

SENATE BILL REPORT

SB 6226

As of January 28, 2018

Title: An act relating to improving health outcomes for injured workers by facilitating better access to medical records and telemedicine.

Brief Description: Improving health outcomes for injured workers by facilitating better access to medical records and telemedicine.

Sponsors: Senators Keiser, Conway, Cleveland, Kuderer and Saldaña.

Brief History:

Committee Activity: Labor & Commerce: 1/22/18.

Brief Summary of Bill

- Requires a self-insured employer to provide electronic copies of medical records for an independent medical exam (IME), and, if not possible, by paper copies at least ten business days before the scheduled exam.
- Provides that the director of the Department of Labor and Industries (L&I) must develop access to telemedicine for IMEs and reimburse IME physicians for services in a manner that is similar to the policies developed for commercial health insurance plans and Medicaid managed care.
- Requires that any IME using telemedicine must be conducted in Washington State by a Washington State licensed medical provider for the first five years following the effective date.

SENATE COMMITTEE ON LABOR & COMMERCE

Staff: Susan Jones (786-7404)

Background: Whenever the director of L&I or the self-insurer deems it necessary in order to resolve any medical issue, a worker must submit to examination by a physician or physicians selected by the director. L&I or the self-insurer must provide the physician performing an examination with all relevant medical records from the worker's claim file. The director, in the director's discretion, may charge the cost of such examination or

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examinations to the self-insurer or to the medical aid fund. The cost of the examination must include payment to the worker of reasonable expenses.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Proposed Substitute): The self-insured employer must ensure that all relevant medical records of the injured worker scheduled for an IME are provided as electronic medical records to the IME physician or physicians, and, if electronic medical records are not possible, paper records must be delivered to the IME physician or physicians at least ten business days before to the scheduled exam.

The director of L&I must develop access to telemedicine for IMEs and reimburse IME physicians for services in a manner that is similar to the policies developed for commercial health insurance plans and Medicaid managed care. Any IME using telemedicine must be conducted in Washington State by a Washington State licensed medical provider for the first five years following the effective date.

Appropriation: None.

Fiscal Note: Requested on January 20, 2018.

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

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

Staff Summary of Public Testimony on Proposed Substitute: PRO: The bill is brought because of complaints that are pretty routinely lodged with the ombudsman for workers of self-insured employers about the lack of access to timely medical records and to IME panel exams, sometimes involving travel and some pain and difficulty for injured workers to get to them. The bill would require timely medical records and allow telemedicine, which may be more convenient and less costly.

OTHER: We do not have a lot of issues on electronic records, but sometimes there are exceptions to the rule. There may be an IME sent within the ten days or a paper record that comes in during that ten-day period. We have language that may correct that issue. We are a little skeptical about how telemedicine may work in the IME context. We pledge to be involved in the development of it. Hopefully it would distinguish between where telemedicine makes sense in the IME context or where it may not, for example in litigation or rating impairments.

We agree that anything you can do for more electronic records is good. L&I has done a very good job on their electronic claims management. There are possibly some exceptions that we need to figure out. Telemedicine is not always appropriate in all instances for IMEs. We suggest that telemedicine for IMEs be the worker's option. For example, when the worker does not want to travel. When you have telemedicine being conducted in-state, there may be a worker who is now living in another state and they might want telemedicine.

Persons Testifying: PRO: Senator Karen Keiser, Prime Sponsor.

OTHER: Michael Temple, Washington State Association for Justice; David Lauman, Small, Snell, Weiss & Comfort, P.S.; Kris Tefft, Washington Self Insurers Association.

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