

# HOUSE BILL REPORT

## SHB 1902

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### As Amended by the Senate

**Title:** An act relating to providing an exception to the process for reopening a workers' compensation claim when the claimant submits a reopening application in a timely manner.

**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).

### Brief History:

#### Committee Activity:

Labor & Workplace Standards: 1/25/22, 2/1/22 [DPS].

#### Floor Activity:

Passed House: 2/12/22, 98-0.

Senate Amended.

Passed Senate: 3/4/22, 48-0.

### Brief Summary of Substitute Bill

- Provides for reopening a workers' compensation claim where the provider fails to submit the application.

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## HOUSE COMMITTEE ON LABOR & WORKPLACE STANDARDS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Sells, Chair; Berry, Vice Chair; Hoff, Ranking Minority Member; Mosbrucker, Assistant Ranking Minority Member; Bronoske, Harris and Ortiz-Self.

**Staff:** Lily Smith (786-7175).

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*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.*

**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 of Substitute Bill:**

A claimant may receive compensation and other benefits more than 60 days before submission of the reopening application when the following applies:

- the application was not received by 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 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 it provides for use as claim reopening applications.

**EFFECT OF SENATE AMENDMENT(S):**

The amended bill limits the period for allowance of compensation and other benefits in a reopened claim to a maximum of 120 days prior to the receipt of the application.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) There was a situation where there was an accident, the workers' compensation claim was closed, but then complications arose. The claimant filed all the claim reopening paperwork correctly, but the provider did not submit its portion on time, so the claim could not be reopened. This bill is limited in scope, but would help claimants going forward that are put in that situation.

(Opposed) None.

(Other) The provisions should be applied equally to both state fund and self-insured employers. The current law prohibits L&I from covering costs outside of the statutory timeline. The situation that brought about the bill did not allow for L&I to cover the medical services even though the underlying claim had been approved.

**Persons Testifying:** (In support) Representative Joe Schmick, prime sponsor.

(Other) Tammy Fellin, Department of Labor and Industries.

**Persons Signed In To Testify But Not Testifying:** None.