

Domestic Claims



Domestic Claims and Health Direct are pleased to bring you this quarterly newsletter on the most recent legislation and regulation on workers' compensation medical management for your state(s).

Legislative and Regulatory Activity

Legislation	Synopsis	Status & Last Action Date	Effective Date
Alaska			
HB104 Medical Fees	<ul style="list-style-type: none"> Enacted legislation extends the time period for using nationally recognized inflationary indices (United States Department of Labor, Bureau of Labor Statistics' Medical Care Component of the Consumer Price Index) for adjusting workers' compensation fees for medical treatment and services until December 31, 2010. This legislation allows additional time for Alaska to adopt permanent methods for establishing medical fees. Further information regarding the enacted legislation may be viewed at: http://www.legis.state.ak.us/basis/get_bill.asp?session=26&bill=HB104 	<ul style="list-style-type: none"> Signed by the Governor on 3/30/09. 	<ul style="list-style-type: none"> 3/31/09
Arizona			
Medical Fee Schedule	<ul style="list-style-type: none"> The Arizona Industrial Commission has proposed updates to the Medical Fee Schedule. If approved, the new fee schedule would take effect 10/1/09. Further information on the proposed fees may be viewed at: http://www.ica.state.az.us/docs/director/2009_FS_Summary_of_Changes.pdf 	<ul style="list-style-type: none"> Public hearing was held on 5/28/09. 	<ul style="list-style-type: none"> N/A

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HB2200 Controlled Substances	<ul style="list-style-type: none"> Proposed legislation requires off-label use of narcotics, opium-based, controlled substances or schedule II controlled substances that are not consistent with FDA approved labeling to be subject to approval by the insurance carrier, employer, or claims processing representative. This bill also enables the insurance carrier, employer or claims processing representative to require an updated report every 30 days from the physician regarding the continued use of the controlled substance. Further information regarding the proposed legislation may be viewed at: http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=HB2200 	<ul style="list-style-type: none"> Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> N/A
SB1262 Medical Fees	<p>Proposed legislation, which:</p> <ul style="list-style-type: none"> Requires carriers to pay usual and customary charges for any services not covered by the state's fee schedule unless the provider has a written contract with the carrier. Requires the Industrial Commission to establish a voluntary dispute resolution process for medical billing disputes. Further information regarding the proposed legislation may be viewed at: http://www.azleg.gov/DocumentsForBill.asp?Bill_Number=SB1262 	<ul style="list-style-type: none"> Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> N/A
California			
California Code of Regulations §§9792.20 to 9792.26 Medical Treatment Utilization Schedule	<p>Adopted regulations update the Medical Treatment Utilization Schedule, which:</p> <ul style="list-style-type: none"> Reformat the guidelines into separate clinical topics. Add sections on chronic pain treatment guidelines and postsurgical treatment guidelines adapted from the <i>Official Disability Guidelines (ODG)</i>. Replace the Elbow Complaints Chapter as contained in the <i>ACOEM Practice Guidelines, 2nd Edition</i>, with the <i>ACOEM revised Elbow Disorders Chapter (2007)</i>. Further information regarding the adopted regulations may be viewed at: http://www.dir.ca.gov/dwc/DWCPropRegs/MTUS_Regulations/MTUS_Regulations.htm 	<ul style="list-style-type: none"> Adopted and filed with the Secretary of State on 6/18/09. 	<ul style="list-style-type: none"> 7/18/09
California Code of Regulations §10100.2 - §10115.2 Audit Regulations	<ul style="list-style-type: none"> Adopted amendments which, among other things, require that any documentation regarding the utilization review process be included in the claim file. Further information regarding the adopted amendments may be viewed at: http://www.dir.ca.gov/dwc/DWCPropRegs/Audit_Regulations/Audit_regulations.htm 	<ul style="list-style-type: none"> Adopted and filed with the Secretary of State on 4/20/09. 	<ul style="list-style-type: none"> 5/20/09
AB361 Medical Treatment	<ul style="list-style-type: none"> Proposed legislation provides that, regardless of whether an employer has established a medical provider network or entered into a contract with a health care organization, an employer that authorizes medical treatment shall not rescind or modify that authorization after the medical treatment has been provided for any reason, including, but not limited to, the employer's subsequent determination that the physician who treated the employee was not eligible to treat that employee. Further information regarding the proposed legislation may be viewed at: http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0351-0400/ab_361_bill_20090514_amended_asm_v97.pdf 	<ul style="list-style-type: none"> Passed as amended in the Assembly. Referred to the Senate Rules Committee on 5/18/09. 	<ul style="list-style-type: none"> N/A

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AB933 Utilization Review	<ul style="list-style-type: none"> ▪ Proposed legislation amends the Labor Code to require that only a physician (which includes physicians and surgeons holding an M.D. or D.O. degree, psychologists, acupuncturists, optometrists, dentists, podiatrists, and chiropractic practitioners) licensed by California state law may modify, delay, or deny requests for authorization of medical treatment for reasons of medical necessity. ▪ Further information regarding the proposed legislation may be viewed at: http://www.leginfo.ca.gov/pub/09-10/bill/asm/ab_0901-0950/ab_933_bill_20090226_introduced.pdf 	<ul style="list-style-type: none"> ▪ Passed in the Assembly. Referred to the Senate Committee on Labor and Industrial Relations 6/4/09. 	<ul style="list-style-type: none"> ▪ N/A
SB186 Predesignation of Treating Physician	<ul style="list-style-type: none"> ▪ Existing law, which expires on December 31, 2009, provides an employee with the right to be treated by his or her personal physician from the date of injury if specified requirements are met, including a requirement that the physician agrees to be predesignated. This bill would remove the December 31, 2009 expiration date for those provisions pertaining to an employee's predesignation of a personal physician. ▪ Further information regarding the proposed legislation may be viewed at: http://www.leginfo.ca.gov/pub/09-10/bill/sen/sb_0151-0200/sb_186_bill_20090217_introduced.pdf 	<ul style="list-style-type: none"> ▪ Passed in the Senate. Referred to the Assembly Insurance Committee on 5/11/09 	<ul style="list-style-type: none"> ▪ N/A
Colorado			
Rule 8 - Workers' Compensation Rules of Procedure Authorized Treating Physician	<ul style="list-style-type: none"> ▪ Adopted amendment clarifies the process in which injured workers must mail or hand deliver notice of the one-time change of physician request to a person designated by the employer to receive the form. This designated person must then notify the impacted physicians and the claims adjuster of the change, unless there is an objection. ▪ Further information regarding the adopted amendment may be viewed at: http://www.coworkforce.com/dwc/Notices/Adopted_Rules/Adopted_R8-5_B_.pdf 	<ul style="list-style-type: none"> ▪ Adopted. 	<ul style="list-style-type: none"> ▪ 5/1/09
Rule 17- Workers' Compensation Rules of Procedure Lower Extremity Medical Treatment Guideline	<p>The Colorado Division Of Workers Compensation has adopted amendments to its Lower Extremity Medical Treatment Guideline which:</p> <ul style="list-style-type: none"> ▪ Update diagnosis, testing and treatment procedures. ▪ Revise formatting, grammar, content and structure. ▪ Provide changes to make the revised exhibit more consistent in concept, organization and structure with respect to other exhibits contained in Rule 17. ▪ Further information regarding the adopted amendments may be viewed at: http://www.coworkforce.com/dwc/Notices/Adopted_Rules/Lower_Extremity.pdf 	<ul style="list-style-type: none"> ▪ Adopted. 	<ul style="list-style-type: none"> ▪ 9/1/09
SB09-168 Independent Medical Examinations	<ul style="list-style-type: none"> ▪ Enacted legislation which, among other things, requires independent medical examiners to make audio recordings of their examinations. ▪ Further information regarding the enacted legislation may be viewed at: http://www.leg.state.co.us/clics/clics2009a/csl.nsf/fsbillcont3/5024F7E261FF1A588725754D0072A8BE?open&file=168_enr.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 4/22/09. 	<ul style="list-style-type: none"> ▪ 8/5/09

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<p>Rule 8 - Workers' Compensation Rules of Procedure</p> <p>Independent Medical Examination</p>	<ul style="list-style-type: none"> ▪ New proposed rules set forth the requirements for audio recording of independent medical examinations as required by SB09-168. ▪ Further information regarding the proposed rules may be viewed at: http://www.coworkforce.com/dwc/Notices/Proposed%20Rules/Rule%208/Proposed%20%20Rule%208.pdf 	<ul style="list-style-type: none"> ▪ Public hearing was held on 7/13/09. 	<ul style="list-style-type: none"> ▪ N/A
<p>SB09-061</p> <p>Utilization Review</p>	<p>Proposed legislation, which:</p> <ul style="list-style-type: none"> ▪ Requires that independent medical examiners and utilization review physicians be licensed, certified or registered in Colorado. In the alternative, provides that a health care professional with the appropriate expertise but licensed in another state may perform a utilization review if a Colorado licensed provider is not available. ▪ Requires insurers to state the reason for denying benefits for medical treatment in writing and identify the name of the health care professional on whose opinion the denial is based. ▪ Further information regarding the proposed legislation may be viewed at : http://www.leg.state.co.us/clics/clics2009a/csl.nsf/fsbillcont3/C50CEBE33A129E85872575370071F616?open&file=061_ren.pdf 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A
<p>SB09-103</p> <p>Unfair Claim Settlement Practices</p>	<ul style="list-style-type: none"> ▪ Proposed legislation defines an unfair claim settlement practice act to include providing any pay, salary, reward, bonus, promotion, or other financial incentive to any person involved in the review of a claim for benefits, including, without limitation, claims adjusters or their supervisors, or to any person performing utilization review for a private utilization review organization, in connection, directly or indirectly, with the denial of a claim for benefits made by an insured or claimant or the rescission or cancellation of an insurance policy. ▪ Further information regarding the proposed legislation may be viewed at: http://www.leg.state.co.us/clics/clics2009a/csl.nsf/fsbillcont3/AAE34BB437204D8287257545005B336E?Open&file=103_01.pdf 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A
Florida			
<p>Florida Administrative Code §69L-7.501</p> <p>Reimbursement Manual for Hospitals</p>	<ul style="list-style-type: none"> ▪ The Florida Division of Workers' Compensation has proposed an amendment to adopt by reference the 2009 Edition of the Reimbursement Manual for Hospitals. ▪ Further information regarding the manual may be viewed at: http://www.myfloridacfo.com/WC/pdf/HospitalManual2009finaldraft-5-14-09.pdf 	<ul style="list-style-type: none"> ▪ A rule workshop was held on 7/7/09. 	<ul style="list-style-type: none"> ▪ N/A
<p>Florida Administrative Code §69L-7.602</p> <p>Medical Services Billing, Filing and Reporting</p>	<ul style="list-style-type: none"> ▪ The Florida Division of Workers' Compensation has proposed rule amendments reflecting changes and updates to forms, reference manuals, EDI requirements and billing instructions for providers and insurers associated with medical services billing, filing and reporting. ▪ Further information regarding the proposed amendments may be viewed at: http://www.myfloridacfo.com/WC/pdf/69L-7.602%20Notice%20of%20Hearing%20Revised%20draft%206-2-09.pdf 	<ul style="list-style-type: none"> ▪ Proposed rule published in the Florida Administrative Weekly on 6/12/09. 	<ul style="list-style-type: none"> ▪ N/A

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Florida Administrative Code §69L-24 Workers' Compensation Insurers' Standards and Practices	Proposed amendments, which, among other things: <ul style="list-style-type: none"> ▪ Modify current performance standards and fines for the late payment of compensation, the late filing of FROI, the untimely payments (or disposition) of medical bills to providers, and the untimely filing of medical bills. ▪ Establish criteria that constitute a pattern or practice of willful violation of performance standards and set forth additional penalties for willful violations. ▪ Further information regarding the proposed amendments may be viewed at: http://www.myfloridacfo.com/WC/pdf/notice69L-24.pdf 	<ul style="list-style-type: none"> ▪ A second Rule Development Workshop was held on 4/15/09. 	<ul style="list-style-type: none"> ▪ N/A
Georgia			
Medical Fee Schedule	<ul style="list-style-type: none"> ▪ The Georgia State Board of Workers' Compensation issued revisions to its Medical Fee Schedule including a recalculation of maximum allowable reimbursements, updated CPT codes, and an increase in IME rates. ▪ Further information regarding the revised fee schedule may be viewed at: http://sbwc.georgia.gov/00/channel_modifieddate/0,2096,11394008_34361078,00.html 	<ul style="list-style-type: none"> ▪ Posted to the State Board of Workers' Compensation website. 	<ul style="list-style-type: none"> ▪ 4/1/09
HB330 Waiver of Medical Confidentiality	<ul style="list-style-type: none"> ▪ Enacted legislation provides that an employee's waiver of confidentiality applies to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which that injured worker claims compensation. ▪ Further information regarding this legislation may be viewed at: http://www.legis.state.ga.us/legis/2009_10/pdf/hb330.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 4/21/09. 	<ul style="list-style-type: none"> ▪ 7/1/09
Hawaii			
SB62 Medical Provider Approval	<ul style="list-style-type: none"> ▪ Proposed legislation requires independent medical examinations and permanent impairment rating examinations to be performed by physicians mutually agreed upon by employers and employees or appointed by the director of Labor and Industrial Relations. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.hawaii.gov/session2009/lists/measure_indiv.aspx?billtype=SB&billnumber=62 	<ul style="list-style-type: none"> ▪ Passed in the Senate. Passed with amendments by the House. Transmitted back to the Senate for agreement on 4/14/09. 	<ul style="list-style-type: none"> ▪ N/A
SB63 Return To Work	<ul style="list-style-type: none"> ▪ Proposed legislation specifies that the injured worker's ability to return to work is to be decided by the injured worker's treating physician. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.hawaii.gov/session2009/lists/measure_indiv.aspx?billtype=SB&billnumber=63 	<ul style="list-style-type: none"> ▪ Referred to the House Finance Committee on 3/25/09. 	<ul style="list-style-type: none"> ▪ N/A

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SB695 Medical Treatment	<ul style="list-style-type: none"> ▪ Enacted legislation requires the employer to continue medical services to an injured employee, despite disputes over whether treatment should be continued, until the director of Labor and Industrial Relations decides whether treatment should be continued. ▪ Further information regarding this legislation may be viewed at: http://www.capitol.hawaii.gov/session2009/bills/SB695_CD1_.pdf 	<ul style="list-style-type: none"> ▪ Governor's veto overridden by the Legislature on 7/15/09. 	<ul style="list-style-type: none"> ▪ 7/1/09
SB307 Selection of Independent Physician	<ul style="list-style-type: none"> ▪ Proposed legislation requires that an independent physician be selected by mutual agreement between an injured employee and employer to conduct medical examinations in cases where major or elective surgery is contemplated or in cases where an employee or employer is dissatisfied with the medical progress. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.hawaii.gov/session2009/lists/measure_indiv.aspx?billtype=SB&billnumber=307 	<ul style="list-style-type: none"> ▪ Referred to the Senate Labor Committee on 1/28/09. 	<ul style="list-style-type: none"> ▪ N/A
Idaho			
Idaho Administrative Code 17.02.08 Medical Fee Schedule Facility Fees	<p>The Idaho Industrial Commission adopted amendments to the Medical Fee Schedule for Hospitals and Ambulatory Surgical Centers, pending final approval by the Idaho State Legislature, which:</p> <ul style="list-style-type: none"> ▪ Makes a required annual adjustment to the Medical Fee Schedule that governs payments for medical services under the Idaho Workers' Compensation Law. ▪ Further information regarding the Medical Fee Schedule may be viewed at: http://www.iic.idaho.gov/medical.html 	<ul style="list-style-type: none"> ▪ Final rules rejected by the Idaho State Legislature at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A
Idaho Administrative Code 17.02.08 Medical Fee Schedule Facility Fees	<p>Due to the rejection of the final rules as noted in the previous entry above, the Idaho Industrial Commission adopted a temporary rule amending the Medical Fee Schedule for Hospitals and Ambulatory Surgical Centers while permanent rulemaking procedures are completed, which:</p> <ul style="list-style-type: none"> ▪ Makes a required annual adjustment to the Medical Fee Schedule that governs payments for medical services under the Idaho Workers' Compensation Law. ▪ Further information regarding the temporary rule may be viewed at: http://www.iic.idaho.gov/misc/rule_05_08_09.pdf 	<ul style="list-style-type: none"> ▪ Temporary rule adopted on 5/8/09 	<ul style="list-style-type: none"> ▪ 5/08/09
Indiana			
SB559 Utilization Review and Bill Review	<p>Proposed legislation, which among other things:</p> <ul style="list-style-type: none"> ▪ Requires the workers' compensation board to establish a medical utilization review procedure for medical treatment provided to or proposed for work related injuries and illnesses. ▪ Requires a health care provider to file a claim for payment with the board no later than two years after the last date the provider provided services to an injured or disabled employee. ▪ Requires that all compensation to bill review companies are fee based, and bill review companies be certified. ▪ Creates the option of utilizing a Medicare-based reimbursement standard. ▪ Further information regarding the proposed legislation may be viewed at: http://www.in.gov/apps/lisa/session/billwatch/billinfo?year=2009&session=1&request=getBill&docno=559 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A

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Iowa			
SF155 Medical Treatment	<ul style="list-style-type: none"> ▪ Proposed legislation allows injured workers to predesignate a doctor to treat workplace injuries before they are injured on the job. ▪ Further information regarding the proposed legislation may be viewed at: http://www.legis.state.ia.us/index.html 	<ul style="list-style-type: none"> ▪ Approved by the Senate Labor and Business Committee on 2/16/09. Re-referred to the Senate Labor and Business Committee on 4/16/09. 	<ul style="list-style-type: none"> ▪ N/A
Kentucky			
803 Kentucky Administrative Regulation §25:091 Hospital Fee Schedule	<ul style="list-style-type: none"> ▪ The Kentucky Department of Workers' Compensation Claims has adopted amendments to the Workers' Compensation Hospital Fee Schedule. ▪ Further information regarding the fee schedule may be viewed at: http://www.labor.ky.gov/NR/rdonlyres/876B47B1-DC39-4680-B220-2236F961666B/0/803KAR25091revised692009.pdf 	<ul style="list-style-type: none"> ▪ Approved by the Legislature. 	<ul style="list-style-type: none"> ▪ 6/5/09
Louisiana			
SB303 Medical Treatment Schedule	<ul style="list-style-type: none"> ▪ Enacted legislation provides for the establishment and promulgation of a medical treatment schedule to be used in the medical care, services, and treatment in workers' compensation matters. ▪ Further information regarding the enacted legislation may be viewed at: http://www.legis.state.la.us/billdata/streamdocument.asp?did=667992 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 7/1/09. 	<ul style="list-style-type: none"> ▪ 8/15/09
HB333 American Medical Association (AMA) Guides	<p>Enacted legislation which:</p> <ul style="list-style-type: none"> ▪ Removes a requirement that the workers' compensation system use the latest edition of the of the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, and instead requires continued use of the Fifth Edition until the normal effective date for legislation enacted during the 2010 regular legislative session. ▪ Requires the Executive Director of the Office of Workers' Claims to study the feasibility of adopting the Sixth Edition or of retaining use of the Fifth Edition. The Executive Director may require use of the Sixth Edition if a finding is made that the welfare of Kentucky's workers would be materially enhanced by its adoption. ▪ Further information regarding the enacted legislation may be viewed at: http://www.lrc.ky.gov/record/09RS/HB333/bill.doc 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 3/24/09. 	<ul style="list-style-type: none"> ▪ 3/24/09
Maryland			
Vocational Rehabilitation Services	<ul style="list-style-type: none"> ▪ The Vocational Rehabilitation Subcommittee of the Maryland Workers' Compensation Commission (MWCC) has proposed, among other things, the following recommendations: ▪ If the parties cannot agree on the selection of a vocational rehabilitation provider, the Maryland Division of Rehabilitation Services shall select a registered vocational rehabilitation provider from a list provided by the parties. ▪ Any contact with or about the injured worker, by the vocational counselor or nurse case manager, whether in person, in writing or electronic, shall be shared with all authorized parties. ▪ Further information regarding the proposed process may be viewed at: http://www.wcc.state.md.us/PDF/VR_Comm/PROPOSED_VOCREHAB_SERVICES.pdf 	<ul style="list-style-type: none"> ▪ Public meeting held on 4/23/09. 	<ul style="list-style-type: none"> ▪ N/A

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Massachusetts			
Utilization Review	<p>The Massachusetts Department of Industrial Accidents proposed amendments to revise the utilization review regulations which:</p> <ul style="list-style-type: none"> ▪ Set forth specific rules and responsibilities for the utilization review agent. ▪ Require application fees as part of the application process to become an approved utilization review agent. ▪ Allow insurers and self-insurers to approve medical services during the 12 week period immediately following the date of injury without performing utilization review. ▪ Provides for fines for non-compliance by utilization review agents. ▪ Further information regarding the proposed amendments may be viewed at: http://www.mass.gov/?pageID=elwdmodulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions+(EOLWD)&L3=Department+of+Industrial+Accidents&sid=Elwd&b=terminalcontent&f=dia+announcements+hcsb+july+09+public+hrg&csid=Elwd 	<ul style="list-style-type: none"> ▪ Public hearing held on 7/8/09. Comment period ended on 7/15/09. 	<ul style="list-style-type: none"> ▪ N/A
Minnesota			
Treatment Guidelines	<p>The Medical Services Review Board of the Minnesota Department of Labor and Industry has proposed amendments to the Worker’s Compensation treatment parameter rules and issued draft treatment guidelines governing:</p> <ul style="list-style-type: none"> ▪ Non-steroidal anti-inflammatory, opioid analgesic, and muscle relaxant medications, traction technologies, electrical muscle stimulation, acupuncture and manual therapy modalities, spinal cord stimulators, intrathecal drug delivery systems, functional capacity evaluations, and complex regional pain syndrome (reflex sympathetic dystrophy). ▪ Further information regarding the proposed guidelines may be viewed at: http://www.dli.mn.gov/PDF/docket/5221_6020_8900TrtmPar.pdf 	<ul style="list-style-type: none"> ▪ Revised draft of rules was issued on 2/19/09. 	<ul style="list-style-type: none"> ▪ N/A
Montana			
HB119 Payment of Medical Claims	<ul style="list-style-type: none"> ▪ Enacted legislation requires, among other things, insurers to pay workers’ compensation medical claims at the fee schedule within 30 days of receipt of medical bills for which a claim has been accepted and for which no other disputes exist. ▪ Further information regarding the enacted legislation may be viewed at: http://data.opi.mt.gov/bills/2009/billpdf/HB0119.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 4/1/09. 	<ul style="list-style-type: none"> ▪ 4/1/09

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Nevada			
SB195 American Medical Association (AMA) Guides	<ul style="list-style-type: none"> Enacted legislation which, among other things, requires that the Fifth Edition, rather than the most recent edition, of the American Medical Association's Guide to the Evaluation of Permanent Impairment must be applied in all examinations for permanent partial disability. Further information regarding the enacted legislation may be viewed at: http://leg.state.nv.us/75th2009/Bills/SB/SB195_EN.pdf 	<ul style="list-style-type: none"> Vetoed by the Governor on 5/28/09. Veto overturned by the Legislature on 5/31/09. 	<ul style="list-style-type: none"> 6/1/09
AB281 Provider Choice	<p>Enacted legislation, which, among other things:</p> <ul style="list-style-type: none"> Clarifies existing law by providing that after making an initial choice, an injured employee may choose an alternative treating physician without the insurer's permission if the alternative choice is made within 90 days after the injury. Provides that an injured employee may make a change in the treating physician or chiropractor at any time subject to the insurer's approval. Requires the insurer to provide to the injured employee, whose request for change has been denied, the specific reason for the denial. Further information regarding the legislation may be viewed at: http://leg.state.nv.us/75th2009/Bills/AB/AB281_EN.pdf 	<ul style="list-style-type: none"> Signed by the Governor on 5/28/09. 	<ul style="list-style-type: none"> 7/1/09
New Jersey			
New Jersey Administrative Code 11:6 Workers' Compensation Managed Care Organizations	<ul style="list-style-type: none"> The New Jersey Department of Banking and Insurance has re-adopted the Workers' Compensation Managed Care Organization rules, which include amendments to reflect the transfer of the Office of Managed Care of the Department of Health and Senior Services to the Department of Banking and Insurance. Further information regarding the adopted rules may be viewed at: http://www.state.nj.us/dobi/proposed/read090615.pdf 	<ul style="list-style-type: none"> Re-adopted on 5/15/09. 	<ul style="list-style-type: none"> Re-adoption: 5/18/09 Amendments: 5/15/09
New Jersey Administrative Code 12:235 Motions for Emergent Medical Care	<ul style="list-style-type: none"> New rules proposed which establish standards to be met and procedures to be followed by a claim petitioner who wishes to pursue a motion for emergent medical care with the Division of Workers' Compensation. Carriers and self-insured employers are required to designate a contact person to receive and review emergent care requests. Further information regarding the new rules may be viewed at: http://lwd.dol.state.nj.us/labor/forms_pdfs/wc/pdf/Proposed_WC_Rules_051909.pdf 	<ul style="list-style-type: none"> Public hearing was held on 6/2/09. Comment period ended on 7/3/09. 	<ul style="list-style-type: none"> N/A
New York			
NY Codes, Rules and Regulations Subchapter M <u>Emergency Rule</u> Pharmacy and Durable Medical Goods Fee Schedules	<p>Re-adopted emergency regulation in place for 90 days or until replaced by a permanently adopted rule, which, among other things:</p> <ul style="list-style-type: none"> Establishes a pharmacy fee schedule in uncontroverted cases at the average wholesale price (AWP) minus 12% plus a \$4 dispensing fee for brand name drugs, and AWP minus 20% plus a \$5 dispensing fee for generic drugs. Sets pharmacy reimbursement rates in controverted cases at 25% above the maximum rate plus a dispensing fee of \$7.50 for generic drugs and \$6 for brand name drugs. Continues to index the DME fee schedule to the New York State Medicaid fee schedule. Further information regarding the emergency rule may be viewed at: http://www.wcb.state.ny.us/content/main/wclaws/Emergency/SubchapterM_4-1-09.jsp 	<ul style="list-style-type: none"> Re-adopted on 4/1/09. 	<ul style="list-style-type: none"> 4/1/09

Legislation	Synopsis	Status & Last Action Date	Effective Date
<p>NY Codes, Rules and Regulations Subchapter M</p> <p>Permanent Rule</p> <p>Pharmacy and Durable Medical Goods</p>	<p>Proposed permanent regulation implementing the pharmacy network and durable medical equipment provisions contained in New York's 2007 workers' compensation reforms, which, among other things:</p> <ul style="list-style-type: none"> ▪ Provides definitions for brand name drugs, controlled substances, generic drugs, rural areas, independent pharmacies, pharmacy chains remote pharmacies, and third party payers. ▪ Sets forth the requirements, which a carrier must follow to notify the Board with regard to filing a listing of designated pharmacies and pharmacy chains, as well as providing notice of modifications to such designations. ▪ Lists the requirements applicable to pharmacies that are designated as part of a pharmacy network at which an injured worker must fill prescriptions including inventory requirements. ▪ Provides for exclusions under which an injured worker is not required to use a designated pharmacy or pharmacy network. ▪ Details the employee/injured worker notification requirements which must be satisfied before a carrier is permitted to steer into the network including the identity of the pharmacy chains and independent pharmacies in the network (or an entity that can provide such information), time frames for notice and methods of delivery, as well as notifications of changes in a pharmacy network and the methods of providing notice. ▪ Requires the carrier to provide a document, such as a pharmacy benefits card, to injured workers which list the carrier and other contact information regarding the injured worker's coverage as well as the pharmacy information, such as contact information and website address. ▪ Ties the pharmacy fee schedule in uncontroverted cases to the New York State Medicaid fee schedule plus a dispensing fee of \$5 for generic drugs and \$4 for brand name drugs. ▪ Establishes a pharmacy fee schedule in controverted cases at 25% above the New York State Medicaid fee schedule plus a dispensing fee of \$7.50 for generic drugs and \$6 for brand name drugs, and permits adjustments by the Board in circumstances where the reimbursement amount is grossly inadequate to meet pharmacy costs. ▪ Sets forth a transition period for injured workers to transfer prescriptions to a designated pharmacy or pharmacy network depending on the type of drug (controlled substances or non-controlled substances). ▪ Outlines the procedure for payment and reimbursement of prescription bills. ▪ Indexes the DME fee schedule to the New York State Medicaid fee schedule. ▪ Provides for a rate of reimbursement when Medicaid has not established a fee payable for a specific DME item, and allows for adjustments to the fee schedule by the Board in situations when the reimbursement amount is grossly inadequate to meet a pharmacy's or provider's costs. ▪ Further information regarding the proposed permanent rule may be viewed at: http://www.wcb.state.ny.us/content/main/wclaws/proposed_2-20-08.jsp 	<ul style="list-style-type: none"> ▪ Comment period ended on 4/7/08. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
A395 Social Worker Treatment	<ul style="list-style-type: none"> ▪ Proposed legislation authorizes the care and treatment of injured employees by a licensed social worker upon the referral of a physician. ▪ Directs the Chair of the Workers' Compensation Board to establish a fee schedule for social work treatment and care. ▪ Further information regarding the proposed legislation may be viewed at: http://public.leginfo.state.ny.us/menuf.cgi 	<ul style="list-style-type: none"> ▪ Amended and re-referred to the Assembly Committee on Labor on 5/11/09. 	<ul style="list-style-type: none"> ▪ N/A
A4380 Chiropractor Billing	<ul style="list-style-type: none"> ▪ Proposed legislation requires chiropractors that treat workers' compensation claimants to be reimbursed for each individual diagnostic, treatment service, and modalities performed. ▪ Further information regarding the proposed legislation may be viewed at: http://public.leginfo.state.ny.us/menuf.cgi 	<ul style="list-style-type: none"> ▪ Referred to the Assembly Committee on Labor on 2/3/09. 	<ul style="list-style-type: none"> ▪ N/A
A3716 Chiropractic Care	<p>Proposed legislation dealing with chiropractic care, which, among other things:</p> <ul style="list-style-type: none"> ▪ Requires the chiropractic fee schedule to provide for payments that are equivalent to the care or treatment provided by physicians for similar conditions. ▪ Provides that chiropractic care and treatment would be subject to reasonable utilization review but such review would not be more restrictive than the UR applicable to physicians. ▪ Provides that each Preferred Provider Organization (PPO) shall offer coverage for care and treatment provided by chiropractors. ▪ Provides that an injured employee may seek care from a chiropractor outside the PPO 30 days after a visit with an authorized PPO physician. ▪ Further information regarding the proposed legislation may be viewed at: http://public.leginfo.state.ny.us/menuf.cgi 	<ul style="list-style-type: none"> ▪ Referred to the Assembly Committee on Labor on 1/28/09. 	<ul style="list-style-type: none"> ▪ N/A
A3704 Nurse Practitioners	<ul style="list-style-type: none"> ▪ Authorizes a pilot program (effective until 12/31/14) to allow certified nurse practitioners to provide care and treatment to injured workers, establishes a nurse practitioner committee to regulate their practice, and directs the Chair to prepare and establish a nurse practitioner fee schedule. ▪ Provides that the report or testimony of a nurse practitioner concerning the condition and treatment of an injured employee shall be deemed competent but not controlling evidence. ▪ Further information regarding the proposed legislation may be viewed at: http://public.leginfo.state.ny.us/menuf.cgi 	<ul style="list-style-type: none"> ▪ Referred to the Assembly Committee on Labor on 1/28/09. 	<ul style="list-style-type: none"> ▪ N/A
A5289 Acupuncturist	<p>Proposed legislation:</p> <ul style="list-style-type: none"> ▪ Authorizes the care and treatment by a licensed or certified acupuncturist upon the referral of a physician. ▪ Directs the Chair of the Workers' Compensation Board to establish an acupuncture fee schedule. ▪ Specifies reporting requirements by the acupuncturist to interested parties and establishes an acupuncture practice committee to investigate, hear and make findings on all charges of professional or other misconduct of any authorized acupuncturist. ▪ Further information regarding the proposed legislation may be viewed at: http://public.leginfo.state.ny.us/menuf.cgi 	<ul style="list-style-type: none"> ▪ Referred to the Assembly Committee on Labor on 2/11/09. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
North Carolina			
North Carolina Workers' Compensation Hospital Fee Schedule	<p>The North Carolina Industrial Commission (NCIC) issued an Order adopting amendments to the Hospital Fee Schedule, which:</p> <ul style="list-style-type: none"> Adjust the lower end cap of the DRG band for reimbursement of inpatient hospital bills from 77.07% to 75% of charges for all hospitals other than critical access hospitals. Reduce the reimbursement rate for outpatient services from 95% to 79% of charges for all hospitals except critical access hospitals. Reduce the outpatient reimbursement rate for critical access hospitals to 87%. Reduce the reimbursement rate for ambulatory surgical centers from 100% to 79% of charges. The Order may be viewed at: http://www.ic.nc.gov/ncic/pages/012709or.pdf 	<ul style="list-style-type: none"> Order issued on 1/27/09. 	<ul style="list-style-type: none"> 7/27/09
SB781 Choice of Physician	<ul style="list-style-type: none"> Proposed legislation provides that an injured employee may select a physician of the employee's choosing to attend, prescribe and assume the care and charge of his or her case. Further information regarding the proposed legislation may be viewed at: http://www.ncga.state.nc.us/Sessions/2009/Bills/Senate/PDF/S781v1.pdf 	<ul style="list-style-type: none"> Referred to the Senate Commerce Committee on 3/25/09. 	<ul style="list-style-type: none"> N/A
Oklahoma			
Treatment Guidelines Low Back Pain	<ul style="list-style-type: none"> The Physician Advisory Committee to the Oklahoma Workers' Compensation Court proposed treatment guidelines for treating injured workers with low back pain. Further information regarding the proposed treatment guidelines may be viewed at: http://www.owcc.state.ok.us/Proposed Treatment Guidelines for the Back.pdf 	<ul style="list-style-type: none"> Public hearing held on 6/27/08. 	<ul style="list-style-type: none"> N/A
Treatment Guidelines Cervical Spine	<ul style="list-style-type: none"> The Physician Advisory Committee to the Oklahoma Workers' Compensation Court proposed cervical spine treatment guidelines for treating injured workers. Further information regarding the proposed treatment guidelines may be viewed at: http://www.owcc.state.ok.us/PDF/GUIDELINES%20FOR%20TREATMENT%20OF%20THE%20CERVICAL%20SPINE%20-%20DRAFT.pdf 	<ul style="list-style-type: none"> Public hearing held on 1/9/09. 	<ul style="list-style-type: none"> N/A
HB1962 (See also HB1476) Health Care Pilot Program	<ul style="list-style-type: none"> Proposed legislation creates a 24-hour insurance pilot program combining health care and workers' compensation coverage for employees with an effective date of 1/1/10. The pilot program shall be for a duration of thirty-six (36) months beginning January 1, 2010, under rules to be developed by the Insurance Commissioner. The purpose of the pilot program is to authorize an employer who provides health insurance coverage to employees and who chooses to participate in the pilot program to contract with a licensed health care service plan (which includes workers' compensation insurers who offer a managed care product to employers) to be the exclusive provider of medical, surgical, and hospital treatment for occupational and nonoccupational injuries and illnesses incurred by its employees. Further information regarding the proposed legislation may be viewed at: http://webserver1.lsb.state.ok.us/WebBillStatus/main.html 	<ul style="list-style-type: none"> Referred to House Committee on Economic Development and Financial Services on 2/3/09. 	<ul style="list-style-type: none"> N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
HB2166 Workers' Compensation System	Proposed legislation that would reform the Oklahoma Workers' Compensation System by, among other things: <ul style="list-style-type: none"> ▪ Establishing a strict definition of a compensable injury. ▪ Incorporating well-defined carpal tunnel syndrome guidelines. ▪ Providing for managed care networks. ▪ Providing for mandatory vocational assessment of out-of-work injured employees for more than one month. ▪ Providing for fee schedules established by the Workers' Compensation Commission. ▪ Further information regarding the proposed legislation may be viewed at: http://webservice1.lsb.state.ok.us/WebBillStatus/main.html 	<ul style="list-style-type: none"> ▪ Referred to House Committee on Economic Development and Financial Services on 2/3/09. 	<ul style="list-style-type: none"> ▪ N/A
Oregon			
Oregon Medical Fee and Payment Rules	The Workers' Compensation Division adopted amendments to its rules on medical fees for treating workers' compensation patients which, among other things: <ul style="list-style-type: none"> ▪ Update fees for medical providers and assign new CPT codes used by ambulatory surgical centers. ▪ Provide good cause exceptions for late billing. ▪ Address compensability of cervical artificial disc replacements. ▪ Address payments of physician assistants or nurse practitioners who perform or assist in surgery. ▪ Further information regarding the amended fee schedule may be viewed at: http://www.cbs.state.or.us/external/wcd/policy/rules/docconv_21365/9_09050.pdf 	<ul style="list-style-type: none"> ▪ Adopted. 	<ul style="list-style-type: none"> ▪ 7/1/09
Medical Services Rules	The Workers' Compensation Division adopted amendments to its Medical Services Rules which, among other things: <ul style="list-style-type: none"> ▪ Allow insurers to give workers Web addresses to access lists of eligible attending physicians in a managed care organization (if the worker then requests a written list, an enrollment notice is complete when the insurer mails the written list). ▪ Address contraindications to cervical artificial disk replacement. ▪ Further information regarding the amended rules may be viewed at: http://www.cbs.state.or.us/external/wcd/policy/rules/docconv_21365/10_09051.pdf 	<ul style="list-style-type: none"> ▪ Adopted. 	<ul style="list-style-type: none"> ▪ 7/1/09
HB2044 Directing Medical Care	<ul style="list-style-type: none"> ▪ Proposed legislation prohibits employers or insurers from directing or requiring injured workers to obtain non-emergency medical services from any specific provider, with the exception of employers or insurers that have managed care contracts. ▪ Further information regarding the proposed legislation may be viewed at: http://www.leg.state.or.us/09reg/measpdf/hb2000.dir/hb2044.intro.pdf 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative session. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
HB2045 Chiropractors	<ul style="list-style-type: none"> Enacted legislation authorizes chiropractors serving as attending physicians at the time of claim closures to make findings regarding impairment for purposes of evaluating injured workers' disability. Further information regarding the enacted legislation may be viewed at: http://www.leg.state.or.us/09reg/measpdf/hb2000.dir/hb2045.en.pdf 	Signed by the Governor on 3/31/09.	1/1/10
HB2046 Chiropractors	<ul style="list-style-type: none"> Proposed legislation authorizes chiropractors to serve as primary care physicians for injured workers enrolled in managed care plans. Further information regarding the proposed legislation may be viewed at: http://www.leg.state.or.us/09reg/measpdf/hb2000.dir/hb2046.intro.pdf 	Died at the close of the 2009 Legislative session.	N/A
HB2047 Chiropractors	<ul style="list-style-type: none"> Proposed legislation requires managed care plans to allow for chiropractors who meet certain requirements to participate in the plans and provide medical services under the plans. Further information regarding the proposed legislation may be viewed at: http://www.leg.state.or.us/09reg/measpdf/hb2000.dir/hb2047.intro.pdf 	Died at the close of the 2009 Legislative session.	N/A
HB2196 Medical Service Providers	<ul style="list-style-type: none"> Proposed legislation allows medical service providers to seek resolution of medical service disputes through the same process as workers, employers and insurers. Further information regarding the proposed legislation may be viewed at: http://www.leg.state.or.us/09reg/measpdf/hb2100.dir/hb2196.intro.pdf 	Died at the close of the 2009 Legislative session.	N/A
Pennsylvania			
HB723 Direction of Care	<ul style="list-style-type: none"> Proposed legislation would extend employer direction of care from 90 to 180 days from the date of the first visit. Further information regarding the proposed legislation may be viewed at: http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2009&sessInd=0&billBody=H&billTyp=B&billNbr=0723&pn=0809 	Referred to House Committee on Labor Relations on 3/5/09.	N/A
South Carolina			
Medical Services Provider Manual	<ul style="list-style-type: none"> The South Carolina Workers' Compensation Commission is reviewing and seeking recommendations and comments on revising the Medical Services Provider Manual (Fee Schedule). The notice requesting comments may be viewed at: http://wcc.sc.gov/NR/rdonlyres/70F33C1A-C7CD-405F-B612-32B442A09C4D/25955/WebsiteArticleMedicalServicesProviderManual1.pdf 	Public hearing held on 6/19/09. Comment period ended on 6/30/09.	N/A
Fees for Independent Medical Examinations	<ul style="list-style-type: none"> The South Carolina Workers' Compensation Commission is considering a revision to regulations that cap the maximum allowable payment for Independent Medical Examinations and requesting comments. The notice requesting comments may be viewed at: http://www.wcc.state.sc.us/NR/rdonlyres/DC2D474B-61F8-4043-98A3-1775D54F558A/0/IMErequest.pdf 	Comment period ended on 4/30/09.	N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
South Carolina Administrative Code Rehabilitation Professionals	Proposed rule amendments define the role of rehabilitation professionals within the workers' compensation system and: <ul style="list-style-type: none"> ▪ Require rehabilitation professionals to possess a valid South Carolina nursing license subject to the South Carolina Nurse Practicing Act. ▪ Require a rehabilitation professional to possess certification as a rehabilitation counselor, registered rehabilitation nurse, disability management specialist, occupational health nurse, or case manager. ▪ Establishes communication standards that rehabilitation professionals must comply with when communicating with a health care provider who provides examination or treatment to an injured worker. ▪ Further information regarding the proposed amendments may be viewed at: http://www.wcc.state.sc.us/NR/rdonlyres/7F04DF36-AD49-4211-BBE8-A91C2D69B193/0/proposedregulations.pdf 	<ul style="list-style-type: none"> ▪ Submitted to the South Carolina Legislature for review. 	<ul style="list-style-type: none"> ▪ N/A
South Carolina Administrative Code Communication Between Parties and Health Care Providers	Proposed rule amendments which: <ul style="list-style-type: none"> ▪ Provide that a health care provider may communicate an employee's medical history, diagnosis, causation course of treatment, prognosis, work restrictions, and impairments with the insurance carrier, employer, their respective attorneys, certified rehabilitation professionals or the Workers' Compensation Commission without the employee's consent. ▪ Outline specific notice requirements that must be provided to the injured employee regarding communications between parties and health care providers. ▪ Further information regarding the proposed amendments may be viewed at: http://www.wcc.state.sc.us/NR/rdonlyres/7F04DF36-AD49-4211-BBE8-A91C2D69B193/0/proposedregulations.pdf 	<ul style="list-style-type: none"> ▪ Submitted to the South Carolina Legislature for review. 	<ul style="list-style-type: none"> ▪ N/A
Tennessee			
Rules of the Tennessee Department of Labor and Workforce Development Medical Cost Containment Program Public Necessity Rule	<ul style="list-style-type: none"> ▪ Amended and re-filed public necessity rule, which among other things, require a treating physician who determines the employee's maximum medical improvement date for the distinct injury that he or she is treating to also determine the impairment rating, provided that the treating physician believes in good faith that the employee retains a permanent impairment upon reaching maximum medical improvement. This rule does not apply to Independent Medical Examinations. ▪ Further information regarding the adopted public necessity rules may be viewed at: http://state.tn.us/sos/rules_filings/05-16-09.pdf 	<ul style="list-style-type: none"> ▪ Filed with the Tennessee Secretary of State on 5/19/09. 	<ul style="list-style-type: none"> ▪ 5/19/09 through 10/31/09.

Legislation	Synopsis	Status & Last Action Date	Effective Date
<p>Rules of the Tennessee Department of Labor and Workforce Development</p> <p>Medical Cost Containment Program</p>	<p>Proposed rule amendments which, among other things:</p> <ul style="list-style-type: none"> ▪ Requires any decision of denial for payment for any type of health care service and/or treatment resulting from utilization review, as opposed to preauthorization, shall only be made by an agent of a utilization review company properly approved by the Division and the Tennessee Department of Commerce and Insurance. ▪ Add a provision that utilization review be performed when mandated by and in accordance with the Division's General Rules of the Workers' Compensation Program - Utilization Review. ▪ Require a treating physician who determines the employee's maximum medical improvement date for the distinct injury that he or she is treating to also determine the impairment rating for that distinct injury only. This rule does not apply to Independent Medical Examinations. ▪ Further information regarding the proposed amendments may be viewed at: http://state.tn.us/sos/rules_filings/01-24-09.pdf 	<ul style="list-style-type: none"> ▪ Hearing held on 3/20/09. 	<ul style="list-style-type: none"> ▪ N/A
<p>Rules of the Tennessee Department of Labor and Workforce Development</p> <p>Utilization Review</p>	<p>Proposed rules would replace the current UR rules in their entirety, and require that:</p> <ul style="list-style-type: none"> ▪ Only an active Tennessee licensed, board certified practitioner in the same or similar specialty as the recommending treating physician may issue denials. ▪ Denials must include an appeal form prescribed by the Division. ▪ Employers are required to submit a treatment request to UR within 3 business days of receipt of the recommended treatment by a treating physician. ▪ The UR agent must render and communicate a determination (UR report) in writing to the treating physician, employer and employee within 7 business days of receipt of the request from the employer. ▪ The UR report must be accompanied by all records and supplemental material reviewed by the UR agent. ▪ If the UR agent determines that information is lacking to make a decision, a written request must be sent to the treating physician, who then has 5 business days to reply. ▪ The employer has 3 business days to notify the employee and treating physician in writing whether any UR denials will be authorized. ▪ Request for appeals made by the employee or treating physician will be made to the Division on the prescribed form within 30 calendar days. The Division will conduct the review and render a decision within 20 business days. ▪ UR notification and closure forms must be filed, including an annual report. ▪ Sanctions and penalties apply for non-compliance. ▪ Further information regarding the proposed rules may be viewed at: http://state.tn.us/sos/rules_filings/02-25-09.pdf 	<ul style="list-style-type: none"> ▪ Hearing held on 5/5/09. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
SB1574 HB1472 Release of Medical Information	Enacted legislation which, among other things: <ul style="list-style-type: none"> ▪ Specifies that there shall be no implied covenant of confidentiality, prohibition against ex-parte communications or privacy of medical records in the custody of authorized treating physicians with respect to case managers, employers, insurance companies, or their attorneys, subject to compliance with certain requirements. ▪ Requires an injured worker to provide the employer (“employer” means the employer, the employer’s attorney, the employer’s insurance carrier or third party administrator, a case manager, and any utilization review agent) or the Division of Workers’ Compensation with a medical authorization for injuries occurring on or after July 1, 2009. The authorization shall permit the release of information through oral or written communication. ▪ Any request by the employer for medical information, medical records, or medical reports pertaining to the claimed workers’ compensation injury shall be in writing and a copy of the written request shall be provided to the employee and any attorney representing the employee at the time the written request is sent to the provider. ▪ Oral communication, including telephone or face-to-face conversations, with a medical provider authorized by the employer is permitted upon the condition that the employer representative provide the employee or any attorney representing the employee with a written summary of any opinions or statements of the medical provider regarding the employee’s injury or illness, medical condition or care within seven (7) days of a request by the employee or any attorney representing the employee. ▪ Further information regarding the legislation may be viewed at: http://www.capitol.tn.gov/Bills/106/Amend/SA0248.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 6/23/09 	<ul style="list-style-type: none"> ▪ 7/1/09
SB1680 HB1192 (See also SB1297 and HB0857) Rental of PPO Networks	Proposed legislation which: <ul style="list-style-type: none"> ▪ Specifies that under no conditions may negotiated rates for workers' compensation services be assigned to or accessible to any other party than the employer, trust, pool, insurer or PPO network which signed the contract or agreement. ▪ Specifies that where an employer has contracted with a PPO network to manage its workers' compensation program, under no condition may rates negotiated with the PPO network for workers' compensation services be assigned to, or accessible by, any other PPO network than that PPO network with whom the contract or agreement was negotiated with the health care provider. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.tn.gov/Bills/106/Bill/HB1192.pdf 	<ul style="list-style-type: none"> ▪ Senate: Action deferred in the Commerce, Labor & Agriculture Subcommittee on 5/5/09. ▪ House: Action deferred in the Consumer & Employee Affairs Subcommittee on 5/13/09. 	<ul style="list-style-type: none"> ▪ N/A
SB0430 HB1574 American Medical Association (AMA) Guides	<ul style="list-style-type: none"> ▪ Proposed legislation defines the AMA guide for impairment ratings to mean the 5th edition of the AMA Guides, instead of either the 6th edition or any new edition. ▪ Further information regarding the proposed legislation may be viewed at: http://wapp.capitol.tn.gov/apps/BillInfo/default.aspx?BillNumber=SB0430 	<ul style="list-style-type: none"> ▪ Senate: Assigned to Commerce, Labor & Agriculture Subcommittee on 5/5/09. ▪ House: Action deferred to 2010 in the Consumer & Employee Affairs Subcommittee on 4/28/09. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
<p>Rules of the Tennessee Department of Labor and Workforce Development</p> <p>Medical and In-Patient Hospital Fee Schedules</p>	<ul style="list-style-type: none"> ▪ Proposed rule amendments update the Medical Fee Schedule and In-Patient Hospital Fee Schedule of the Workers' Compensation Division. ▪ Further information regarding the proposed amendments may be viewed at: http://state.tn.us/sos/rules_filings/01-24-09.pdf 	<ul style="list-style-type: none"> ▪ Hearing held on 3/20/09. 	<ul style="list-style-type: none"> ▪ N/A
Texas			
<p>28 Texas Administrative Code §134.500</p> <p>Pharmaceutical Benefits</p>	<ul style="list-style-type: none"> ▪ The Texas Department of Insurance, Division of Workers' Compensation, has prepared an informal draft of rules for a proposed prescription drug closed formulary, which is tied to the <i>Official Disability Guidelines (ODG)</i> workers' compensation formulary and includes certain preauthorization requirements. ▪ The Texas Department of Insurance, Division of Workers' Compensation website may be viewed at: http://www.tdi.state.tx.us/wc/indexwc.html 	<ul style="list-style-type: none"> ▪ Informal comment period ended on 7/10/09. 	<ul style="list-style-type: none"> ▪ N/A
<p>28 Texas Administrative Code, Chapter 180</p> <p>Medical Benefit Regulation</p> <p>General Rules for Enforcement</p>	<p>The Texas Department of Insurance, Division of Workers' Compensation, has prepared an informal draft of rules for the complete revision of Chapter 180 concerning General Rules for Enforcement and Medical Benefit Regulation to meet requirements of HB 7, HB 34, HB 1003, HB 1006 and HB 2004, which, among other things:</p> <ul style="list-style-type: none"> ▪ Defines "peer review" as an administrative review of the injured employee's health care for any issue related to the workers' compensation claim without a physical examination of the injured employee, but does exclude IRO review. ▪ Proposes definitions of "active practice" and "appropriate credentials" for doctors. ▪ Proposes a list of "disqualifying associations" which may cause a doctor to be considered biased in dealings with workers' compensation claimants. ▪ Addresses criteria for complaints, audits and sanctions. ▪ The Texas Department of Insurance, Division of Workers' Compensation website may be viewed at: http://www.tdi.state.tx.us/wc/indexwc.html 	<ul style="list-style-type: none"> ▪ Informal comment period ended 7/15/09. 	<ul style="list-style-type: none"> ▪ N/A
<p>HB223</p> <p>Discounting Provider Fees</p>	<p>Proposed legislation regulates discount brokers that are engaged in disclosing or transferring physician and health care provider discounts, and among other things:</p> <ul style="list-style-type: none"> ▪ Prohibits the transfer of a provider's discounted fee or any other contractual obligation unless the transfer is authorized by a contractual agreement that complies with certain provisions including specific notice requirements. ▪ Provides for administrative penalties. ▪ Becomes effective on 9/1/09 and applies to contracts entered into or renewed on or after 1/1/10. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.state.tx.us/tlodocs/81R/billtext/pdf/HB00223L.pdf 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A

Legislation	Synopsis	Status & Last Action Date	Effective Date
SB378 (See also HB698) Medical Evaluations	<ul style="list-style-type: none"> ▪ Proposed legislation which provides that an employee who is not satisfied with an initial evaluation by a designated doctor may request a medical examination from the treating doctor, or a doctor to whom the employee is referred by the treating doctor, to determine maximum medical improvement and impairment rating at the carrier's expense. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.state.tx.us/BillLookup/History.aspx?LegSess=81R&Bill=SB378 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A
HB1166 Reviewing Practitioner	<p>Proposed legislation amends the Workers' Compensation Act which:</p> <ul style="list-style-type: none"> ▪ Provides that a reviewing practitioner, as it pertains to professional specialty certification required for certain reviews, hold the same professional certification as the employee's treating doctor, be licensed in Texas, maintain his or her primary practice in Texas, and be actively engaged in the treatment of patients in Texas. ▪ Provides similar requirements for reviews of dental and chiropractic services. ▪ Further information regarding the proposed legislation may be viewed at: http://www.capitol.state.tx.us/tlodocs/81R/billtext/pdf/HB01166L.pdf 	<ul style="list-style-type: none"> ▪ Died at the close of the 2009 Legislative Session. 	<ul style="list-style-type: none"> ▪ N/A
HB2547 Employment Description for Treating Doctor	<ul style="list-style-type: none"> ▪ Enacted legislation provides that a treating doctor may request from an employer with 10 or more employees, information regarding the functions and physical responsibilities of an injured employee's job. ▪ Further information regarding the enacted legislation may be viewed at: http://www.capitol.state.tx.us/tlodocs/81R/billtext/pdf/HB02547F.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 6/19/09. 	<ul style="list-style-type: none"> ▪ 9/1/09
HB 3625 Network Preauthorization Requests	<ul style="list-style-type: none"> ▪ Enacted legislation provides that a utilization review agent's determination regarding a network preauthorization request must be issued and transmitted not later than the third working day, rather than the third calendar day, after the date the request is received. ▪ Further information regarding the enacted legislation may be viewed at: http://www.capitol.state.tx.us/tlodocs/81R/billtext/pdf/HB03625F.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 6/19/09. 	<ul style="list-style-type: none"> ▪ 9/1/09
HB 4290 Utilization Review	<p>Enacted legislation, which:</p> <ul style="list-style-type: none"> ▪ Provides for utilization review to determine the experimental or investigational nature of a health care service. ▪ Redefines retrospective review. ▪ Provides for independent review of retrospective adverse determinations. ▪ Further information regarding the enacted legislation may be viewed at: http://www.capitol.state.tx.us/tlodocs/81R/billtext/pdf/HB04290F.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 6/19/09. 	<ul style="list-style-type: none"> ▪ 9/1/09

Legislation	Synopsis	Status & Last Action Date	Effective Date
Vermont			
H444 Submission and Processing of Medical Claims Rental of Provider Networks	Enacted health care reform legislation which, among other things: <ul style="list-style-type: none"> ▪ Mandates timely payments to providers of workers' compensation related health care expenses. ▪ Requires health care providers to submit their claims within six (6) months of learning that the claim is related to workers' compensation, and specifies required formats for submission. ▪ Regulates the rental of health care provider networks and prohibits "downstream" rentals. ▪ Further information regarding the new legislation may be viewed at: http://www.leg.state.vt.us/docs/2010/Acts/ACT061.pdf 	<ul style="list-style-type: none"> ▪ Signed by the Governor on 6/2/09. 	<ul style="list-style-type: none"> ▪ Submission and Medical Claim Processing: 7/1/09. ▪ Network Rental Regulation: 1/1/10.
Washington			
Medical Aid Rules Psychiatric Services	<ul style="list-style-type: none"> ▪ Adopted rule amendment clarifies that psychiatric advanced registered nurse practitioners may independently provide psychiatric services under the Industrial Insurance Act, with the exception of rating permanent impairment. ▪ Further information regarding the adopted amendment may be viewed at: http://www.lni.wa.gov/rules/AO08/22/0822Adoption.pdf 	<ul style="list-style-type: none"> ▪ Adopted on 6/30/09. 	<ul style="list-style-type: none"> ▪ 7/31/09
Independent Medical Examinations	<ul style="list-style-type: none"> ▪ Proposed rule amendments set forth the requirements that a provider must meet to become an approved independent medical examination provider, and the conditions under which the Department of Labor and Industries may suspend or terminate approval of an independent medical examiner. ▪ Further information regarding the proposed rules may be viewed at: http://www.lni.wa.gov/ClaimsIns/Rules/New/Proposed/default.asp?RuleID=340 	<ul style="list-style-type: none"> ▪ Public hearings held on 6/23/09 and 6/29/09. 	<ul style="list-style-type: none"> ▪ N/A
HB2256 Employer Contact with Treating Physician	<ul style="list-style-type: none"> ▪ Proposed legislation which, among other things: ▪ Requires a representative of the employer, including a nurse case manager or vocational rehabilitation provider, to provide seven (7) days written notice to an injured worker or the injured worker's representative prior to contacting the employee's treating physician. ▪ Requires the representative of the employer to generate and send a written report to the injured worker within five (5) days of contacting the treating physician which discloses all subjects discussed and responses given. ▪ Further information regarding the proposed legislation may be viewed at: http://apps.leg.wa.gov/documents/billdocs/2009-10/Pdf/Bills/House%20Bills/2256.pdf 	<ul style="list-style-type: none"> ▪ Referred to the House Committee on Commerce and Labor on 2/18/09. 	<ul style="list-style-type: none"> ▪ N/A

This document is presented for informational purposes only. The information contained herein highlights several legislative and regulatory developments and is not intended to represent these developments in their entirety or the entirety of legislative and regulatory developments in the area of workers' compensation law throughout the fifty states. Neither the document nor the information contained herein is intended to be construed as legal advice and should not be considered legal advice. Readers should refer to the full text of the legislation or regulation for additional information and consult with their legal professional(s) regarding the applicability of these laws and regulations to their business operations. This report may not be reproduced, distributed, or copied without the prior written consent of AIU Holdings, Inc.