H-3440.1			

HOUSE BILL 2622

State of Washington 62nd Legislature 2012 Regular Session

By Representatives Kenney, Ormsby, Santos, and Moscoso

Read first time 01/19/12. Referred to Committee on Labor & Workforce Development.

- 1 AN ACT Relating to communicating with workers in their primary
- 2 language; amending RCW 51.04.080, 51.28.010, 51.28.020, 51.28.030,
- 3 51.32.095, and 51.32.110; reenacting and amending RCW 51.52.060;
- 4 creating a new section; and providing an expiration date.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 **Sec. 1.** RCW 51.04.080 and 2007 c 78 s 1 are each amended to read 7 as follows:
- 8 $\underline{\text{(1)}}$ On all claims under this title, ((claimants')) \underline{all}
- 9 <u>correspondence</u>, written notices, <u>any</u> orders((, or warrants must be
- 10 forwarded directly)) must be sent to the claimant ((until such time as
- 11 there has been entered an order on the claim appealable to the board of
- 12 industrial insurance appeals)) in the claimant's primary language as
- 13 designated in the claimant's application under RCW 51.28.020 or
- 14 51.28.030.
- 15 <u>(2)</u> Claimants' written <u>correspondence</u>, notices, orders, ((or
- 16 warrants may be forwarded)) and warrants must be sent to the claimant
- in care of a representative ((before an order has been entered)) if the
- 18 claimant sets forth in writing the name and address of the
- 19 representative to whom the claimant desires this information to be

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- 1 forwarded. If the claimant's application under RCW 51.28.020 or
- 2 <u>51.28.030</u> designates a primary language other than English and the
- 3 claimant has designated a representative, the department shall, upon
- 4 request from the claimant's representative, send all correspondence,
- 5 written notices, and orders to the claimant's representative in English
- 6 rather than the primary language on the claimant's application.

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- 7 **Sec. 2.** RCW 51.28.010 and 2007 c 77 s 1 are each amended to read 8 as follows:
 - (1) Whenever any accident occurs to any worker it shall be the duty of such worker or someone in his or her behalf to forthwith report such accident to his or her employer, superintendent, or supervisor in charge of the work, and of the employer to at once report such accident and the injury resulting therefrom to the department pursuant to RCW 51.28.025 where the worker has received treatment from a physician or a licensed advanced registered nurse practitioner, has been hospitalized, disabled from work, or has died as the apparent result of such accident and injury. The report of injury shall allow the worker to designate a primary language for purposes of communication regarding the accident.
 - (2) Upon receipt of such notice of accident, the department shall immediately forward to the worker or his or her beneficiaries or dependents notification, in nontechnical language, and in the language designated by the worker, of their rights under this title. The notice must specify the worker's right to receive health services from a physician or a licensed advanced registered nurse practitioner of the worker's choice under RCW 51.36.010, including chiropractic services under RCW 51.36.015, and must list the types of providers authorized to provide these services.
 - (3) Employers shall not engage in claim suppression.
- 30 (4) For the purposes of this section, "claim suppression" means 31 intentionally:
 - (a) Inducing employees to fail to report injuries;
- 33 (b) Inducing employees to treat injuries in the course of 34 employment as off-the-job injuries; $((\frac{or}{a}))$
- 35 (c) <u>Refusing to provide an appropriate self-insurer accident report</u> 36 <u>form; or</u>

1 <u>(d)</u> Acting otherwise to suppress legitimate industrial insurance 2 claims.

- (5) In determining whether an employer has engaged in claim suppression, the department shall consider the employer's history of compliance with industrial insurance reporting requirements, and whether the employer has discouraged employees from reporting injuries or filing claims. The department has the burden of proving claim suppression by a preponderance of the evidence.
- (6) Claim suppression does not include bona fide workplace safety and accident prevention programs or an employer's provision at the worksite of first aid as defined by the department. The department shall adopt rules defining bona fide workplace safety and accident prevention programs and defining first aid.

Sec. 3. RCW 51.28.020 and 2005 c 108 s 3 are each amended to read 15 as follows:

- (1)(a) Where a worker is entitled to compensation under this title he or she shall file with the department or his or her self-insured employer, as the case may be, his or her application for such, together with the certificate of the physician or licensed advanced registered nurse practitioner who attended him or her. An application form developed by the department shall include a notice specifying the worker's right to receive health services from a physician or licensed advanced registered nurse practitioner of the worker's choice under RCW 51.36.010, including chiropractic services under RCW 51.36.015, and listing the types of providers authorized to provide these services. The application form shall allow the worker to designate a primary language for purposes of communication with respect to the claim.
- (b) The physician or licensed advanced registered nurse practitioner who attended the injured worker shall inform the injured worker of his or her rights under this title and lend all necessary assistance in making this application for compensation and such proof of other matters as required by the rules of the department without charge to the worker. The department shall provide physicians with a manual which outlines the procedures to be followed in applications for compensation involving occupational diseases, and which describes claimants' rights and responsibilities related to occupational disease claims.

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(2) If the application required by this section is:

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- 2 (a) Filed on behalf of the worker by the physician who attended the 3 worker, the physician may transmit the application to the department 4 electronically using facsimile mail;
 - (b) Made to the department and the employer has not received a copy of the application, the department shall immediately send a copy of the application to the employer; or
 - (c) Made to a self-insured employer, the employer shall forthwith send a copy of the application to the department.
- 10 **Sec. 4.** RCW 51.28.030 and 2004 c 65 s 6 are each amended to read 11 as follows:

Where death results from injury parties the entitled compensation under this title, or someone in their behalf, shall make application for the same to the department or self-insurer as the case may be, which application must be accompanied with proof of death and proof of relationship showing the parties to be compensation under this title, certificates of attending physician or licensed advanced registered nurse practitioner, if any, and such proof as required by the rules of the department. An application form developed by the department must allow the parties to designate a primary language for purposes of communication with respect to the claim.

Upon receipt of notice of accident under RCW 51.28.010, the director or self-insurer, as the case may be, shall immediately forward to the party or parties required to make application for compensation under this section, notification, in nontechnical language, of their rights under this title.

- 28 **Sec. 5.** RCW 51.32.095 and 2011 c 291 s 1 are each amended to read 29 as follows:
- 30 (1) One of the primary purposes of this title is to enable the 31 injured worker to become employable at gainful employment. To this 32 end, the department or self-insurers shall utilize the services of 33 individuals and organizations, public or private, whose experience, 34 training, and interests in vocational rehabilitation and retraining 35 qualify them to lend expert assistance to the supervisor of industrial 36 insurance in such programs of vocational rehabilitation as may be

- reasonable to make the worker employable consistent with his or her 1 2 physical and mental status. Where, after evaluation and recommendation by such individuals or organizations and prior to final evaluation of 3 4 the worker's permanent disability and in the sole opinion of the supervisor or supervisor's designee, whether or not medical treatment 5 has been concluded, vocational rehabilitation is both necessary and 6 7 likely to enable the injured worker to become employable at gainful 8 employment, the supervisor or supervisor's designee may, in his or her sole discretion, pay or, if the employer is a self-insurer, direct the 9 10 self-insurer to pay the cost as provided in subsection (4) of this 11 section or RCW 51.32.099, as appropriate. An injured worker may not 12 participate in vocational rehabilitation under this section or RCW 13 51.32.099 if such participation would result in a payment of benefits 14 as described in RCW 51.32.240(5), and any benefits so paid shall be 15 recovered according to the terms of that section.
 - (2) When in the sole discretion of the supervisor or the supervisor's designee vocational rehabilitation is both necessary and likely to make the worker employable at gainful employment, then the following order of priorities shall be used:
 - (a) Return to the previous job with the same employer;

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- 21 (b) Modification of the previous job with the same employer 22 including transitional return to work;
- 23 (c) A new job with the same employer in keeping with any limitations or restrictions;
- 25 (d) Modification of a new job with the same employer including 26 transitional return to work;
 - (e) Modification of the previous job with a new employer;
- 28 (f) A new job with a new employer or self-employment based upon 29 transferable skills;
 - (g) Modification of a new job with a new employer;
- 31 (h) A new job with a new employer or self-employment involving on-32 the-job training;
 - (i) Short-term retraining and job placement.
 - (3) Notwithstanding subsection (2) of this section, vocational services may be provided to an injured worker who has suffered the loss or complete use of both legs, or arms, or one leg and one arm, or total eyesight when, in the sole discretion of the supervisor or the supervisor's designee, these services will either substantially improve

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the worker's quality of life or substantially improve the worker's ability to function in an employment setting, regardless of whether or not these services are either necessary or reasonably likely to make the worker employable at any gainful employment. Vocational services must be completed prior to the commencement of the worker's entitlement to benefits under RCW 51.32.060. However, workers who are eligible for vocational services under this subsection are not eligible for option 2 benefits, as provided in RCW 51.32.099(4).

- (4)(a) For vocational plans approved prior to July 1, 1999, costs for vocational rehabilitation benefits allowed by the supervisor or supervisor's designee under subsection (1) of this section may include the cost of books, tuition, fees, supplies, equipment, transportation, child or dependent care, and other necessary expenses for any such worker in an amount not to exceed three thousand dollars in any fifty-two week period, and the cost of continuing the temporary total disability compensation under RCW 51.32.090 while the worker is actively and successfully undergoing a formal program of vocational rehabilitation.
- (b) When the department has approved a vocational plan for a worker between July 1, 1999, through December 31, 2007, costs for vocational rehabilitation benefits allowed by the supervisor or supervisor's designee under subsection (1) of this section may include the cost of books, tuition, fees, supplies, equipment, child or dependent care, and other necessary expenses for any such worker in an amount not to exceed four thousand dollars in any fifty-two week period, and the cost of transportation and continuing the temporary total disability compensation under RCW 51.32.090 while the worker is actively and successfully undergoing a formal program of vocational rehabilitation.
- (c) The expenses allowed under (a) or (b) of this subsection may include training fees for on-the-job training and the cost of furnishing tools and other equipment necessary for self-employment or reemployment. However, compensation or payment of retraining with job placement expenses under (a) or (b) of this subsection may not be authorized for a period of more than fifty-two weeks, except that such period may, in the sole discretion of the supervisor after his or her review, be extended for an additional fifty-two weeks or portion thereof by written order of the supervisor.

(d) In cases where the worker is required to reside away from his or her customary residence, the reasonable cost of board and lodging shall also be paid.

- (e) Costs paid under this subsection shall be chargeable to the employer's cost experience or shall be paid by the self-insurer as the case may be.
- (5) In addition to the vocational rehabilitation expenditures provided for under subsection (4) of this section and RCW 51.32.099, an additional five thousand dollars may, upon authorization of the supervisor or the supervisor's designee, be expended for: (a) Accommodations for an injured worker that are medically necessary for the worker to participate in an approved retraining plan; and (b) accommodations necessary to perform the essential functions of an occupation in which an injured worker is seeking employment, consistent with the retraining plan or the recommendations of a vocational evaluation. The injured worker's attending physician or licensed advanced registered nurse practitioner must verify the necessity of the modifications or accommodations. The total expenditures authorized in this subsection and the expenditures authorized under RCW 51.32.250 shall not exceed five thousand dollars.
- (6) When the department has approved a vocational plan for a worker prior to January 1, 2008, regardless of whether the worker has begun participating in the approved plan, costs for vocational rehabilitation benefits allowed by the supervisor or supervisor's designee under subsection (1) of this section are limited to those provided under subsections (4) and (5) of this section.

For vocational plans approved for a worker between January 1, 2008, through June 30, 2013, total vocational costs allowed by the supervisor or supervisor's designee under subsection (1) of this section shall be limited to those provided under the pilot program established in RCW 51.32.099, and vocational rehabilitation services shall conform to the requirements in RCW 51.32.099.

(7) The department shall establish criteria to monitor the quality and effectiveness of rehabilitation services provided by the individuals and organizations used under subsection (1) of this section and under RCW 51.32.099. The state fund shall make referrals for vocational rehabilitation services based on these performance criteria.

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1 (8) The department shall engage in, where feasible and cost-2 effective, a cooperative program with the state employment security 3 department to provide job placement services under this section and RCW 4 51.32.099.

- (9) The benefits in this section and RCW 51.32.099 shall be provided for the injured workers of self-insured employers. Self-insurers shall report both benefits provided and benefits denied under this section and RCW 51.32.099 in the manner prescribed by the department by rule adopted under chapter 34.05 RCW. The director may, in his or her sole discretion and upon his or her own initiative or at any time that a dispute arises under this section or RCW 51.32.099, promptly make such inquiries as circumstances require and take such other action as he or she considers will properly determine the matter and protect the rights of the parties.
- (10) Except as otherwise provided in this section or RCW 51.32.099, the benefits provided for in this section and RCW 51.32.099 are available to any otherwise eligible worker regardless of the date of industrial injury. However, claims shall not be reopened solely for vocational rehabilitation purposes.
- 20 (11) If the application for benefits under RCW 51.28.020 designates
 21 a primary language other than English, the worker must be provided
 22 interpreter services for any vocational meetings conducted pursuant to
 23 this section.
- **Sec. 6.** RCW 51.32.110 and 1997 c 325 s 3 are each amended to read 25 as follows:
 - (1) Any worker entitled to receive any benefits or claiming such under this title shall, if requested by the department or self-insurer, submit himself or herself for medical examination, at a time and from time to time, at a place reasonably convenient for the worker and as may be provided by the rules of the department. An injured worker, whether an alien or other injured worker, who is not residing in the United States at the time that a medical examination is requested may be required to submit to an examination at any location in the United States determined by the department or self-insurer. If the application for benefits under RCW 51.28.020 designates a primary language other than English, the worker must be provided interpreter services for any examination under this section.

- (2) If the worker refuses to submit to medical examination, 1 2 obstructs the same, or, if any injured worker shall persist in unsanitary or injurious practices which tend to imperil or retard his 3 4 or her recovery, or shall refuse to submit to such medical or surgical treatment as is reasonably essential to his or her recovery or refuse 5 or obstruct evaluation or examination for the purpose of vocational 6 7 rehabilitation or does not cooperate in reasonable efforts at such 8 rehabilitation, the department or the self-insurer upon approval by the department, with notice to the worker may suspend any further action on 9 10 any claim of such worker so long as such refusal, obstruction, 11 noncooperation, or practice continues and reduce, suspend, or deny any 12 compensation for such period: PROVIDED, That the department or the 13 self-insurer shall not suspend any further action on any claim of a 14 worker or reduce, suspend, or deny any compensation if a worker has good cause for refusing to submit to or to obstruct any examination, 15 evaluation, treatment, or practice requested by the department or self-16 17 <u>insurer or</u> required under this section. <u>Any suspension of benefits</u> must not be longer than necessary to obtain compliance or cooperation 18 19 and must be the least severe option available.
 - (3) If the worker necessarily incurs traveling expenses in attending the examination pursuant to the request of the department or the self-insurer, such traveling expenses shall be repaid to him or her out of the accident fund upon proper voucher and audit or shall be repaid by the self-insurer, as the case may be.

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- (4)(a) If the medical examination required by this section causes the worker to be absent from his or her work without pay:
- (i) In the case of a worker insured by the department, the worker shall be paid compensation out of the accident fund in an amount equal to his or her usual wages for the time lost from work while attending the medical examination; or
- 31 (ii) In the case of a worker of a self-insurer, the self-insurer 32 shall pay the worker an amount equal to his or her usual wages for the 33 time lost from work while attending the medical examination.
- 34 (b) This subsection (4) shall apply prospectively to all claims 35 regardless of the date of injury.
 - Sec. 7. RCW 51.52.060 and 1995 c 253 s 1 and 1995 c 199 s 7 are each reenacted and amended to read as follows:

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- (1)(a) Except as otherwise specifically provided in this section, 1 2 a worker, beneficiary, employer, health services provider, or other person aggrieved by an order, decision, or award of the department or 3 self-insurer must, before he or she appeals to the courts, file with 4 the board, the worker, and the director, by mail or personally, and in 5 cases involving a self-insurer, with the self-insurer, within sixty 6 7 days from the day on which a copy of the order, decision, or award was 8 communicated to such person, a notice of appeal to the board. However, a health services provider or other person aggrieved by a department 9 10 order or decision making demand, whether with or without penalty, solely for repayment of sums paid to a provider of medical, dental, 11 12 vocational, or other health services rendered to an industrially 13 injured worker must, before he or she appeals to the courts, file with 14 the board and the director, by mail or personally, within twenty days from the day on which a copy of the order or decision was communicated 15 to the health services provider upon whom the department order or 16 17 decision was served, a notice of appeal to the board. application under RCW 51.28.020 or 51.28.030 designates a primary 18 language other than English, the order is not communicated for purposes 19 20 of the sixty-day requirement under this subsection, until it is 21 communicated in the language so designated.
 - (b) Failure to file a notice of appeal with ((both)) the board and the department shall not be grounds for denying the appeal if the notice of appeal is filed with either the board or the department.
 - (2) Within ten days of the date on which an appeal has been granted by the board, the board shall notify the other interested parties to the appeal of the receipt of the appeal and shall forward a copy of the notice of appeal to the other interested parties. Within twenty days of the receipt of such notice of the board, the worker or the employer may file with the board a cross-appeal from the order ((of the department)) from which the original appeal was taken.
 - (3) If within the time limited for filing a notice of appeal to the board from an order, decision, or award ((of the department)), the department directs the submission of further evidence or the investigation of any further fact, the time for filing the notice of appeal shall not commence to run until the person has been advised in writing of the final decision of the department in the matter. In the event the department directs the submission of further evidence or the

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investigation of any further fact, as provided in this section, the department shall render a final order, decision, or award within ninety days from the date further submission of evidence or investigation of further fact is ordered which time period may be extended by the department for good cause stated in writing to all interested parties for an additional ninety days.

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- (4) The department, either within the time limited for appeal, or within thirty days after receiving a notice of appeal, may:
 - (a) Modify, reverse, or change any order, decision, or award; or
- (b)(i) Except as provided in (b)(ii) of this subsection, hold an order, decision, or award in abeyance for a period of ninety days which time period may be extended by the department for good cause stated in writing to all interested parties for an additional ninety days pending further investigation in light of the allegations of the notice of appeal; or
- (ii) Hold an order, decision, or award issued under RCW 51.32.160 in abeyance for a period not to exceed ninety days from the date of receipt of an application under RCW 51.32.160. The department may extend the ninety-day time period for an additional sixty days for good cause.
- 21 For purposes of this subsection, good cause includes delay that 22 results from conduct of the claimant that is subject to sanction under 23 RCW 51.32.110.
 - The board shall deny the appeal upon the issuance of an order under (b)(i) or (ii) of this subsection holding an earlier order, decision, or award in abeyance, without prejudice to the appellant's right to appeal from any subsequent determinative order issued by the department.
- This subsection (4)(b) does not apply to applications deemed granted under RCW 51.32.160.
- 31 (5) An employer shall have the right to appeal an application 32 deemed granted under RCW 51.32.160 on the same basis as any other 33 application adjudicated pursuant to that section.
- 34 (6) A provision of this section shall not be deemed to change, 35 alter, or modify the practice or procedure of the department for the 36 payment of awards pending appeal.

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- 1 <u>NEW SECTION.</u> **Sec. 8.** This act applies to all claims open after
- 2 January 1, 2013.
- 3 <u>NEW SECTION.</u> **Sec. 9.** Section 5 of this act expires June 30, 2013.

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