 administrative law judge shall contain specific findings relating to 10 the reversal. Any award by the administrative law judge or 11 Commission shall be limited to benefits payable under the terms of 12 the benefit plan and, to the extent provided herein, attorney fees and costs; and 13

If the claimant appeals to the Commission and any part of 14 <del>7.</del> 6. 15 the adverse benefit determination is upheld, he or she may appeal to the Oklahoma Supreme Court. The judgment, decision or award of the 16 17 Commission shall be final and conclusive on all questions within its jurisdiction between the parties unless an action is commenced in 18 the Supreme Court of this state to review the judgment, decision or 19 award within twenty (20) days of being sent to the parties. Any 20 judgment, decision or award made by an administrative law judge 21 shall be stayed until all appeal rights have been waived or 22 exhausted. The Supreme Court may modify, reverse, remand for 23

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1 rehearing, or set aside the judgment, decision or award only if it 2 was:

3	a.	in violation of constitutional provisions,
4	b.	in excess of the statutory authority or jurisdiction
5		of the Commission,
6	с.	made on unlawful procedure,
7	d.	affected by other error of law,
8	e.	clearly erroneous in view of the reliable, material,
9		probative and substantial competent evidence,
10	f.	arbitrary or capricious,
11	g.	procured by fraud, or
12	h.	missing findings of fact on issues essential to the
13		decision.

14 Such action shall be commenced by filing with the Clerk of the 15 Supreme Court a certified copy of the judgment, decision or award of 16 the Commission attached to a petition which shall specify why the 17 judgment, decision or award is erroneous or illegal.

18 The Supreme Court shall require the appealing party to file 19 within forty-five (45) days from the date of the filing of an appeal 20 a transcript of the record of the proceedings before the Commission, 21 or such later time as may be granted by the Supreme Court on 22 application and for good cause shown. The action shall be subject 23 to the law and practice applicable to comparable civil actions 24 cognizable in the Supreme Court.

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1	C. If any of the provisions in paragraphs 5 through 7 of
2	subsection B of this section are determined to be unconstitutional
3	or otherwise unenforceable by the final nonappealable ruling of a
4	court of competent jurisdiction, then the following minimal appeal
5	procedures will go into effect:
6	1. The appeal shall be heard by a committee consisting of at
7	least three people that were not involved in the original adverse
8	benefit determination. The appeals committee shall not give any
9	deference to the claimant's initial adverse benefit determination in
10	its review;
11	2. The committee may request any additional information it
12	deems necessary to make a decision, including having the claimant
13	submit to a medical exam;
14	3. The committee shall notify the claimant in writing of its
15	decision, including an explanation of the decision and his or her
16	right to judicial review;
17	4. The committee shall review the determination and issue a
18	decision no later than forty-five (45) days from the date the notice
19	of contest is received;
20	5. If any part of an adverse benefit determination is upheld by
21	the committee, the claimant may then file a petition for review in a
22	proper state district court; and
23	
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1	6. The district court shall rely on the record established by
2	the internal appeal process and use a deferential standard of
3	review.
4	D. The provisions of this section shall apply to the extent not
5	inconsistent with or preempted by any other applicable law or rule.
6	E. All intentional tort or other employers' liability claims
7	may proceed through the appropriate state courts of Oklahoma,
8	mediation, arbitration, or any other form of alternative dispute
9	resolution or settlement process available by law.
10	A fee of One Hundred Dollars (\$100.00) per appeal to the Supreme
11	Court shall be paid by the party filing the appeal to the Commission
12	and deposited to the credit of the Workers' Compensation Fund as
13	costs for preparing, assembling, indexing and transmitting the
14	record for appellate review. If more than one party to the action
15	files an appeal from the same judgment, decision or award, the fee
16	shall be paid by the party whose petition in error commences the
17	principal appeal.
18	SECTION 15. This act shall become effective in accordance with
19	the provisions of Section 58 of Article V of the Oklahoma
20	Constitution.
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