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; and amending RCW 51.28.040.

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

Sec. 1. RCW 51.28.040 and 1977 ex.s. c 199 s 1 are each amended to read as follows:

(1)(a) If change of circumstances warrants an increase or rearrangement of compensation, like application shall be made therefor. Where the application has been granted, compensation and other benefits if in order shall be allowed for periods of time up to ((sixty)) 60 days prior to the receipt of such application, except as provided in (b) of this subsection.

(b) Compensation and other benefits under (a) of this subsection shall be allowed for periods of time beyond 60 days, up to and including the time period covering the change of circumstances warranting an increase or rearrangement of compensation or other benefits, where:

(i) The application was not received by the department or self-insurer within 60 days of the provision of medical services made necessary by the change in circumstances, due to a failure of the
treating provider to timely complete or submit the provider information section of the application; and

(ii) The worker demonstrates that the worker information section of the application was completed and submitted via certified mail or electronic verification of receipt to the department, self-insurer, or the treating provider within 30 days of the provision of medical services made necessary by the change in circumstances.

(2) Any forms provided by the department or self-insurer as the application to reopen a claim under subsection (1)(a) of this section, must:

(a) Encourage the worker to submit the form to the treating provider within 30 days of the provision of any medical services made necessary by the change in circumstances; and

(b) Provide notice to both the worker and the medical provider that the application must be received by the department or self-insurer within 60 days of the provision of any medical services made necessary by the change in circumstances.

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