**6440-S AMS STAN S6600.3 - NOT FOR FLOOR USE**

**SSB 6440** - S AMD **1042**

By Senator Stanford

**ADOPTED 02/14/2020**

Strike everything after the enacting clause and insert the following:

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

"New medical issue" means a medical issue not covered by a previous medical examination requested by the department or the self-insurer such as an issue regarding medical causation, medical treatment, work restrictions, or evaluating permanent partial disability.

**Sec.**  RCW 51.32.110 and 1997 c 325 s 3 are each amended to read as follows:

(1) ((~~Any~~)) As required under RCW 51.36.070, any worker entitled to receive any benefits or claiming such under this title shall, if requested by the department or self-insurer, submit himself or herself for medical examination, ((~~at a time and from time to time,~~)) at a place reasonably convenient for the worker ((~~and as may be provided by the rules of the department~~)). An injured worker, whether an alien or other injured worker, who is not residing in the United States at the time that a medical examination is requested may be required to submit to an examination at any location in the United States determined by the department or self-insurer.

(2) If the worker refuses to submit to medical examination, or obstructs the same, or, if any injured worker shall persist in unsanitary or injurious practices which tend to imperil or retard his or her recovery, or shall refuse to submit to such medical or surgical treatment as is reasonably essential to his or her recovery or refuse or obstruct evaluation or examination for the purpose of vocational rehabilitation or does not cooperate in reasonable efforts at such rehabilitation, the department or the self-insurer upon approval by the department, with notice to the worker may suspend any further action on any claim of such worker so long as such refusal, obstruction, noncooperation, or practice continues and reduce, suspend, or deny any compensation for such period: PROVIDED, That ((~~the~~)) (a) The department or the self-insurer shall not suspend any further action on any claim of a worker or reduce, suspend, or deny any compensation if a worker has good cause for refusing to submit to or to obstruct any examination, evaluation, treatment or practice requested by the department or required under this section and (b) the department or self-insurer may not assess a no-show fee against the worker if the worker gives at least five business days' notice of the worker's intent not to attend the examination.

(3) If the worker necessarily incurs traveling expenses in attending the examination pursuant to the request of the department, such traveling expenses shall be repaid to him or her out of the accident fund upon proper voucher and audit or shall be repaid by the self-insurer, as the case may be.

(4)(a) If the medical examination required by this section causes the worker to be absent from his or her work without pay:

(i) In the case of a worker insured by the department, the worker shall be paid compensation out of the accident fund in an amount equal to his or her usual wages for the time lost from work while attending the medical examination; or

(ii) In the case of a worker of a self-insurer, the self-insurer shall pay the worker an amount equal to his or her usual wages for the time lost from work while attending the medical examination.

(b) This subsection (4) shall apply prospectively to all claims regardless of the date of injury.

**Sec.**  RCW 51.36.070 and 2001 c 152 s 2 are each amended to read as follows:

(1)(a) Whenever the ((~~director~~)) department or the self-insurer deems it necessary in order to ((~~resolve any~~)) (i) make a decision regarding claim allowance or reopening, (ii) resolve a new medical issue, an appeal, or case progress, or (iii) evaluate the worker's permanent disability or work restriction, a worker shall submit to examination by a physician or physicians selected by the ((~~director~~)) department, with the rendition of a report to the person ordering the examination, the attending physician, and the injured worker.

(b) The examination must be at a place reasonably convenient to the injured worker, or alternatively utilize telemedicine. For purposes of this subsection, "reasonably convenient" means at a place where residents in the injured worker's community would normally travel to seek medical care for the same specialty as the examiner.

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

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

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

(5) This section applies prospectively to all claims regardless of the date of injury.

NEW SECTION. **Sec.**  (1) An independent medical examination work group is established within the department of labor and industries, with members as provided in this subsection.

(a) The speaker of the house of representatives shall appoint two members from the house of representatives, with one member appointed from each of the two largest caucuses of the house of representatives;

(b) The president of the senate shall appoint two members from the senate, with one member appointed from each of the two largest caucuses of the senate;

(c) The department of labor and industries shall appoint one business representative representing employers participating in the state fund;

(d) The department of labor and industries shall appoint one business representative representing employers who are self-insured for purposes of workers' compensation insurance;

(e) The department of labor and industries shall appoint two labor representatives;

(f) The department of labor and industries shall appoint one representative of both an association representing physicians who perform examinations for purposes of workers' compensation insurance and the panel companies that work with them; and

(g) The department of labor and industries shall appoint one attorney who represents injured workers.

(2) The work group must:

(a) Develop strategies for reducing the number of medical examinations per claim while considering claim duration and medical complexity;

(b) Develop strategies for improving access to medical records, including records and reports created during the course of or pursuant to an examination;

(c) Consider whether the department of labor and industries should do all the scheduling of independent medical examinations;

(d) Consider the circumstances for which independent medical examiners should be randomly selected or specified;

(e) Consider workers' rights in the independent medical examination process including attendance, specialist consultations, the audio or video recording of examinations, and the distance and location of examinations;

(f) Recommend changes to improve the efficiency of the independent medical examination process; and

(g) Identify barriers to increasing the supply of in-state physicians willing to do independent medical examinations in the workers' compensation system.

(3) The department of labor and industries must report its findings and recommendations to the legislature by December 11, 2020.

(4) This section expires December 31, 2020."

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On page 1, line 1 of the title, after "examinations;" strike the remainder of the title and insert "amending RCW 51.32.110 and 51.36.070; adding a new section to chapter 51.08 RCW; creating a new section; and providing an expiration date."

EFFECT: (1) Removes the provisions regarding:

(a) Allowing the worker's attending physician to facilitate getting a consulting specialist.

(b) Considering the number of IMEs per exam to limit them.

(c) The worker's right to record the exam.

(d) Exam locations and completion time.

(e) Requiring that the self-insurer send all scheduling requests; examiners make themselves available for testimony within one hundred miles of the exam location and keep and provide certain records; and the exam report be sent to labor and industries within fourteen days and copies being mailed to the attending physician.

(f) The membership of the work group to provide that the representative of IME physicians association also be a representative of panel companies.

(g) The work group responsibilities to provide that the strategies for improving access to medical records include records created during the exam and to consider workers' rights in the IME process including attendance, specialist consultations, the audio or video recording of examinations, and the distance and location of examination.

(2) Reinstates the provisions that L&I may charge the cost of such examination or examinations to the self-insurer or to the medical aid fund as the case may be.

(3) Changes the "stalled treatment plan" to "case progress."