

Workers' Comp Legislative Activity

May 15, 2019 – July 1, 2019

California

SB 537 - Workers' compensation: treatment and disability

Issues: Workers' Compensation Managed Care

Summary for 04/11/2019 Version: This measure requires the Administrative Director of the Division of Workers' Compensation to issue a report to the Legislature, on or before January 1, 2023, comparing potential payment alternatives for providers to the official medical fee schedule. This measure prohibits a medical provider network from altering the treatment plan established by a physician and surgeon and physical therapist that complies with the medical treatment schedule. The measure also requires every medical provider network to post on its internet website a roster of all participating providers in the medical provider network and to update the roster at least quarterly.

The measure requires the contracted rates for health care services between a healthcare provider or healthcare facility and a contracting agent or insurance carrier to be at least the level of the applicable Medicare fee schedule payment.

Outlook: This measure has been referred to the Assembly Insurance Committee, which is chaired by Assembly Member Tom Daly (D). This measure is eligible for a hearing in the Committee. A timeline for further consideration has not yet been established.

Links:

- [4/11/2019 Version](#)
- [3/27/2019 Version](#)
- [2/21/2019 Version](#)

Status History:

- **02/21/2019** - Introduced
- **03/07/2019** - Referred to Senate Rules Committee
- **03/27/2019** - Amended
- **04/03/2019** - Referred to Senate Labor, Public Employment, and Retirement Committee
- **04/10/2019** - Hearing held; amended; passed; re-referred to Senate Appropriations Committee
- **04/29/2019** - Hearing held; placed on suspense file
- **04/11/2019** - Amendment read and released
- **05/16/2019** - Hearing held; passed Committee
- **05/21/2019** - Passed Senate
- **05/30/2019** - Referred to Assembly Insurance Committee

Note: This information is neither intended to be all-inclusive for the industry, nor for public redistribution. Please feel free to send your questions, comments, suggestions, and requests for further information to Coventry at Regulatory@cvt.com.

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Hawaii

HB 1534 - Relating to Workers' Compensation

Issues: Special Request, Workers' Compensation Medical Marijuana

Summary for 1/24/19 Version: This measure allows for medical cannabis reimbursement by workers' compensation. This measure allows for medical cannabis reimbursement by workers' compensation. This measure lays out reimbursement terms.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Hawaii, the Legislature's rules allow for measures to be carried over from the first to the second regular session and to any extraordinary session of the same general assembly. The status of each bill and resolution will be the same at the beginning of each second session as it was immediately before adjournment of the previous regular or extraordinary session. The Hawaii Legislature is expected to convene for the 2020 Legislative Session January 15, 2020.

Links:

- [1/24/2019 Version](#)

Status History:

- **01/24/2019** - Introduced
- **01/28/2019** - Referred to House Labor and Public Employment Committee
- **02/07/2019** - Hearing held; Deferred
- **03/07/2019** - Failed to meet crossover deadline
- **05/02/2019** - Carried over to 2020 session

Hawaii

SB 1523 - RELATING TO WORKERS' COMPENSATION.

Issues: Special Request, Workers' Compensation Medical Marijuana

Summary for 1/24/19 Version: This measure allows for medical cannabis reimbursement by workers' compensation. This measure allows for medical cannabis reimbursement by workers' compensation. This measure lays out reimbursement terms.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Hawaii, the Legislature's rules allow for measures to be carried over from the first to the second regular session and to any extraordinary session of the same general assembly. The status of each bill and resolution will be the same at the beginning of each second session as it was immediately before adjournment of the previous regular or extraordinary session. The Hawaii Legislature is expected to convene for the 2020 Legislative Session January 15, 2020.

Links:

- [1/24/2019 Version](#)

Status History:

- **01/24/2019** - Introduced
- **01/28/2019** - Referred to Senate Committee on Commerce, Consumer Protection, and Health; Referred to Senate Labor Culture, and the Arts Committee
- **02/06/2019** - Hearing held; Deferred by Committees
- **03/07/2019** - Failed to meet crossover deadline
- **05/02/2019** - Carried over to 2020 session

Illinois**HB 2792 - WORKERS COMP-FEE SCHEDULE**

Issues: Workers' Compensation Pharmacy Fee Schedule

Summary for 2/14/19 Version: This measure makes existing medical fee schedules inoperative after August 31, 2020 and stipulates that the Illinois Workers' Compensation Commission must establish new medical fee schedules applicable on and after September 1, 2020 in accordance with specified criteria.

This measure provides for non-hospital fee schedules and hospital fee schedules applicable to different geographic areas of the State. The measure sets forth a procedure for petitioning the Commission if a maximum fee causes a significant limitation on access to quality health care in either a specific field of health care services or a specific geographic limitation on access to health care.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links:

- [2/14/2019 Version](#)

Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held; Referred to House Workforce Development Subcommittee
- **03/13/2019** - Hearing held

- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing held
- **03/29/2019** - Rule 19(a)/ Re-referred to House Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

Illinois

HB 2794 - AN ACT concerning employment.

Issues: Workers' Compensation Compounded Drug Limits & Prescription Drug Formulary

Summary for 2/14/2019 Version: This measure relates to compounded medication within the workers' compensation program. This measure stipulates a custom compound medication for longer than the one-time 7-day supply described in must be approved for payment only if the compound meets all of the following standards:

- (1) there is no readily available commercially manufactured equivalent product;
- (2) no other Food and Drug Administration approved alternative drug is appropriate for the patient;
- (3) the active ingredients of the compound each have a National Drug Code number, are components of drugs approved by the Food and Drug Administration, and the active ingredients in the custom compound medication are being used for diagnosis or conditions approved use by the Food and Drug Administration and not being used for off-label use;
- (4) the drug has not been withdrawn or removed from the market for safety reasons; and
- (5) the prescriber is able to demonstrate to the payer that the compound medication is clinically appropriate for the intended use.

Custom compound medications must be charged using the specific amount of each component drug and its original manufacturer's National Drug Code number included in the compound. Charges must be based on a maximum charge of the AWP based upon the original manufacturer's National Drug Code number, as published by Red Book or Medi-Span and prorated for each component amount used. If the National Drug Code for the compound ingredient is a repackaged drug, the maximum allowable fee for the repackaged drug must be determined by the National Drug Code and the average wholesale price of the underlying original manufacturer. Components without National Drug Code numbers must not be charged.

A single dispensing fee for a custom compound medication as determined by the Commission based on the actual costs of preparing and dispensing the custom compound medication must be paid. The dispensing fee for a compound prescription must be billed with code WC 700-C. The provider may prescribe a one-time 7-day supply. Any custom compound medication prescriptions for more than 7 days must be preauthorized by the employer. Under all circumstances, if the compound medication meets the requirements in a 7-day supply must be covered.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links:

- [2/14/2019 Version](#)

Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held; Referred to House Workforce Development Subcommittee
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing held
- **03/29/2019** - Rule 19(a)/ Re-referred to House Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

Illinois

HB 2795 - AN ACT concerning employment.

Issues: Workers' Compensation Prescription Drug Formulary

Summary for 2/14/2019 Version: This measure addresses a prescription drug formulary within the workers' compensation program. This measure stipulates, by September 1, 2020, the Workers' Compensation Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board, must promulgate by rule an evidence-based drug formulary and any rules necessary for its administration. Prescriptions prescribed for workers' compensation cases shall be limited to the prescription drugs and doses on the closed formulary.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links:

- [2/14/2019 Version](#)

Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held; Referred to House Workforce Development Subcommittee
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing held
- **03/29/2019** - Rule 19(a)/ Re-referred to House Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

Louisiana**SB 41 - Relating to regulation of pharmacy benefit managers**

Issues: Special Request, Workers' Compensation Pharmacy Fee Schedule

Summary for 6/1/19 Version: This measure establishes provisions relating to the regulation of pharmacy benefit managers.

Pharmacy Benefit Manager Licensure: This measure no longer requires pharmacy benefit managers to be licensed by the Louisiana Board of Medical Examiners, and licensed by the Louisiana Board of Pharmacy. The measure provides that pharmacy benefit managers shall be licensed by the Department of Insurance, as required in present law, in addition to the general requirement that pharmacy benefit managers operating in this state be registered with the Louisiana secretary of state to do business in Louisiana, and may require permitting by the Louisiana Board of Pharmacy if the pharmacy benefit manager performs services that include: (1) Adjudication of appeals or grievances related to prescription drug coverage; (2) Disease management programs; (3) Drug formularies; (4) Drug regimen reviews; (5) Prescription drug management programs; (6) Processing of prior authorization requests; (7) Quality care dosing services; (8) Step therapy procedures; (9) Utilization management and utilization reviews; or (10) any other act or service relating to the compounding, filing, dispensing, exchanging, giving, offering for sale, or selling of drugs, medicines, poisons, or devices in this state by a pharmacist or pharmacy.

The measure provides that the Commissioner of Insurance and the Louisiana Board of Pharmacy shall be responsible for investigation and enforcement of present law within the Louisiana Insurance Code and applicable provisions of proposed law and present rule relative to pharmacy benefit managers. The measure requires that the Commissioner refer any complaint he believes to be outside of his jurisdiction to the Louisiana Board of Pharmacy or the Louisiana Department of Justice Consumer Affairs Division for review, investigation, and action. Furthermore, the bill authorizes the Commissioner of Insurance to suspend or revoke a pharmacy benefit manager's permit, license, or registration in accordance with present law and present rule relative to pharmacy benefit managers. The measure further provides that

instead of authorizing the attorney general to penalize a pharmacy benefit manager for certain violations of proposed law by suspending or revoking any license or permit issued by the Commissioner or the Board, the attorney general may suspend, revoke, or place on probation any permit or license issued to the pharmacy benefit manager or any entity in which the pharmacy benefit manager has an ownership or controlling interest.

Additionally, this measure establishes that a pharmacy benefit manager monitoring advisory council, and provides guidelines concerning membership and function of such council. Furthermore, the measure removes provisions authorizing the Board of Pharmacy to assess fees of up to \$5,000 per violation for pharmacy benefit managers who operate in this state after filing an attestation without first obtaining a permit.

Maximum Allowable Cost (MAC): This measure provides that a pharmacy shall not fail to honor maximum allowable cost prices as set forth in the National Drug Code. The measure clarifies that "maximum allowable cost" shall include any term that a pharmacy benefit manager or a healthcare insurer may use to establish reimbursement rates for generic and multi-source brand drugs to a pharmacist or pharmacy for pharmacist services. The bill also provides that the term "maximum allowable cost list" shall not include any rate mutually agreed to and set forth in writing in the contract between the pharmacy benefit manager and the pharmacy or include the National Average Drug Acquisition Cost.

Spread Pricing: This measure removes reference to the prohibition of mass marketing directed at a beneficiary of a health plan being administered by the pharmacy benefit manager. Instead, the measure prohibits a pharmacy benefit manager from conducting or participating in spread pricing without providing written disclosure and receiving acknowledgement from the patient. Furthermore, the bill provides that such disclosure shall explain that the pharmacy benefit manager has an ownership interest in the pharmacy, and that the patient has the right to use any alternate pharmacy that they choose. The pharmacy benefit manager is prohibited from retaliation or further attempts to influence the patient, or treat the patient or patient's claim any differently if he or she chooses to use an alternate pharmacy. Moreover, the bill changes the definition of "spread pricing" to mean any amount a pharmacy benefit manager charges or claims from a health plan provider or managed care organization for payment of a prescription or for pharmacy services that is different than, rather than in excess of, the amount the pharmacy benefit manager paid to the pharmacist or pharmacy who filled the prescription or provided the pharmacy services.

Pharmacy Reimbursement: This measure prohibits a pharmacy benefit manager from retroactively denying or reducing a claim of a pharmacist or pharmacy for payment, or demanding repayment of all or part of a claim, after the claim has been approved by the pharmacy benefit manager. Additionally, the measure prohibits discrimination against any pharmacist or pharmacy in reimbursing the pharmacy for dispensing a drug, device, or service for less than the amount paid to any other pharmacist or pharmacy for the same drug, device, or service. The measure makes reimbursement parity applicable to local pharmacies. Further, the measure adds a provision which dictates that no pharmacy benefit manager shall charge or pay anyone a fee or surcharge for paying any sales tax or remitting any sales tax proceeds to a pharmacist or pharmacy if that fee or surcharge would be imposed directly or indirectly on the pharmacist or pharmacy. Accordingly, the bill provides that state and local

sales taxes and other applicable state imposed taxes or fees shall be considered as part of the allowable cost and shall be included in the claim submitted by a pharmacist or pharmacy.

Step Therapy: This measure prohibits a PBM from requiring a beneficiary to follow a plan's step therapy protocol if the prescribed drug is on the health plan's prescription drug formulary, the beneficiary has tried the step therapy required prescription drug while under his or her current or previous health plan, the provider has submitted a justification and supporting clinical documentation that such prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse effect or event.

Prior Authorization: Additionally, the this measure adds a provision detailing that a pharmacy benefit manager shall not delay the decision on a request for authorization to dispense a prescription drug for more than seventy-two hours, or twenty-four hours in exigent circumstances in which the patient, in the opinion of the prescribing provider, pharmacy, or pharmacist submitting the authorization request, is suffering from a health condition that may seriously jeopardize the patient's life, health, or ability to regain maximum function. The measure provides that a request for authorization shall include relevant data or appropriate documentation to render a decision on a request for authorization.

Mail Order Pharmacy: Further, the measure prohibits a pharmacy benefit manager that owns or controls a mail-order pharmacy from allowing a mail-order pharmacy to repackage drugs and sell the repackaged items at higher prices than the original average wholesale price unless beneficiaries who may buy the repackaged drugs are informed in writing that the drugs have been repackaged and are being sold at the higher price. Further, this measure dictates that a pharmacy benefit manager shall not reimburse a local pharmacist or local pharmacy less than the amount it reimburses chain pharmacies, mail-order pharmacies, specialty pharmacies, or affiliates of the pharmacy service in this state.

Additionally, this measure removes the imposition of a fine, to stipulate that the Commissioner of Insurance and the Louisiana Board of Pharmacy shall be able to recommend to the Attorney General that either no action be taken against a PBM, or recommend the probation, suspension, or revocation of a license or permit if a PBM is found to be in violation of this Act upon completion of a compliance audit or complaint investigation.

Outlook: This measure has been signed by Governor John Bel Edwards (D). Section 5 of this measure is effective August 1, 2019. All other sections are effective July 1, 2020.

Links:

- [5/22/2019 House Legislative Bureau Amendments](#)
- [5/21/2019 House Committee Amendments](#)
- [5/30/2019 House Floor Amendments #3247](#)
- [5/30/2019 House Floor Amendments #3455](#)
- [6/1/2019 Enrolled Version](#)
- [5/8/2019 Senate Re-engrossed Version](#)
- [4/25/2019 Senate Engrossed Version](#)

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- [3/22/2019 Version](#)

Status History:

- **03/22/2019** – Pre-filed
- **04/08/2019** - Referred to Senate Committee on Health and Welfare
- **04/24/2019** - Hearing held; Amended; Passed Senate Committee on Health and Welfare
- **05/08/2019** - Amended; Passed Senate
- **05/13/2019** - Referred to House Committee on Health and Welfare
- **05/21/2019** - Hearing held; Amended; Passed House Committee on Health and Welfare
- **05/30/2019** - Amended; Passed House
- **05/31/2019** - Senate Concurred with House Amendments
- **06/04/2019** - Sent to Governor
- **05/22/2019** - Amended by House Legislative Bureau
- **06/06/2019** - Signed by Governor John Bel Edwards (D)

Nebraska**LB 487 - Require the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary**

Issues: Workers' Compensation Prescription Drug Formulary

Summary for 1/22/2019 Version: This measure establishes a formulary for workers' compensation drugs.

This measure permits the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary consisting of prescription drugs listed in Schedules II, III, IV and V. The formulary will apply to prescription drugs that are prescribed and dispensed for outpatient use in connection with workers' compensation claims with a date of injury on or after January 1, 2018.

A prescription drug included in the formulary adopted by the compensation court and recommended may be prescribed and dispensed without obtaining prior authorization from the workers' compensation insurer, risk management pool or self-insured employer.

A prescription drug not included in the formulary adopted by the compensation court or that is included but not recommended is presumed to be reasonable if prior authorization for such drugs is obtained from the workers' compensation insurer, risk management pool or self-insured employer.

The measure requires the compensation court to consult with stakeholders regarding the adoption of a drug formulary. The stakeholders should include employers, insurers, private sector employee representatives, public sector employee representatives, treating physicians actively practicing medicine, pharmacists, and attorneys representing injured workers or employers.

Any party may request a finding by an independent medical examiner if the workers' compensation insurer, risk management pool or self-insured employer denies payment for a prescription drug that is

not included in the formulary adopted by the compensation court or that is included but not recommended in such formulary or if prior authorization is denied.

The compensation court may adopt and promulgate rules and regulations necessary to implement this provision.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Nebraska, all bills on which no final action has been taken by the time of adjournment of the regular session in odd-numbered years shall be held over for consideration at the regular session convening in even-numbered years.

Links:

- [1/22/2019 Version](#)

Status History:

- **01/22/2019** - Introduced
- **01/24/2019** - Referred to Business and Labor Committee
- **03/04/2019** - Hearing held
- **05/31/2019** - Carried over to 2020 Legislative Session

New Jersey

AB 4097 - Provides for workers' compensation reimbursement for medical marijuana.

Issues: Workers' Compensation Medical Marijuana

Summary: This measure provides that nothing in current law precludes any employer or workers' compensation insurer from reimbursing a person for costs associated with the medical use of marijuana.

Outlook: This measure has been referred to the Assembly Labor Committee, chaired by Assembly member Joseph Egan (D). The sponsor does not serve on the committee of referral. This measure awaits a hearing. The hearing, if scheduled, will be open to the public, testimony will be accepted and a vote may occur at the discretion of the Chair.

Links:

- [06/04/2018 Version](#)

Status History:

- **06/04/2018** - Introduced; referred to Assembly Labor Committee

New York

AB 864 - Relates to prescription prices and pharmacies for injured employees

Issues: Workers' Compensation Direction of Care

Summary for 1/11/2019 Version: This measure relates to prescription prices for injured employees. This measure prohibits an employer or carrier from refusing to allow a claimant to utilize a pharmacy of their choice to furnish prescribed medications required by the claimant so long as the pharmacy's charges are below the pharmaceutical fee schedule.

Outlook: This measure has been introduced and referred to the Assembly Labor Committee, chaired by Assembly member Marcos Crespo (D). This measure is eligible for a hearing in the Committee. A timeline for further consideration has not yet been established.

Links:

- [1/11/2019 Version](#)

Status History:

- **01/11/2019** - Introduced; referred to Assembly Labor Committee

New York

AB 8117 - Relates to contracted network pharmacy use

Issues: Workers' Compensation Pharmacy Fee Schedule)

Summary for 6/3/2019 Version: This measure removes the ability of an employer or workers' compensation carrier to require a claimant to obtain prescribed medications from a contracted pharmacy.

This measure allows an employer or carrier to contract with a network pharmacy and encourage claimants to use it, however claimants ultimately may obtain prescribed medications at the pharmacy or pharmacies of their choice, so long as that pharmacy is registered as a resident, in-state pharmacy. The measure further provides that the employer or carrier will be liable for the charges for such prescriptions in accordance with the workers' compensation fee schedule.

The measure does not apply to out-of-state pharmacies or compound medications that the claimant is prescribed.

Outlook: This measure has been introduced and referred to the Assembly Labor Committee, chaired by Assembly member Marcos Crespo (D). The measure is now eligible for consideration by the Assembly Labor Committee.

Links:

- [6/3/2019 Version](#)

Status History:

- **06/03/2019** - Introduced; referred to Assembly Labor Committee

Oklahoma**HB 2367 - Workers' compensation; amending various statutes relating to workers' compensation**

Issues: Workers' Compensation Pharmacy Fee Schedule

Summary for 05/28/2019 Version: This measure amends the Administrative Workers' Compensation Act. The measure requires payment for repackaged drugs to be based upon a sum of the allowable fee for each ingredient plus a dispensing fee of \$5 per prescription (pgs. 97).

The measure requires the Workers' Compensation Commission to conduct an evaluation of the Fee Schedule, including an update of the list of Current Procedural Terminology codes, a line adjustment or renewal of all rates, and amendment as needed to the applicable rules. The measure requires the Commission to contract with an external consultant with knowledge of workers' compensation fee schedules to review regional and nationwide comparisons for Oklahoma's fee schedule rates for medical services (pgs. 99-101).

The measure requires every employer to pay or provide benefits for the accidental injury or death of an employee arising out of their employment, without regard to fault for such injury, if the employee's contract of employment was made or if the injury occurred within the state (pgs. 29-30).

The measure increases the maximum time-length for benefits of temporary total disability coverage to 156 weeks (pg. 67).

The measure also increases the maximum weekly wage for a covered employee to \$350.00 for permanent partial disability and to \$360.00 per week on July 1, 2021. (pg. 71).

The measure includes mental injury in the definition of a compensable injury (pg. 11).

The measure allows the Commission to send notice to health care providers regarding compensability of injury electronically (pg. 46).

The measure prohibits a claim for benefits from being filed if the employee has received benefits from the Workers' Compensation Commission within six months from the date of the last issuance of such benefits (pg. 105).

Outlook: This measure was signed by Governor Kevin Stitt (R) on May 28. The measure becomes effective immediately.

Links:

- [5/28/2019 Final Version](#)
- [5/20/2019 Version](#)
- [4/24/2019 Version](#)
- [4/9/2019 Version](#)
- [3/13/2019 Version](#)
- [2/26/2019 Version](#)
- [2/4/2019 Version](#)

Status History:

- **02/04/2019** - Introduced
- **02/05/2019** - Referred to House Judiciary Committee
- **02/12/2019** - Hearing held
- **02/19/2019** - Hearing held
- **02/26/2019** - Hearing held; substituted; passed Committee
- **03/13/2019** - Amended; title stricken; passed House
- **03/26/2019** - Referred to Senate Judiciary Committee
- **04/09/2019** - Hearing held; substituted; passed Committee
- **04/24/2019** - Substituted; passed Senate
- **05/02/2019** - House refused to concur; conference committee requested
- **05/07/2019** - Conference committee appointed
- **05/20/2019** - Conference committee report submitted; passed House
- **05/22/2019** - Passed Senate; sent to Governor Kevin Stitt (R)
- **05/28/2019** - Signed by Governor Kevin Stitt (R)

Oklahoma**HB 2631 - Workers' compensation; providing for modification of fee schedule**

Issues: Workers' Compensation Pharmacy Fee Schedule

Summary for 2/4/2019 Version: This measure relates to workers' compensation fee schedules. This measure requires the fee schedule to be revised in 2019 to provide a 3% increase in the maximum rate of reimbursement to physicians and hospitals for a period of three years.

Outlook: This measure is eligible for carryover to the 2020 Legislative Session. In Oklahoma, any bills left pending in the legislature at the adjournment of the First Regular Session of a Legislature, excluding those left in a conference committee, carry over to the Second Regular Session with the same status as if there had been no adjournment.

Links:

- [2/4/2019 Version](#)

Status History:

- **02/04/2019** - Introduced
- **02/05/2019** - Referred to House Judiciary Committee
- **02/12/2019** - Hearing held
- **02/19/2019** - Hearing held; passed Committee
- **03/12/2019** - Passed House
- **03/26/2019** - Referred to Senate Judiciary Committee
- **05/31/2019** - Carried over to 2020 Legislative Session

Vermont**HB 14 - An act relating to workers' compensation.**

Issues: Workers' Compensation Medical Marijuana

Summary for 1/9/19 Version: This bill proposes to extend benefit payments in workers' compensation insurance claims to the prescription of medical marijuana.

This measure dictates that an employer shall be subject to furnish an injured employee reasonable marijuana for symptom relief in workers' compensation claims.

Disputes regarding payment of a medical bill maybe filed with the Commissioner by the injured employee, the healthcare provider, or the dispensary. Medical bills shall also be paid within in a contract between the aforementioned parties.

An employer or insurance carrier shall not impose on any health care provider or dispensary any retrospective denial of a previously paid medical bill or any part of that previously paid medical bill, unless the employer or insurance carrier has provided at least 30 days' notice of any retrospective denial or overpayment recovery to the health care provider or dispensary.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Vermont, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Vermont Legislature is expected to convene for the 2020 Legislative Session on January 7, 2020.


Links:

- [01/09/2019 Version](#)

Status History:

- **01/10/2019** - Introduced; Referred to Commerce and Economic Development
- **03/21/2019** - Hearing held

- **03/28/2019** - Hearing held
- **04/03/2019** - Hearing held
- **05/29/2019** - Carried over to 2020 Legislative Session

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