

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 2614**

53rd Legislature  
1994 Regular Session

Passed by the House February 12, 1994  
Yeas 94 Nays 0

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**Speaker of the  
House of Representatives**

Passed by the Senate March 1, 1994  
Yeas 48 Nays 0

\_\_\_\_\_  
**President of the Senate**

Approved

\_\_\_\_\_  
**Governor of the State of Washington**

CERTIFICATE

I, Marilyn Showalter, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 2614** 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**

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**SUBSTITUTE HOUSE BILL 2614**

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Passed Legislature - 1994 Regular Session

**State of Washington**

**53rd Legislature**

**1994 Regular Session**

**By** House Committee on Commerce & Labor (originally sponsored by Representatives King, Lisk, G. Cole, Foreman, Chandler, Brough, Dyer, Silver and Van Luven)

Read first time 02/04/94.

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(~~(7)~~) or  
6 physicians(~~(7)~~) 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~~) (iv) is one with  
32 respect to which the department has not intervened under subsection (6)  
33 of this section, and (v) the injured worker has returned to work with  
34 the self-insured employer of record(~~, such~~) at the worker's previous  
35 job or at a job that has comparable wages and benefits, 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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