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HOUSE BILL 1927

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State of Washington

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1999 Regular Session

By Representatives Conway, Wood, Cooper, Campbell, Hurst, McIntire, Keiser, Santos, Kenney, Cody and Kessler

Read first time 02/10/1999. Referred to Committee on Commerce & Labor.

1 AN ACT Relating to an injured worker bill of rights; amending RCW  
2 51.28.070, 51.32.110, 51.32.160, 51.32.240, 51.36.060, 51.36.070, and  
3 51.52.050; reenacting and amending RCW 51.52.060; creating a new  
4 section; and declaring an emergency.

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

6 **Sec. 1.** RCW 51.28.070 and 1990 c 209 s 2 are each amended to read  
7 as follows:

8 (1) Information contained in the claim files and records of injured  
9 workers, under the provisions of this title, shall be deemed  
10 confidential and shall not be open to public inspection (other than to  
11 public employees in the performance of their official duties), but  
12 representatives of a claimant, be it an individual or an organization,  
13 may review a claim file or receive specific information therefrom upon  
14 the presentation of the signed authorization of the claimant. A  
15 claimant may review his or her claim file if the director determines,  
16 pursuant to criteria adopted by rule, that the review is in the  
17 claimant's interest.

18 (2) An employer(~~s~~) or (~~their~~) its duly authorized  
19 representatives may review any files of (~~their~~) its own injured

1 workers only in connection with any pending claims under this title.  
2 The employer or representatives may collect, use, or disclose only as  
3 much personal health information from the files as is reasonably  
4 necessary for purposes directly related to proceedings on the claim.  
5 An employer may not use any personal health information collected about  
6 a worker under this title in making decisions concerning the hiring,  
7 termination, or promotion of the worker.

8 (3) Physicians treating or examining workers claiming benefits  
9 under this title, or physicians giving medical advice to the department  
10 regarding any claim may, at the discretion of the department, inspect  
11 the claim files and records of injured workers, and other persons may  
12 make such inspection, at the department's discretion, when such persons  
13 are rendering assistance to the department at any stage of the  
14 proceedings on any matter pertaining to the administration of this  
15 title.

16 **Sec. 2.** RCW 51.32.110 and 1997 c 325 s 3 are each amended to read  
17 as follows:

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

28 (b) The worker may, at his or her own expense, have a  
29 representative present at the medical examination. The representative  
30 may observe the examination but not interfere with or obstruct the  
31 examination. The worker or worker's representative may, at his or her  
32 own expense, make an audio or video recording of the examination, if  
33 the recording is made in an unobtrusive manner.

34 (2) If the worker refuses to submit to medical examination, or  
35 obstructs the same, or, if any injured worker shall persist in  
36 unsanitary or injurious practices which tend to imperil or retard his  
37 or her recovery, or shall refuse to submit to such medical or surgical  
38 treatment as is reasonably essential to his or her recovery or refuse

1 or obstruct evaluation or examination for the purpose of vocational  
2 rehabilitation or does not cooperate in reasonable efforts at such  
3 rehabilitation, the department or the self-insurer upon approval by the  
4 department, with notice to the worker may suspend any further action on  
5 any claim of such worker so long as such refusal, obstruction,  
6 noncooperation, or practice continues and reduce, suspend, or deny any  
7 compensation for such period: PROVIDED, That the department or the  
8 self-insurer shall not suspend any further action on any claim of a  
9 worker or reduce, suspend, or deny any compensation if a worker has  
10 good cause for refusing to submit to or to obstruct any examination,  
11 evaluation, treatment or practice requested by the department or  
12 required under this section.

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

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

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

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

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

29 **Sec. 3.** RCW 51.32.160 and 1995 c 253 s 2 are each amended to read  
30 as follows:

31 (1)(a) If aggravation, diminution, or termination of disability  
32 takes place, the director may at any time, upon the application of the  
33 beneficiary(~~(, made within seven years from the date the first closing~~  
34 ~~order becomes final, or at any time))~~ or upon ~~((his or her))~~ the  
35 director's own motion, readjust the rate of compensation in accordance  
36 with the rules in this section provided for the same, or in a proper  
37 case terminate the payment(~~(: PROVIDED, That the director may, upon~~  
38 ~~application of the worker made at any time,))~~ or provide proper and

1 necessary medical and surgical services as authorized under RCW  
2 51.36.010. The department shall promptly mail a copy of the  
3 application to the employer at the employer's last known address as  
4 shown by the records of the department.

5 ~~(b) ("Closing order" as used in this section means an order based  
6 on factors which include medical recommendation, advice, or  
7 examination.~~

8 ~~(c) Applications for benefits where the claim has been closed  
9 without medical recommendation, advice, or examination are not subject  
10 to the seven year limitation of this section. The preceding sentence  
11 shall not apply to any closing order issued prior to July 1, 1981.  
12 First closing orders issued between July 1, 1981, and July 1, 1985,  
13 shall, for the purposes of this section only, be deemed issued on July  
14 1, 1985. The time limitation of this section shall be ten years in  
15 claims involving loss of vision or function of the eyes.~~

16 ~~(d))~~ If an order denying an application to reopen filed on or  
17 after July 1, 1988, is not issued within ninety days of receipt of such  
18 application by the self-insured employer or the department, such  
19 application shall be deemed granted. However, for good cause, the  
20 department may extend the time for making the final determination on  
21 the application for an additional sixty days.

22 (2) If a worker receiving a pension for total disability returns to  
23 gainful employment for wages, the director may suspend or terminate the  
24 rate of compensation established for the disability without producing  
25 medical evidence that shows that a diminution of the disability has  
26 occurred.

27 (3) No act done or ordered to be done by the director, or the  
28 department prior to the signing and filing in the matter of a written  
29 order for such readjustment shall be grounds for such readjustment.

30 **Sec. 4.** RCW 51.32.240 and 1991 c 88 s 1 are each amended to read  
31 as follows:

32 (1) Whenever any payment of benefits under this title is made or  
33 withheld because of clerical error, mistake of identity, innocent  
34 misrepresentation by or on behalf of the recipient thereof mistakenly  
35 acted upon, or any other circumstance of a similar nature, all not  
36 induced by fraud, the recipient thereof shall be entitled to the  
37 benefits underpaid, or shall repay ((it)) the benefits overpaid and  
38 recoupment may be made from any future payments due to the recipient on

1 any claim with the state fund or self-insurer, as the case may be. The  
2 recipient, department, or self-insurer, as the case may be, must make  
3 claim for such underpayment, repayment, or recoupment within one year  
4 of the making of any such payment or underpayment or it will be deemed  
5 any claim therefor has been waived. The director, pursuant to rules  
6 adopted in accordance with the procedures provided in the  
7 administrative procedure act, chapter 34.05 RCW, may exercise his  
8 discretion to waive, in whole or in part, the amount of any such timely  
9 claim where the recovery would be against equity and good conscience.

10 (2) Whenever the department issues an order rejecting a claim for  
11 benefits paid pursuant to RCW 51.32.190 or 51.32.210, after payment for  
12 temporary disability benefits has been paid by a self-insurer pursuant  
13 to RCW 51.32.190(3) or by the department pursuant to RCW 51.32.210, the  
14 recipient thereof shall repay such benefits and recoupment may be made  
15 from any future payments due to the recipient on any claim with the  
16 state fund or self-insurer, as the case may be. The director, under  
17 rules adopted in accordance with the procedures provided in the  
18 administrative procedure act, chapter 34.05 RCW, may exercise  
19 discretion to waive, in whole or in part, the amount of any such  
20 payments where the recovery would be against equity and good  
21 conscience.

22 (3) Whenever any payment of benefits under this title has been made  
23 pursuant to an adjudication by the department or by order of the board  
24 or any court and timely appeal therefrom has been made where the final  
25 decision is that any such payment was made pursuant to an erroneous  
26 adjudication, the recipient thereof shall repay it and recoupment may  
27 be made from any future payments due to the recipient on any claim with  
28 the state fund or self-insurer, as the case may be. The director,  
29 pursuant to rules adopted in accordance with the procedures provided in  
30 the administrative procedure act, chapter 34.05 RCW, may exercise his  
31 discretion to waive, in whole or in part, the amount of any such  
32 payments where the recovery would be against equity and good  
33 conscience.

34 (4) Whenever any payment of benefits under this title has been  
35 induced by fraud the recipient thereof shall repay any such payment  
36 together with a penalty of fifty percent of the total of any such  
37 payments and the amount of such total sum may be recouped from any  
38 future payments due to the recipient on any claim with the state fund  
39 or self-insurer against whom the fraud was committed, as the case may

1 be, and the amount of such penalty shall be placed in the supplemental  
2 pension fund. Such repayment or recoupment must be demanded or ordered  
3 within one year of the discovery of the fraud.

4 (5) The worker, beneficiary, or other person affected thereby shall  
5 have the right to contest an order assessing an overpayment pursuant to  
6 this section in the same manner and to the same extent as provided  
7 under RCW 51.52.050 and 51.52.060. In the event such an order becomes  
8 final under chapter 51.52 RCW and notwithstanding the provisions of  
9 subsections (1) through (4) of this section, the director, director's  
10 designee, or self-insurer may file with the clerk in any county within  
11 the state a warrant in the amount of the sum representing the unpaid  
12 overpayment and/or penalty plus interest accruing from the date the  
13 order became final. The clerk of the county in which the warrant is  
14 filed shall immediately designate a superior court cause number for  
15 such warrant and the clerk shall cause to be entered in the judgment  
16 docket under the superior court cause number assigned to the warrant,  
17 the name of the worker, beneficiary, or other person mentioned in the  
18 warrant, the amount of the unpaid overpayment and/or penalty plus  
19 interest accrued, and the date the warrant was filed. The amount of  
20 the warrant as docketed shall become a lien upon the title to and  
21 interest in all real and personal property of the worker, beneficiary,  
22 or other person against whom the warrant is issued, the same as a  
23 judgment in a civil case docketed in the office of such clerk. The  
24 sheriff shall then proceed in the same manner and with like effect as  
25 prescribed by law with respect to execution or other process issued  
26 against rights or property upon judgment in the superior court. Such  
27 warrant so docketed shall be sufficient to support the issuance of  
28 writs of garnishment in favor of the department or self-insurer in the  
29 manner provided by law in the case of judgment, wholly or partially  
30 unsatisfied. The clerk of the court shall be entitled to a filing fee  
31 of five dollars, which shall be added to the amount of the warrant. A  
32 copy of such warrant shall be mailed to the worker, beneficiary, or  
33 other person within three days of filing with the clerk.

34 The director, director's designee, or self-insurer may issue to any  
35 person, firm, corporation, municipal corporation, political subdivision  
36 of the state, public corporation, or agency of the state, a notice to  
37 withhold and deliver property of any kind if there is reason to believe  
38 that there is in the possession of such person, firm, corporation,  
39 municipal corporation, political subdivision of the state, public

1 corporation, or agency of the state, property that is due, owing, or  
2 belonging to any worker, beneficiary, or other person upon whom a  
3 warrant has been served for payments due the department or self-  
4 insurer. The notice and order to withhold and deliver shall be served  
5 by certified mail accompanied by an affidavit of service by mailing or  
6 served by the sheriff of the county, or by the sheriff's deputy, or by  
7 any authorized representative of the director, director's designee, or  
8 self-insurer. Any person, firm, corporation, municipal corporation,  
9 political subdivision of the state, public corporation, or agency of  
10 the state upon whom service has been made shall answer the notice  
11 within twenty days exclusive of the day of service, under oath and in  
12 writing, and shall make true answers to the matters inquired or in the  
13 notice and order to withhold and deliver. In the event there is in the  
14 possession of the party named and served with such notice and order,  
15 any property that may be subject to the claim of the department or  
16 self-insurer, such property shall be delivered forthwith to the  
17 director, the director's authorized representative, or self-insurer  
18 upon demand. If the party served and named in the notice and order  
19 fails to answer the notice and order within the time prescribed in this  
20 section, the court may, after the time to answer such order has  
21 expired, render judgment by default against the party named in the  
22 notice for the full amount, plus costs, claimed by the director,  
23 director's designee, or self-insurer in the notice. In the event that  
24 a notice to withhold and deliver is served upon an employer and the  
25 property found to be subject thereto is wages, the employer may assert  
26 in the answer all exemptions provided for by chapter 6.27 RCW to which  
27 the wage earner may be entitled.

28 This subsection shall only apply to orders assessing an overpayment  
29 which are issued on or after July 28, 1991: PROVIDED, That this  
30 subsection shall apply retroactively to all orders assessing an  
31 overpayment resulting from fraud, civil or criminal.

32 (6) Orders assessing an overpayment which are issued on or after  
33 July 28, 1991, shall include a conspicuous notice of the collection  
34 methods available to the department or self-insurer.

35 **Sec. 5.** RCW 51.36.060 and 1991 c 89 s 3 are each amended to read  
36 as follows:

37 (1) Physicians examining or attending injured workers under this  
38 title shall comply with rules ((and regulations)) adopted by the

1 director, and shall make such reports as may be requested by the  
2 department or self-insurer upon the condition or treatment of any such  
3 worker, or upon any other matters concerning such workers in their  
4 care. Except for information collected under RCW 49.17.210 and  
5 49.17.250, and subject to RCW 51.28.070, all medical information in the  
6 possession or control of any person and relevant to the particular  
7 injury in the opinion of the department pertaining to any worker whose  
8 injury or occupational disease is the basis of a claim under this title  
9 shall be made available at any stage of the proceedings to the  
10 employer, the claimant's representative, and the department upon  
11 request(~~(, and)~~) to be used only for purposes directly related to the  
12 proceedings on the claim under this title.

13 (2) No person shall incur any legal liability by reason of  
14 releasing (~~(such)~~) information as required by this section.

15 **Sec. 6.** RCW 51.36.070 and 1977 ex.s. c 350 s 60 are each amended  
16 to read as follows:

17 (1) Subject to the requirements of this title, whenever the  
18 director or the self-insurer deems it necessary (~~(in order to resolve~~  
19 any medical issue, a)) to order a medical examination of a worker, the  
20 worker shall submit to examination by a (~~(physician or physicians))~~  
21 provider or providers selected by the director, with the rendition of  
22 a report to the person ordering the examination and to the worker's  
23 treating provider or providers, who must be given a reasonable  
24 opportunity to respond to the report. The director, in his or her  
25 discretion, may charge the cost of such examination or examinations to  
26 the self-insurer or to the medical aid fund as the case may be. The  
27 cost of said examination shall include payment to the worker of  
28 reasonable expenses connected therewith.

29 (2) Examinations by the worker's treating provider or providers may  
30 be ordered whenever necessary to resolve a medical issue. Examinations  
31 by independent examiners may be ordered no more than twice in a  
32 calendar year, except by agreement between the worker and the  
33 department or self-insurer, and only in the following circumstances:

34 (a) To resolve a disagreement among the treating providers  
35 concerning the best course of treatment or the need for continuing  
36 treatment;

37 (b) To determine whether the worker's condition is fixed and stable  
38 after completion of a course of treatment, if the treating provider



1 agrees that the course of treatment is complete. If the treating  
2 provider does not agree that the course of treatment is complete, an  
3 examination by an independent examiner may be ordered under this  
4 subsection only if the examiner is chosen by agreement between the  
5 worker and the department or self-insurer;

6 (c) To provide consultation to the worker's treating provider when  
7 the care of the worker has exceeded practice parameters established by  
8 the department. The consultation is limited to reviewing diagnoses,  
9 determining the reason that care has exceeded practice parameters,  
10 and/or providing suggestions for alternate diagnoses and treatment  
11 procedures.

12 (3) The course of treatment or care, including emergency services,  
13 for an accepted condition may not be interrupted or delayed pending the  
14 examination report of an independent examiner unless the director or  
15 designee finds that the treatment or care is not medically necessary.  
16 This subsection does not apply to procedures, determined by department  
17 rule, that can be delayed without harm to the injured worker until a  
18 consultation opinion is obtained.

19 (4) If the department or self-insurer relies on the report of an  
20 independent examiner to deny, limit, or terminate benefits to a worker,  
21 the examiner must be currently licensed, certified, or registered to  
22 practice in the same field or specialty as the claimant's treating  
23 provider or providers.

24 (5) Any provider licensed to practice in medicine and surgery under  
25 chapter 18.71 RCW, osteopathic medicine and surgery under chapter 18.57  
26 RCW, podiatric medicine and surgery under chapter 18.22 RCW, dentistry  
27 under chapter 18.30 RCW, chiropractic under chapter 18.25 RCW, and  
28 psychology under chapter 18.83 RCW may be an independent examiner,  
29 within the appropriate scope of practice for the examination to be  
30 performed and subject to department rules regarding approval as an  
31 independent examiner.

32 (6) For purposes of this section, "independent examiner" means a  
33 provider or panel of providers, none of whom are a treating provider  
34 for the worker being examined.

35 (7) This section does not apply to special examinations for  
36 determining permanent disabilities.

37 **Sec. 7.** RCW 51.52.050 and 1987 c 151 s 1 are each amended to read  
38 as follows:

1       (1) Whenever the department has made any order, decision, or award,  
2 it shall promptly serve the worker, beneficiary, employer, or other  
3 person affected thereby, with a copy thereof by mail, which shall be  
4 addressed to such person at his or her last known address as shown by  
5 the records of the department. The copy, in case the same is a final  
6 order, decision, or award, shall bear on the same side of the same page  
7 on which is found the amount of the award, a statement, set in black  
8 faced type of at least ten point body or size, that such final order,  
9 decision, or award shall become final within sixty days from the date  
10 the order is communicated to the parties unless a written request for  
11 reconsideration is filed with the department of labor and industries,  
12 Olympia, or an appeal is filed with the board of industrial insurance  
13 appeals, Olympia(~~(:—PROVIDED, That)~~). However, a department order or  
14 decision making demand, whether with or without penalty, for repayment  
15 of sums paid to a provider of medical, dental, vocational, or other  
16 health services rendered to an industrially injured worker, shall state  
17 that such order or decision shall become final within twenty days from  
18 the date the order or decision is communicated to the parties unless a  
19 written request for reconsideration is filed with the department of  
20 labor and industries, Olympia, or an appeal is filed with the board of  
21 industrial insurance appeals, Olympia.

22       (2) Whenever the department has taken any action or made any  
23 decision relating to any phase of the administration of this title, the  
24 worker, beneficiary, employer, or other person aggrieved thereby may  
25 request reconsideration of the department, or may appeal to the board.  
26 If an employer requests reconsideration of a department order in favor  
27 of an injured worker, temporary total disability compensation or  
28 medical aid benefits granted to the worker by the order under  
29 reconsideration shall continue while the reconsideration is pending,  
30 subject to the requirements of RCW 51.32.240(3).

31       (3) In an appeal before the board, the appellant shall have the  
32 burden of proceeding with the evidence to establish a prima facie case  
33 for the relief sought in such appeal(~~(:—PROVIDED, That)~~). However, in  
34 an appeal from an order of the department that alleges fraud, the  
35 department or self-insured employer shall initially introduce all  
36 evidence in its case in chief. ((Any such)) A person aggrieved by the  
37 decision and order of the board may thereafter appeal to the superior  
38 court, as prescribed in this chapter.

1       **Sec. 8.** RCW 51.52.060 and 1995 c 253 s 1 and 1995 c 199 s 7 are  
2 each reenacted and amended to read as follows:

3       (1)(a) Except as otherwise specifically provided in this section,  
4 a worker, beneficiary, employer, health services provider, or other  
5 person aggrieved by an order, decision, or award of the department  
6 must, before he or she appeals to the courts, file with the board and  
7 the director, by mail or personally, within sixty days from the day on  
8 which a copy of the order, decision, or award was communicated to such  
9 person, a notice of appeal to the board. However, a health services  
10 provider or other person aggrieved by a department order or decision  
11 making demand, whether with or without penalty, solely for repayment of  
12 sums paid to a provider of medical, dental, vocational, or other health  
13 services rendered to an industrially injured worker must, before he or  
14 she appeals to the courts, file with the board and the director, by  
15 mail or personally, within twenty days from the day on which a copy of  
16 the order or decision was communicated to the health services provider  
17 upon whom the department order or decision was served, a notice of  
18 appeal to the board.

19       (b) Failure to file a notice of appeal with both the board and the  
20 department shall not be grounds for denying the appeal if the notice of  
21 appeal is filed with either the board or the department.

22       (2) Within ten days of the date on which an appeal has been granted  
23 by the board, the board shall notify the other interested parties to  
24 the appeal of the receipt of the appeal and shall forward a copy of the  
25 notice of appeal to the other interested parties. Within twenty days  
26 of the receipt of such notice of the board, the worker or the employer  
27 may file with the board a cross-appeal from the order of the department  
28 from which the original appeal was taken.

29       (3) If within the time limited for filing a notice of appeal to the  
30 board from an order, decision, or award of the department, the  
31 department directs the submission of further evidence or the  
32 investigation of any further fact, the time for filing the notice of  
33 appeal shall not commence to run until the person has been advised in  
34 writing of the final decision of the department in the matter. In the  
35 event the department directs the submission of further evidence or the  
36 investigation of any further fact, as provided in this section, the  
37 department shall render a final order, decision, or award within ninety  
38 days from the date further submission of evidence or investigation of  
39 further fact is ordered which time period may be extended by the

1 department for good cause stated in writing to all interested parties  
2 for an additional ninety days.

3 (4) The department, either within the time limited for appeal, or  
4 within thirty days after receiving a notice of appeal, may:

5 (a) Modify, reverse, or change any order, decision, or award; or

6 (b)(i) Except as provided in (b)(ii) of this subsection, hold an  
7 order, decision, or award in abeyance for a period of ninety days which  
8 time period may be extended by the department for good cause stated in  
9 writing to all interested parties for an additional ninety days pending  
10 further investigation in light of the allegations of the notice of  
11 appeal; or

12 (ii) Hold an order, decision, or award issued under RCW 51.32.160  
13 in abeyance for a period not to exceed ninety days from the date of  
14 receipt of an application under RCW 51.32.160. The department may  
15 extend the ninety-day time period for an additional sixty days for good  
16 cause.

17 For purposes of this subsection, good cause includes delay that  
18 results from conduct of the claimant that is subject to sanction under  
19 RCW 51.32.110.

20 The board shall deny the appeal upon the issuance of an order under  
21 (b)(i) or (ii) of this subsection holding an earlier order, decision,  
22 or award in abeyance, without prejudice to the appellant's right to  
23 appeal from any subsequent determinative order issued by the  
24 department.

25 This subsection (4)(b) does not apply to applications deemed  
26 granted under RCW 51.32.160.

27 (5) An employer shall have the right to appeal an application  
28 deemed granted under RCW 51.32.160 on the same basis as any other  
29 application adjudicated pursuant to that section.

30 (6) A provision of this section shall not be deemed to change,  
31 alter, or modify the practice or procedure of the department for the  
32 payment of awards pending appeal. However, if an employer appeals to  
33 the board a department order granting temporary total disability  
34 compensation or medical aid benefits to a worker, the worker shall be  
35 entitled to the compensation or medical aid benefits while the appeal  
36 is pending before the board, subject to the requirements of RCW  
37 51.32.240(3).

1        NEW SECTION.    **Sec. 9.**    (1) Sections 2 and 6 of this act apply to  
2 all medical examinations, other than special examinations for  
3 determining permanent disabilities, ordered by the department of labor  
4 and industries or a self-insured employer under Title 51 RCW on or  
5 after the effective date of this act.

6        (2) Section 3 of this act applies to all claims filed under Title  
7 51 RCW on or after the effective date of this act and to all claims  
8 that are open, or remain subject to appeal, as of the effective date of  
9 this act, regardless of the date of injury.

10        NEW SECTION.    **Sec. 10.**    This act is necessary for the immediate  
11 preservation of the public peace, health, or safety, or support of the  
12 state government and its existing public institutions, and takes effect  
13 immediately.

--- END ---