FINAL BILL REPORT SHB 1902

C 269 L 22

Synopsis as Enacted

Brief Description: Providing an exception to the process for reopening a workers' compensation claim when the claimant submits a reopening application in a timely manner.

Sponsors: House Committee on Labor & Workplace Standards (originally sponsored by Representatives Schmick and Pollet).

House Committee on Labor & Workplace Standards Senate Committee on Labor, Commerce & Tribal Affairs

Background:

Workers who, in the course of employment, are injured or disabled are entitled to workers' compensation benefits. Depending on the injury or disability, workers are entitled to medical, temporary time-loss, and vocational rehabilitation benefits, as well as benefits for permanent disabilities.

Once closed, a workers' compensation claim may be reopened due to a change in circumstances warranting an adjustment of compensation. When granted, a reopened claim allows for compensation and other benefits up to 60 days before receipt of the reopening application.

The Department of Labor and Industries (L&I) provides a form for workers to use as a reopening application, with the first page to be filled out by the worker and the second page to be filled out by the medical provider. In addition to other parameters, the medical provider information page includes notices that benefits will not be paid for services more than 60 days before the application is received, and that benefits may be delayed for incomplete forms. The worker information page does not include similar notices.

Summary:

A claimant may receive compensation and other benefits more than 60, but not to exceed

House Bill Report - 1 - SHB 1902

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

120, days before submission of the reopening application when the following applies:

- the application was not received by the L&I or the self-insurer within 60 days due to a failure of the provider; and
- the worker demonstrates that the worker information page was completed and submitted to the L&I, the self-insurer, or the provider within 30 days of provision of the relevant medical services.

The L&I or self-insurer must provide notice of the submission deadlines on any forms provided for use as claim reopening applications.

Votes on Final Passage:

House 98 0 Senate 48 0 (Senate amended) House 98 0 (House concurred)

Effective: June 9, 2022