

CERTIFICATION OF ENROLLMENT

ENGROSSED HOUSE BILL 1456

53rd Legislature
1993 Regular Session

Passed by the House April 20, 1993
Yeas 97 Nays 0

**Speaker of the
House of Representatives**

Passed by the Senate April 13, 1993
Yeas 45 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

I, Alan Thompson, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED HOUSE BILL 1456** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED HOUSE BILL 1456

AS AMENDED BY THE SENATE

Passed Legislature - 1993 Regular Session

State of Washington 53rd Legislature 1993 Regular Session

By Representatives King, G. Cole, Lisk, R. Johnson, Horn, Foreman,
Sheahan and Chandler

Read first time 01/29/93. Referred to Committee on Commerce & Labor.

1 AN ACT Relating to self-insured employers; and amending RCW
2 51.32.055.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 51.32.055 and 1988 c 161 s 13 are each amended to read
5 as follows:

6 (1) One purpose of this title is to restore the injured worker as
7 ((near)) nearly as possible to the condition of self-support as an
8 able-bodied worker. Benefits for permanent disability shall be
9 determined under the director's supervision only after the injured
10 worker's condition becomes fixed.

11 (2) All determinations of permanent disabilities shall be made by
12 the department. Either the worker, employer, or self-insurer may make
13 a request or ((such)) the inquiry may be initiated by the director on
14 his or her own motion. ((Such)) Determinations shall be required in
15 every instance where permanent disability is likely to be present. All
16 medical reports and other pertinent information in the possession of or
17 under the control of the employer or self-insurer shall be forwarded to
18 the director with ((such)) the request((s)).

1 (3) A request for determination of permanent disability shall be
2 examined by the department and an order shall issue in accordance with
3 RCW 51.52.050.

4 (4) The department may require that the worker present himself or
5 herself for a special medical examination by a physician(~~(s)~~) or
6 physicians(~~(s)~~) selected by the department, and the department may
7 require that the worker present himself or herself for a personal
8 interview. (~~In such event~~) The costs of (~~such~~) the examination or
9 interview, including payment of any reasonable travel expenses, shall
10 be paid by the department or self-insurer, as the case may be.

11 (5) The director may establish a medical bureau within the
12 department to perform medical examinations under this section.
13 Physicians hired or retained for this purpose shall be grounded in
14 industrial medicine and in the assessment of industrial physical
15 impairment. Self-insurers shall bear a proportionate share of the cost
16 of (~~such~~) the medical bureau in a manner to be determined by the
17 department.

18 (6) Where a dispute arises from the handling of any claim(~~s prior~~
19 ~~to~~) before the condition of the injured worker (~~becoming~~) becomes
20 fixed, the worker, employer, or self-insurer may request the department
21 to resolve the dispute or the director may initiate an inquiry on his
22 or her own motion. In (~~such~~) these cases, the department shall
23 proceed as provided in this section and an order shall issue in
24 accordance with RCW 51.52.050.

25 (7)(a) (~~In the case of~~) If a claim(~~s~~) (i) is accepted by a
26 self-insurer(~~s~~) after June 30, 1986, (~~and before July 1, 1990,~~
27 which) (ii) involves only medical treatment and (~~or~~) the payment of
28 temporary disability compensation under RCW 51.32.090 (~~and which~~) or
29 only the payment of temporary disability compensation under RCW
30 51.32.090, (iii) at the time medical treatment is concluded (~~do~~) does
31 not involve permanent disability, (~~if the claim~~) and (iv) is one with
32 respect to which the department has not intervened under subsection (6)
33 of this section, and the injured worker has returned to work with the
34 self-insured employer of record at his previous job or at a job that
35 has comparable wages, benefits, and permanency, (~~such~~) the claim(~~s~~)
36 may be closed by the self-insurer, subject to reporting of claims to
37 the department in a manner prescribed by department rules adopted under
38 chapter 34.05 RCW.

1 (b) All determinations of permanent disability for claims accepted
2 by self-insurers after June 30, 1986, (~~and before July 1, 1990,~~)
3 shall be made by the self-insured section of the department under
4 subsections (1) through (4) of this section.

5 (c) Upon closure of a claim(~~s~~) under (a) of this subsection, the
6 self-insurer shall enter a written order, communicated to the worker
7 and the department self-insurance section, which contains the following
8 statement clearly set forth in bold face type: "This order constitutes
9 notification that your claim is being closed with medical benefits and
10 temporary disability compensation only as provided, and with the
11 condition you have returned to work with the self-insured employer. If
12 for any reason you disagree with the conditions or duration of your
13 return to work or the medical benefits or the temporary disability
14 compensation that has been provided, you may protest in writing to the
15 department of labor and industries, self-insurance section, within
16 sixty days of the date you received this order." (~~In the event~~) If
17 the department receives such a protest, the self-insurer's closure
18 order shall be held in abeyance. The department shall review the claim
19 closure action and enter a determinative order as provided for in RCW
20 51.52.050.

21 (d) If within two years of claim closure the department determines
22 that the self-insurer has made payment of benefits because of clerical
23 error, mistake of identity, or innocent misrepresentation(~~s~~) or the
24 department discovers a violation of the conditions of claim closure,
25 the department may require the self-insurer to correct the benefits
26 paid or payable. This paragraph (~~shall~~) does not limit in any way
27 the application of RCW 51.32.240.

28 (~~In the case of~~) If a claim(~~s~~) (a) is accepted by a self-
29 insurer(~~s~~) after June 30, 1990, (~~which~~) (b) involves only medical
30 treatment (~~and which do~~), (c) does not involve payment of temporary
31 disability compensation under RCW 51.32.090, and (~~which~~) (d) at the
32 time medical treatment is concluded (~~do~~) does not involve permanent
33 disability, (~~such~~) the claim(~~s~~) may be closed by the self-
34 insurer(~~s~~), subject to reporting of claims to the department in a
35 manner prescribed by department rules (~~promulgated pursuant to~~)
36 adopted under chapter 34.05 RCW. Upon (~~such~~) closure of a claim, the
37 self-insurer(~~s~~) shall enter a written order, communicated to the
38 worker, which contains the following statement clearly set forth in
39 bold-face type: "This order constitutes notification that your claim

1 is being closed with medical benefits only, as provided. If for any
2 reason you disagree with this closure, you may protest in writing to
3 the Department of Labor and Industries, Olympia, within 60 days of the
4 date you received this order. The department will then review your
5 claim and enter a further determinative order." (~~In the event~~) If
6 the department receives such a protest, it shall review the claim and
7 enter a further determinative order as provided for in RCW 51.52.050.

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