

Workers' Comp Legislative Activity

October 15, 2019 – December 1, 2019

CALIFORNIA

AB 1107 - Workers' Compensation

Issues: Workers' Compensation (General)

Summary for 4/22/2019 Version: This measure clarifies the procedure for independent medical review decisions for workers' compensation. The measure makes a final determination of the Administrative Director of the Division of Workers' Compensation conclusive evidence that medical treatment was unreasonably delayed or denied.

Outlook: The California State Legislature adjourned on September 13, 2019. This proposal is still eligible for continued consideration when the legislature reconvenes and will retain its status. The California State Legislature is expected to reconvene on January 6, 2020. Measures introduced during the 2019 Legislative Session will have until January 31 to pass the chamber of origin. Bills that do not meet this deadline are unlikely to receive any additional consideration.

Links:

- [4/22/2019 Version](#)
- [3/26/2019 Version](#)
- [2/21/2019 Version](#)

Status History:

- **02/21/2019** - Introduced
- **03/25/2019** - Referred to Assembly Insurance Committee
- **03/26/2019** - Amended
- **04/24/2019** - Hearing held; passed Committee
- **04/22/2019** - Amended
- **05/02/2019** - Passed Assembly
- **05/16/2019** - Referred to Senate Labor, Public Employment, and Retirement Committee

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NEVADA

SB 365 - Revises provisions relating to health insurance

Issues: Workers' Compensation (Networks)

Summary for 6/1/2019 Version: This measure prohibits a health carrier from granting access to services and contractual discounts of a provider of health care pursuant to a provider network contract, unless the provider network contract specifically states that the health carrier may enter into an agreement with a third party to obtain the rights and responsibilities of the health carrier and the third party accessing the provider network contract is contractually obligated to comply with all applicable terms, limitations, and conditions of the provider contract. This measure requires a health carrier that grants access to services and contractual discounts of a provider of health care to identify and provide to the provider a written or electronic list of all third parties known at the time of contracting to which the health carrier has or will grant access to the services and contractual discounts of the provider contract. The measure requires the health carrier to maintain an internet website or another readily available mechanism through which a provider may obtain a listing, at least every 90 days, of the third parties which have access to their provider contract.

The measure requires a third party that has been granted access to a provider network contract and that subsequently grants access to another third party to comply with the responsibilities of the contract.

The measure requires a health carrier and third parties to comply with this measure when submitting remittance advice and explanation of payments to providers of health care.

The measure requires, at least 30 days before the date of termination of a provider network contract, a health carrier to provide written notification of the contract termination to the affected providers of health care and covered persons.

This measure does not apply to provider network contracts for services provided under Medicaid or contracts for limited-scope vision benefits.

Outlook: This measure was signed by Governor Steve Sisolak (D) on June 1. This measure becomes effective upon passage and approval for the purposes of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act, and on January 1, 2020, for all other purposes.

Links:

- [6/1/2019 Final Version](#)
- [5/24/2019 Version](#)
- [4/19/2019 Version](#)
- [4/18/2019 Version](#)
- [3/19/2019 Version](#)

Status History:

- **03/19/2019** - Introduced; Referred to Senate Committee on Commerce and Labor
- **04/03/2019** - Hearing held
- **04/10/2019** - Work session held; Amended; Passed Senate Committee on Commerce and Labor
- **04/18/2019** - Amendment read and released
- **04/19/2019** - Passed Senate
- **04/22/2019** - Referred to Assembly Committee on Commerce and Labor
- **05/03/2019** - Hearing held
- **05/15/2019** - Work session held; Passed Assembly Committee on Commerce and Labor
- **05/24/2019** - Amended; passed Assembly
- **05/28/2019** - Senate concurred
- **05/30/2019** - Sent to Governor Steve Sisolak (D)
- **06/01/2019** - Signed by Governor Steve Sisolak (D)

NEVADA

SB 381 - Revises provisions relating to workers' compensation

Issues: Workers' Compensation (General)

Summary for 6/12/2019 Version: This measure makes changes to workers' compensation laws. This measure establishes the choice of a treating physician or chiropractor as a substantive right and benefit of an injured employee. The measure requires an insurer's list of physicians and chiropractors from which an injured employee may choose to include at least 12 physicians or chiropractors in each of the following disciplines and specializations:

- i. Orthopedic surgery on spines;
- ii. Orthopedic surgery on shoulders;
- iii. Orthopedic surgery on elbows;
- iv. Orthopedic surgery on wrists;
- v. Orthopedic surgery on hands;
- vi. Orthopedic surgery on hips;
- vii. Orthopedic surgery on knees;
- viii. Orthopedic surgery on ankles;
- ix. Orthopedic surgery on feet;
- x. Neurosurgery;
- xi. Neurology;
- xii. Cardiology;
- xiii. Pulmonology;
- xiv. Psychiatry;
- xv. Pain management;
- xvi. Occupational medicine;
- xvii. Physiatry or physical medicine;
- xviii. general practice or family medicine; and

xix. Chiropractic medicine.

The measure provides that if the panel of physicians and chiropractors maintained by the Administrator contains fewer than 12 physicians or chiropractors for a discipline or specialization specified above, the insurer's list must include all of the listed providers for that discipline or specialization.

The measure stipulates that if an insurer fails to maintain a list of physicians and chiropractors that complies with these requirements, an injured employee may choose a physician or chiropractor from the panel of health care providers maintained by the Administrator.

This measure requires each insurer to update the list of physicians and chiropractors and to file it with the Administrator of the Division of Industrial Relations. The measure also prohibits a physician or chiropractor from being involuntarily removed from an insurer's list of providers except for good cause. Unless the physician or chiropractor is removed for good cause, the measure allows an injured employee to continue to receive care from them even after their removal.

This measure also requires the Administrator to maintain and update annually, on or before July 1, a panel of physicians and chiropractors who have demonstrated special competence in treating injured workers, including information relating to the providers and their discipline or specialization.

Outlook: This measure was signed by Governor Steve Sisolak (D) on June 12. This measure becomes effective on January 1, 2020.

Links:

- [6/12/2019 Final Version](#)
- [5/30/2019 Version](#)
- [4/22/2019 Version](#)
- [3/20/2019 Version](#)

Status History:

- **03/20/2019** - Introduced; Referred to Senate Committee on Commerce and Labor
- **04/08/2019** - Hearing held
- **04/10/2019** - Work session held; amended; passed Committee
- **04/22/2019** - Amendment read and released; referred to Senate Finance Committee
- **05/24/2019** - Hearing cancelled
- **05/27/2019** - Hearing held
- **05/30/2019** - Hearing held; amended; passed Committee
- **06/01/2019** - Passed Senate
- **06/02/2019** - Referred to Assembly Committee on Commerce and Labor; hearing held
- **06/03/2019** - Hearing held; passed Assembly
- **06/07/2019** - Sent to Governor Steve Sisolak (D)
- **06/12/2019** - Signed by Governor Steve Sisolak (D)

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 allows a workers' compensation claimant to utilize a pharmacy of their choice. 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: The New York State Legislature recessed on June 20, 2019. The Assembly may reconvene at the discretion of the Speaker, Carl E. Heastie (D). At that time, this measure will be eligible for consideration as it currently stands.

Links: [1/11/2019 Version](#)

Status History: 01/11/2019 - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 1250 - Authorizes workers' compensation claimants to use any in-state pharmacy that is registered with the education department.

Issues: Workers' Compensation (Networks)

Summary for 1/14/2019 Version: This measure allows workers' compensation to use any in-state-pharmacy. This measure authorizes workers' compensation to obtain prescribed medicines related to the claimant's work-related injuries from a pharmacy of their choice, so long as the pharmacy is a resident, in-state pharmacy registered with the New York State Education Department.

Outlook: The New York State Legislature recessed on June 20, 2019. The Assembly may reconvene at the discretion of the Speaker, Carl E. Heastie (D). At that time, this measure will be eligible for consideration as it currently stands.

Links: [1/14/2019 Version](#)

Status History: 01/14/2019 - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 2679 - Ensures timely access to high-quality medical care

Issues: Workers' Compensation (Opioid Limits)

Summary for 1/24/2019 Version: This measure will ensure timely access to high-quality medical care for workers' compensation claimants. The measure stipulates that prior authorization procedures shall be issued and maintained for the purpose of expediting authorization of treatment of injured workers. The pre-authorization list must not be construed or relied upon to support the premise that procedures not included on the pre-authorized list should be denied. Pre-authorized procedures shall not be given preference over alternative forms of treatment that are not on the pre-authorized procedures list. The pre-authorization list must include currently enrollment in addiction treatment program for all injured works subject to opioid weaning.

Outlook: The New York State Legislature recessed on June 20, 2019. The Assembly may reconvene at the discretion of the Speaker, Carl E. Heastie (D). At that time, this measure will be eligible for consideration as it currently stands.

Links: [1/24/2019 Version](#)

Status History: 01/24/2019 - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 6516 - Relates to the establishment of rates of payment and delivery of health care services

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 3/8/2019 Version: The measure establishes rates of payment delivery of health care services under the workers' compensation system.

The measure requires the Workers' Compensation Board in consultation with the board's medical director, to biennially prepare and establish a rate schedule in the state, schedules limited to defined localities, charges and fees for podiatry treatment and care, rendered under the workers' compensation system.

The measure requires the Workers' Compensation Board in consultation to biennially prepare and establish a rate schedule in the state, schedules limited to defined localities, charges and fees for chiropractic treatment and care, rendered under the workers' compensation system.

The measure requires the Workers' Compensation Board in consultation to biennially prepare and establish a rate schedule in the state, schedules limited to defined localities, charges and fees for psychological treatment and care, rendered under the workers' compensation system.

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 Assembly Labor Committee.

Links: [3/8/2019 Version](#)

Status History: **03/08/2019** - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 6823 - Authorizes certain care and treatment to injured employees

Issues: Workers' Compensation (Medical Coverage and Reimbursement)

Summary for 03/20/2019 Version: The measure amends the workers' compensation law, in relation to authorizing certain care and treatment to injured employees.

This measure allows the chair of the workers' compensation board to set the fee schedule for massage therapy services provided to injured employees upon referral by the injured employee's physician. The chair of the workers' compensation board may request the president of a recognized professional association representing licensed massage therapists to submit to him or her a report of the amount of remuneration deemed to be fair and reasonable.

The measure stipulates that where massage therapy care is rendered, records of the patient's condition and progress, together with records of instruction for treatment shall be maintained by the massage therapist and physician. The measure mandates that a duly licensed massage therapist cannot be authorized to perform independent medical examinations.

Outlook: This measure has been referred to the Assembly Labor Committee, which is chaired by Assembly member Marcos Crespo (D). This measure is eligible for a hearing in the Committee.

Links: [3/20/2019 Version](#)

Status History: **03/20/2019** - 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 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