

Workers' Comp Legislative Activity

September 15, 2019 – November 1, 2019

CALIFORNIA

SB 537 - Workers' Compensation

Issues: Workers' Compensation (General)

Summary for 09/16/2019 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 requires the Administrative Director to publish on the Division's internet website provider utilization data for physicians who treat ten or more injured workers during the twelve months before July 1 of the previous year, including the number of injured workers treated by the physician and the number of utilization review decisions that resulted in a modification or denial of a request for authorization of medical treatment based on a determination of medical necessity. The measure authorizes the Administrative Director to withhold data if deemed necessary to protect patient privacy. This measure requires the Administrative Director to use individually identifiable information for the purposes of creating the provider medical utilization data.

This measure, starting on July 1, 2021, requires every medical provider network to post on its internet website a roster of participating providers and to provide to the administrative director the internet website address of the network and of its roster of participating providers.

This measure revises the authority of the Administrative Director by giving the Administrative Director authority and discretion to investigate complaints, conduct random reviews, and take enforcement action against medical provider networks, an entity that provides ancillary services, or an entity providing services for or on behalf of the medical provider network or its providers, regarding noncompliance with the internet address and roster requirements imposed on those networks.

This measure prohibits an entity other than the requesting physician or provider from altering or amending a request for authorization for medical treatment prior to the submission of the request to the claim's administrator.

This measure requires an itemized request for payment for services to be submitted to an employer with the physician's or provider's national provider identifier number.

This measure, on and after January 1, 2021, requires an entity that provides physician or ancillary network service to provide a payor with a written disclosure of the reimbursement amount paid to the provider with a rate sheet if a contracted reimbursement rate is more than 20% below the official medical fee schedule.

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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This measure authorizes an entity that provides physician or ancillary network services to require a payor to sign a nondisclosure agreement before providing that disclosure.

Outlook: On October 8, Governor Gavin Newsom (D) signed this measure. This measure will become effective on January 1, 2020.

Links:

- [9/16/2019 Enrolled Version](#)
- [9/6/2019 Version](#)
- [9/3/2019 Version](#)
- [8/13/2019 Version](#)
- [7/2/2019 Version](#)
- [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** - 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
- **07/02/2019** - Amended
- **07/10/2019** - Re-referred to Assembly Appropriations Committee
- **08/13/2019** - Amendment read and released
- **08/21/2019** - Hearing held; placed on suspense file
- **08/30/2019** - Hearing held; amended; passed Committee
- **09/03/2019** - Amendment read and released
- **09/06/2019** - Amended
- **09/10/2019** - Passed Assembly
- **09/12/2019** - Senate concurred
- **09/19/2019** - Sent to Governor Gavin Newsom (D)
- **10/08/2019** - Signed by Governor Gavin Newsom (D)

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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

NEVADA

SB 365 - Revises provisions relating to health insurance

Issues: Workers' Compensation (General)

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)

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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
- **05/30/2019** - 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 2679 - Ensures timely access to high-quality medical care

Issues: Workers' Compensation (General)

Summary for 1/24/2019 Version: This measure requires the list of pre-authorized procedures for workers' compensation claims to include concurrent enrollment in an addiction or dependency treatment program for all injured workers subject to opioid weaning.

This measure raises the exemption threshold from prior authorization for specialist consultations, surgical operations, physiotherapeutic or occupational therapy procedures, x-rays, and special diagnostic lab tests from less than \$1,000 to less than \$2,000 and lowers the deadline by which prior authorization must be approved or denied for these procedures from 30 calendar days to 7 calendar days.

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

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

PENNSYLVANIA

HB 1784 - An act amending the act

Issues: Workers' Compensation (General)

Summary for 8/30/2019 Version: This measure removes the 90-day cap for time period in which employers can utilize network care. This measure also removes language stating that subsequent treatment may be provided by any health care provider of the employee's own choice and removes the requirement that any employee receiving treatment from a non-designated health care provider must provide notification to their employer within 5 days of their first visit and that failure to notify the employer relieves the employer for liability of the payment for services if the services are determined to be unnecessary.

Outlook: This measure has been introduced and referred to the House Labor and Industry Committee, chaired by Representative Jim Cox (R). This measure is awaiting action in the Committee of referral.

Links: [8/30/2019 Version](#)

Status History: **08/30/2019** - Introduced; Referred to House Labor and Industry Committee