A BILL FOR AN ACT

RELATING TO WORKERS' COMPENSATION LAW.

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

- SECTION 1. Chapter 386, Hawaii Revised Statutes, is 1 2 amended by adding two new sections to be appropriately designated and to read as follows: 3 4 "\$386- Alternative dispute resolution. (a) In lieu of a hearing before the director, at anytime after a claim for 5 compensation is made and before the director renders a decision, 6 7 the parties may agree in writing to have any controversy arising under this chapter be decided by a referee paid for by the 8 9 parties. 10 (b) Appointment of referee. Before a referee can conduct 11 a hearing, the parties shall submit the agreed upon referee's 12 name to the director for appointment to serve as a referee. The 13 referee shall be a neutral person. An individual who has a 14 known, direct, and material interest in the outcome of the 15 controversy or a known, existing, and substantial relationship
- 16 with a party may not serve as a referee, unless that interest is
- 17 disclosed, and any conflict is waived by the parties.



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(c) Costs. Unless the parties otherwise agree, the costs
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    and fees of the alternative resolution process shall be divided
    equally between the parties.
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         (d) Stay of proceedings before the director. If the
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    parties agree to have any controversy referred to a referee, the
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    director shall stay all actions or proceedings until the referee
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    issues a recommended decision.
         (e) Discovery and other matters. This chapter and its
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    rules remain applicable to proceedings before the referee except
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    that requests shall be directed to and recommended decisions
    shall be made by the referee instead of the director.
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         (f) Referee's recommended decision. The referee shall
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    issue and submit the referee's recommended decision to the
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    director no later than five days after the hearing, and shall
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    deliver the recommended decision to all parties personally or by
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    registered or certified mail.
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         (q) Approval of recommended decision. The director shall
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    review the referee's recommended decision to determine whether
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    the recommended decision is in compliance with chapter 386. If
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    the recommended decision is in compliance with chapter 386, the
    director shall approve the recommended decision within ten days
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    of receiving the recommendation. Upon the director's approval,
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- 1 the recommended decision has the same force and effect as a
- 2 director's decision rendered under chapter 386, and it may be
- 3 enforced as if it had been rendered in an action before the
- 4 director. If the recommended decision does not comply with
- 5 chapter 386, the director may modify or vacate the recommended
- 6 decision within ten days of receiving the recommendation. If
- 7 the director vacates the recommended decision, the parties may
- 8 resubmit the controversy to the referee.
- 9 (h) Appeals. The parties may appeal the director's
- 10 decision in accordance with section 386-87.
- 11 (i) Applicable law. Chapter 386 and Hawaii Administrative
- 12 Rules title 12, chapters 10, 14, and 15 shall govern the
- 13 proceedings before the referee.
- 14 (j) Mediation. At anytime after a claim for compensation
- 15 is made and before the director renders a decision, the parties
- 16 may agree to resolve any controversy regarding this chapter
- 17 through mediation by a mediator agreed upon by the parties.
- 18 Unless otherwise provided in the agreement to mediate, the costs
- 19 and fees of mediation shall be divided equally between the
- 20 parties. Upon the successful conclusion of the mediation, the
- 21 parties shall submit the settlement agreement to the director
- for approval. If any controversy remains unresolved after the

1 mediation, the parties may request the director to resolve the 2 controversy. 3 Alternative guidelines on frequency of treatment 4 and reasonable use of health care and services. (a) This section establishes the use of evidence-based treatment 5 6 guidelines for medical providers to provide treatment to injured 7 workers as an option to section 386-26 and its applicable Hawaii administrative rules. The use of this alternative quideline 8 9 from the guidelines issued under section 386-26 shall be 10 optional and to the sole discretion of the medical provider. 11 Frequency and extent of treatment shall be in (b) 12 accordance with the most current edition of the ODG Treatment in 13 Workers' Comp issued by the Work Loss Data Institute, Hawaii State Chiropractic Association Treatment Guidelines, or any 14 **15** other medical guidelines approved by the director. In addition 16 to the most current edition of the ODG Treatment in Workers' **17** Comp, this section references Chapters 1-7 of the practice 18 guides issued by the American College of Occupational and Environmental Medicine, 2nd Edition, and any other medical 19 20 guidelines approved by the director. 21 The treatment guidelines required by this section are (C) 22 presumed medically necessary and correct, as such, the attending

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physician is not required to provide a treatment plan to the
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    employer and may begin treatment, so long as the diagnosis is
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    correct and medical treatment conforms to subsection (b).
    However, the attending physician shall inform the employer, on a
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    form prescribed by the department, a diagnosis of the injury.
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         (d) The presumption in subsection (c) is rebuttable and
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    may be contested by a preponderance of medical evidence
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    establishing that a variance from the quidelines is reasonably
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    required to cure and relieve the employee from the effects of
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    the injury condition. The attending physician may choose not to
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    use the treatment guidelines by submitting written notification
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    to the employer, and provide treatment as covered by section
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    386-26.
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         (e) For all injuries not covered by subsection (b), or in
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    cases in which the attending physician believes that additional
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    treatments beyond that provided by subsection (b) are necessary,
    or that a treatment guideline different than that specified in
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    subsection (b) is necessary, the attending physician shall mail
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    a treatment plan to the employer at least fourteen calendar days
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    prior to the start of treatment. The treatment plan shall
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    detail:
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1	(1)	Projected commencement and termination dates of
2		<pre>treatment;</pre>
3	(2)	A clear statement as to the impression or diagnosis;
4	(3)	Number and frequency of treatments;
5	(4)	Modalities and procedures to be used; and
6	(5)	An estimated total cost of services.
7	With	the exception of emergency medical services, any
8	provider	who provides medical treatment without proper
9	authoriza	tion shall be denied compensation for the unauthorized
10	services.	Unless agreed by the employee, disallowed fees shall
11	not be ch	arged to the injured employee.
12	<u>(f)</u>	The employer may file an objection to the proposed
13	treatment	plan within ten calendar days with documentary
14	evidence	supporting the denial and a copy of the denied
15	treatment	plan or treatment guideline with the director, copying
16	the atten	ding physician and the injured employee. Both the
17	front pag	e of the denial and the envelope in which the denial is
18	filed sha	ll be clearly identified as a "TREATMENT PLAN DENIAL"
19	in capita	l letters. The employer shall be responsible for
20	payment f	or treatment until the date the objection is filed with
21	the direc	tor. Furthermore, the employer's objection letter
22	shall exp	licitly state that if the attending physician or the
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injured employee does not agree with the denial, they may 1 request a review by the director of the employer's denial. In 2 3 denying medical treatment, the employer shall disclose to the attending physician and employee the medically, evidenced-based 4 criteria used as the basis of the objection. 5 (g) The attending physician, injured employee, employer, 6 or insurance carrier may request in writing that the director 7 8 review the denial of the treatment plan or continuation of services. The request for review shall be filed with the 9 director within fourteen calendar days after postmark of the 10 11 denial. A copy of the denied treatment plan or order for 12 continued services shall be submitted with the request for 13 review. Both the front page of the request for review and the envelope in which the request is filed shall be clearly 14 15 identified as a "REQUEST FOR REVIEW OF TREATMENT PLAN DENIAL" or 16 "REQUEST FOR REVIEW OF ORDER OF CONTINUED TREATMENT" in capital 17 letters. For cases not under the jurisdiction of the director at the time of the request, the injured employee shall be 18 responsible to have the case remanded to the director's 19 20 jurisdiction. Failure to file a request for review of the denial or continuation of services with the director within 21

1	fourteen calendar days after postmark of the denial or order of
2	continued services shall be deemed acceptance of the decision.
3	(h) For treatments and services by providers of service
4	other than physicians, treatment shall be in accordance with
5	subsection (a) of this section."
6	SECTION 2. Section 91-3, Hawaii Revised Statutes, is
7	amended by amending subsection (a) to read as follows:
8	"(a) Except as provided in section 386-72, and subsection
9	(f), prior to the adoption of any rule authorized by law, or the
10	amendment or repeal thereof, the adopting agency shall:
11	(1) Give at least thirty days' notice for a public
12	hearing. The notice shall include:
13	(A) A statement of the topic of the proposed rule
14	adoption, amendment, or repeal or a general
15	description of the subjects involved; [and]
16	(B) A statement that a copy of the proposed rule to
17	be adopted, the proposed rule amendment, or the
18	rule proposed to be repealed will be mailed to
19	any interested person who requests a copy, pays
20	the required fees for the copy and the postage,
21	if any, together with a description of where and
22	how the requests may be made;

1	(C)	A statement of when, where, and during what times
2		the proposed rule to be adopted, the proposed
3		rule amendment, or the rule proposed to be
4		repealed may be reviewed in person; and
5	(D)	The date, time, and place where the public

The date, time, and place where the public hearing will be held and where interested persons may be heard on the proposed rule adoption, amendment, or repeal.

The notice shall be mailed to all persons who have made a timely written request of the agency for advance notice of its rulemaking proceedings, given at least once statewide for state agencies and in the county for county agencies. Proposed state agency rules shall also be posted on the Internet as provided in section 91-2.6; and

(2) Afford all interested persons opportunity to submit data, views, or arguments, orally or in writing. The agency shall fully consider all written and oral submissions respecting the proposed rule. The agency may make its decision at the public hearing or announce then the date when it intends to make its decision. Upon adoption, amendment, or repeal of a

1	rule, the agency, if requested to do so by an
2	interested person, shall issue a concise statement of
3	the principal reasons for and against its
4	determination."
5	SECTION 3. Section 386-1, Hawaii Revised Statutes, is
6	amended by amending the definition of "employment" to read as
7	follows:
8	""Employment" means any service performed by an individual
9	for another person under any contract of hire or apprenticeship
10	express or implied, oral or written, whether lawfully or
11	unlawfully entered into. It includes service of public
12	officials, whether elected or under any appointment or contract
13	of hire express or implied.
14	"Employment" does not include the following service:
15	(1) Service for a religious, charitable, educational, or
16	nonprofit organization if performed in a voluntary or
17	unpaid capacity;
18	(2) Service for a religious, charitable, educational, or
19	nonprofit organization if performed by a recipient of
20	aid therefrom and the service is incidental to or in
21	return for the aid received;

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1	(3)	Service for a school, college, university, college
2		club, fraternity, or sorority if performed by a
3		student who is enrolled and regularly attending
4		classes and in return for board, lodging, or tuition
5		furnished, in whole or in part;

- (4) Service performed by a duly ordained, commissioned, or licensed minister, priest, or rabbi of a church in the exercise of the minister's, priest's, or rabbi's ministry or by a member of a religious order in the exercise of nonsecular duties required by the order;
- (5) Service performed by an individual for another person solely for personal, family, or household purposes if the cash remuneration received is less than \$225 during the current calendar quarter and during each completed calendar quarter of the preceding twelvementh period;
- (6) Domestic, which includes attendant care, and day care services authorized by the department of human services under the Social Security Act, as amended, performed by an individual in the employ of a recipient of social service payments;

1	(7)	Service performed without wages for a corporation
2		without employees by a corporate officer in which the
3		officer is at least a twenty-five per cent
4		stockholder;
5	[(8)	Service performed by an individual for a corporation
6		if the individual owns at least fifty per cent of the
7		corporation; provided that no employer shall require
8		an employee to incorporate as a condition of
9		employment; and]
10	(8)	Service performed by an individual who holds an
11		ownership interest of at least fifty per cent in the
12		employing unit, including but not limited to
13		corporations, partnerships, limited liability
14		companies, and limited liability partnerships;
15		<pre>provided that:</pre>
16		(A) The individual elects to be excluded from
17		coverage under this chapter and files an
18		application with the director;
19		(B) The election for exclusion shall be irrevocable
20		for five years;

1		(C) The individual presents to the director proof
2		that the individual has paid federal unemployment
3		insurance taxes as required by federal law; and
4		(D) The election to be excluded from coverage shall
5		take effect on the first day of the calendar
6		quarter in which the application and all
7		substantiating documents requested by the
8		director are filed with the director;
9	(9)	Service performed by an individual for another person
10		as a real estate salesperson or as a real estate
11		broker, if all the service performed by the individual
12		for the other person is performed for remuneration
13		solely by way of commission[-];
14	(10)	Service performed by a partner of a partnership for
15		the partnership, as defined in chapter 425, if the
16		partner is an individual; provided that no employer
17		shall require an employee to become a partner as a
18		condition of employment;
19	(11)	Service performed by a partner of a limited liability
20		partnership, if the partner is an individual and has a
21		transferable interest, as defined in section 425-127
22		in the partnership of at least fifty per cent;

1	provided that no employer shall require an employee to
2	form a limited liability partnership as a condition of
3	employment; and
4	(12) Service performed by a sole proprietor for the sole
5	proprietorship.
6	As used in this paragraph, "religious, charitable,
7	educational, or nonprofit organization" means a corporation,
8	unincorporated association, community chest, fund, or foundation
9	organized and operated exclusively for religious, charitable, or
10	educational purposes, no part of the net earnings of which inure
11	to the benefit of any private shareholder or individual."
12	SECTION 4. Section 386-21, Hawaii Revised Statutes, is
13	amended by amending subsection (c) to read as follows:
14	"(c) The liability of the employer for medical care,
15	services, and supplies shall be limited to the charges computed
16	as set forth in this section. The director shall make
17	determinations of the charges and adopt fee schedules based upon
18	those determinations. [Effective January 1, 1997, and for each
19	succeeding calendar year thereafter, the] The charges shall not
20	exceed one hundred ten per cent of fees prescribed in the
21	Medicare Resource Based Relative Value Scale system applicable
22	to Hawaii as prepared by the United States Department of Health
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- 1 and Human Services, except as provided in this subsection. The
- 2 rates or fees provided for in this section shall be adequate to
- 3 ensure at all times the standard of services and care intended
- 4 by this chapter to injured employees.
- 5 If the director determines that an allowance under the
- 6 medicare program is not reasonable, or if a medical treatment,
- 7 accommodation, product, or service existing as of June 29, 1995,
- 8 is not covered under the medicare program, the director, at any
- 9 time, may establish an additional fee schedule or schedules not
- 10 exceeding the prevalent charge for fees for services actually
- 11 received by providers of health care services to cover charges
- 12 for that treatment, accommodation, product, or service. If no
- 13 prevalent charge for a fee for service has been established for
- 14 a given service or procedure, the director shall adopt a
- 15 reasonable rate that shall be the same for all providers of
- 16 health care services to be paid for that service or procedure.
- 17 The director shall update the schedules required by this
- 18 section every three years or annually, as required. The updates
- 19 shall be based upon:
- 20 (1) Future charges or additions prescribed in the Medicare
- 21 Resource Based Relative Value Scale system applicable

	to Hawaii as prepared by the United States Department
	of Health and Human Services; or
(2)	A statistically valid survey by the director of
	prevalent charges for fees for services actually
	received by providers of health care services or based
	upon the information provided to the director by the
	appropriate state agency having access to prevalent
	charges for medical fee information.
When	a dispute exists between an insurer or self-insured
employer	and a medical services provider regarding the amount of
a fee for	medical services, the director may resolve the dispute
in a summ	ary manner as the director may prescribe; provided that
a provide	r shall not charge more than the provider's private
patient c	harge for the service rendered.
When	a dispute exists between an injured employee and the
employer	or the employer's insurer regarding the proposed
treatment	plan or whether medical services should be continued,
the injur	ed employee shall continue to receive essential medical
services	prescribed by the treating physician necessary to
prevent d	eterioration of the injured employee's condition or
further i	njury until the director issues a decision on whether
the injur	ed employee's medical treatment should be continued.
	When employer a fee for in a summ a provide patient c When employer treatment the injur services prevent d further i

- 1 The director shall make a decision within thirty days of the 2 filing of a dispute. If the director determines that medical 3 services pursuant to the treatment plan should be or should have 4 been discontinued, the director shall designate the date after 5 which medical services for that treatment plan are denied. The employer or the employer's insurer, may recover from the 6 7 claimant's personal health care provider or other appropriate occupation or non-occupational insurer, all the sums paid for 8 medical services rendered after the date designated by the 9 10 director. Under no circumstances shall the claimant be charged for the disallowed services, unless the services were obtained 11 12 in violation of section 386-98. The attending physician, 13 injured employee, employer, or insurance carrier may request in 14 writing that the director review the denial of the treatment 15 plan or the continuation of medical services." 16 SECTION 5. Section 386-25, Hawaii Revised Statutes, is 17 amended by amending subsection (b) to read as follows: 18 The director may refer employees who may have or have 19 suffered permanent disability as a result of work injuries or
- the employer has made no offer of suitable work that would

who have otherwise been deemed unable to return to their regular

jobs after they have achieved maximum medical improvement, where

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1	<u>restore</u> t	he earnings capacity as nearly as possible to that	
2	level tha	t the employee was earning at the time of injury, and	
3	who, in t	he director's opinion, can be vocationally	
4	rehabilit	ated to the department of human services or to private	
5	providers	of rehabilitation services for vocational	
6	rehabilit	ation services that are feasible. A referral shall be	
7	made upon	recommendation of the rehabilitation unit established	
8	under sec	tion 386-71.5 and after the employee has been deemed	
9	physicall	y able to participate in rehabilitation by the	
10	employee's attending physician. The unit shall include		
11	appropriate professional staff and shall have the following		
12	duties an	d responsibilities:	
13	(1)	To review and approve rehabilitation plans developed	
14		by certified providers of rehabilitation services,	
15		whether they [be] are private or public;	
16	(2)	To adopt rules consistent with this section that shall	
17		expedite and facilitate the identification,	
18		notification, and referral of industrially injured	
19		employees to rehabilitation services $[\tau]$ and establish	
20		minimum standards for providers providing	
21		rehabilitation services under this section;	

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To certify private and public providers of
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         (3)
              rehabilitation services meeting the minimum standards
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              established under paragraph (2); and
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         (4)
              To enforce the implementation of rehabilitation
              plans."
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         SECTION 6. Section 386-31, Hawaii Revised Statutes, is
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    amended to read as follows:
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         "$386-31 Total disability. (a) Permanent total
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    disability. Where a work injury causes permanent total
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    disability the employer shall pay the injured employee a weekly
    benefit equal to sixty-six and two-thirds per cent of the
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    employee's average weekly wages, subject to the following
    limitation:
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         Beginning January 1, 1975, and during each succeeding
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    twelve-month period thereafter, not more than the state average
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    weekly wage last determined by the director, rounded to the
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    nearest dollar, nor less than $38 or twenty-five per cent of the
    foregoing maximum amount, rounded to the nearest dollar,
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    whichever is higher.
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         In the case of the following injuries, the disability
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    caused thereby shall be deemed permanent and total:
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(1) The permanent and total loss of sight in both eyes; HB763 HD1 HMS 2007-2341



- 1 (2) The loss of both feet at or before the ankle;
- 2 (3) The loss of both hands at or above the wrist;
- 3 (4) The loss of one hand and one foot;
- 4 (5) An injury to the spine resulting in permanent and
- 5 complete paralysis of both legs or both arms or one
- 6 leg and one arm; or
- 7 (6) An injury to the skull resulting in incurable
- 8 imbecility or insanity.
- 9 In all other cases the permanency and totality of the
- 10 disability shall be determined on the facts. No adjudication of
- 11 permanent total disability shall be made until after two weeks
- 12 from the date of the injury.
- 13 (b) Temporary total disability. Where a work injury
- 14 causes total disability not determined to be permanent in
- 15 character, the employer, for the duration of the disability, but
- 16 not including the first three calendar days thereof, shall pay
- 17 the injured employee a weekly benefit at the rate of sixty-six
- 18 and two-thirds per cent of the employee's average weekly wages,
- 19 subject to the limitations on weekly benefit rates prescribed in
- 20 subsection (a), or if the employee's average weekly wages are
- 21 less than the minimum weekly benefit rate prescribed in

subsection (a), at the rate of one hundred per cent of the 1 employee's average weekly wages. 2 If an employee is unable to complete a regular daily work 3 shift due to a work injury, the employee shall be deemed totally 4 disabled for work for that day. 5 The employer shall pay temporary total disability benefits 6 promptly as they accrue to the person entitled thereto without 7 waiting for a decision from the director, unless this right is 8 controverted by the employer in the employer's initial report of 9 industrial injury. The first payment of benefits shall become 10 due and shall be paid no later than on the tenth day after the 11 employer has been notified of the occurrence of the total 12 disability, and thereafter the benefits due shall be paid weekly 13 except as otherwise authorized pursuant to section 386-53. 14 The payment of these benefits shall [only] be denied, 15 suspended, or terminated only upon order of the director or if 16 the employee's treating physician determines that the employee 17 is able to resume work and the employer has made a bona fide 18 offer of suitable work within the employee's medical 19 restrictions. The order shall only be issued after a full and 20 fair hearing at which the injured employee shall be provided the 21

opportunity to review the employer's evidence and present

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rebuttal evidence. When the employer is of the opinion that 1 temporary total disability benefits should be terminated 2 [because the injured employee is able to resume work], the 3 employer shall notify the employee and the director in writing 4 of an intent to terminate the benefits at least two weeks prior 5 to the date when the last payment is to be made. The notice 6 shall give the reason for stopping payment and shall inform the 7 employee that the employee may make a written request to the 8 director for a hearing if the employee disagrees with the 9 10 employer. Upon receipt of the request from the employee, the director shall conduct a hearing as expeditiously as possible 11 and render a prompt decision as specified in section 386-86[-]12 13 indicating that if temporary total disability benefits should have been discontinued and, if so, designate the date after 14 which temporary total disability benefits should have been 15 discontinued. The employer may request in writing to the 16 17 director that the director issue a credit for the amount of 18 temporary total disability benefits paid by an employer after the date which the director had determined should have been the 19 last date of payment. If the employee is unable to perform 20 21 light work, if offered, temporary total disability benefits

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(1)

1 shall not be discontinued based solely on the inability to

2 perform or continue to perform light work.

3 An employer or insurance carrier who fails to comply with

4 this section shall pay not more than \$2,500 into the special

5 compensation fund upon the order of the director, in addition to

attorney's fees and costs to the employee for enforcement of

7 this section and other penalties prescribed in section 386-92.

If the director determines, based upon a review of medical records and reports and other relevant documentary evidence, that an injured employee's medical condition may be stabilized and the employee is unable to return to the employee's regular job, the director shall issue a preliminary decision regarding the claimant's entitlement and limitation to benefits and rights under Hawaii's workers' compensation laws. The preliminary decision shall be sent to the affected employee and the employee's designated representative and the employer and the employer's designated representative and shall state that any party disagreeing with the director's preliminary findings of medical stabilization and work limitations may request a hearing within twenty days of the date of

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the decision. The director shall be available to
answer any questions during the twenty-day period from
the injured employee and affected employer. If
neither party requests a hearing challenging the
director's finding the determination shall be deemed
accepted and binding upon the parties. In any case
where a hearing is held on the preliminary findings,
any person aggrieved by the director's decision and
order may appeal under section 386-87.

A preliminary decision of the director shall inform the injured employee and the employer of the following responsibilities, benefits, and limitations on vocational rehabilitation benefits that are designed to facilitate the injured employee's early return to suitable gainful employment:

- (A) That the injured employee may invoke the employee's rights under section 378-2, 378-32, or 386-142, or all of them, in the event of unlawful discrimination or other unlawful employment practice by the employer; and
- (B) That after termination of temporary total disability benefits, an injured employee who

1	resumes work may be entitled to permanent partial
2	disability benefits, which if awarded, shall be
3	paid regardless of the earnings or employment
4	status of the disabled employee at the time.
5	(2) If the rehabilitation unit determines that an injured
6	employee is not a feasible candidate for
7	rehabilitation and that the employee is unable to
8	resume the employee's regular job, it shall promptly
9	certify the same to the director. Soon thereafter,
10	the director shall conduct a hearing to determine
11	whether the injured employee remains temporarily
12	totally disabled, or whether the employee is
13	permanently partially disabled, or permanently totally
14	disabled."
15	SECTION 7. Section 386-72, Hawaii Revised Statutes, is
16	amended to read as follows:
17	"\$386-72 Rulemaking powers. (a) In conformity with and
18	subject to chapter $91[\tau]$ and this section, the director of labor
19	and industrial relations shall make rules, not inconsistent with
20	this chapter, which the director deems necessary for or
21	conducive to its proper application and enforcement[, provided
22	that the rules were adopted prior to January 1, 2005. No rules
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adopted or amended on or after January 1, 2005, pertaining to
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    any workers' compensation standard or procedure arising under
    this chapter shall have the force and effect of law; provided,
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    however, that annual].
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         (b) Beginning June 30, 2007, the director, prior to
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    submitting any proposed adoption, amendment, or repeal of rules
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    under this chapter to the governor for approval, shall first
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    submit those proposed rules to both houses of the legislature
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    for approval. The rules shall be deemed disapproved unless the
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    legislature approves the submitted rules in their entirety by
    concurrent resolution within three hundred sixty-five days of
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    submission to the legislature. If the proposed rules are not
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    approved by the legislature as provided in this subsection, then
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    the rules may not be sent to the governor for final approval.
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         (c) Notwithstanding subsection (b), annual updates in the
    medical fee schedules specific to the amount paid to medical
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    providers as provided in section 386-21(c) may be made
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    consistent with this chapter [-] and subject solely to the
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    requirements of chapter 91."
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SECTION 8. Section 386-79, Hawaii Revised Statutes, is

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amended to read as follows:

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"§386-79 Medical examination by employer's physician.
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    After an injury and during the period of disability, the
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    employee, whenever ordered by the director [of labor and
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    industrial relations], shall submit to examination, at
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    reasonable times and places, by a duly qualified physician or
    surgeon who shall submit a report of findings to the director.
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    [The] Physicians selected to perform independent medical
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    examinations as provided by this section shall be licensed in
    Hawaii and be subject to peer review; be one who currently holds
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    and has held an active professional and occupational license
    under title 25 for the five consecutive years prior to the
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    examination, and be certified by the American Board of
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    Independent Medical Examiners or any other certification
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    orgagnization approved by the director. The independent medical
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    examiner shall be selected by mutual agreement between the
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    claimant and the employer within fourteen calendar days of a
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    request by either party for an independent medical examination;
    provided that if no mutual agreement is reached, the director is
18
19
    to provide the parties with names of three duly qualified
20
    independent medical examiners within ten calendar days from the
21
    notification of failure to reach mutual agreement, compiled and
22
    maintained by the director, to the employer and employee from
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- 1 which they must choose. If the employer and employee are unable
- 2 to choose an independent medical examiner, then the director
- 3 shall appoint one independent medical examiner from the list
- 4 provided to the employer and employee, within ten calendar days.
- 5 For these examinations, the employee shall have the right to
- 6 have a physician or surgeon designated and paid by the
- 7 [employee] employer present at the examination, which right,
- 8 however, shall not be construed to deny to the employer's
- 9 physician the right to visit the injured employee at all
- 10 reasonable times and under all reasonable conditions during
- 11 total disability.
- 12 If an employee unreasonably refuses to submit to, or in any
- 13 way obstructs [such] the independent medical examination, the
- 14 employee's right to claim compensation for the work injury
- 15 [shall] may be suspended, only upon order of the director, until
- 16 the refusal or obstruction ceases. No compensation shall be
- 17 payable for the period during which the refusal or obstruction
- 18 continues. The employee and the employee's physician may record
- 19 the examination and ask reasonable questions relating to the
- 20 examining physician's experience, education, certification, and
- 21 qualifications. Exercising these rights shall not be construed
- 22 as obstruction.



- Employer requested examinations under this section shall 1 not exceed more than one per case unless good and valid reasons 2 exist with regard to the medical progress of the employee's 3 treatment. The cost of conducting the ordered medical 4 examination shall be limited to the complex consultation charges 5 6 governed by the medical fee schedule established pursuant to section 386-21(c)." 7 SECTION 9. Section 386-94, Hawaii Revised Statutes, is 8 amended to read as follows: 9 "§386-94 Claimants' attorneys, defense attorneys, 10 11 physicians, other health care providers, and other fees. Claims 12 for services shall not be valid unless approved by the director or, if an appeal is had, by the appellate board or court 13 14 deciding the appeal. Any claim so approved shall be a lien upon 15 the compensation in the manner and to the extent fixed by the director, the appellate board, or the court. 16 17 In approving fee requests, the director, appeals board, or court may consider factors such as the attorney's skill and 18 19 experience in state workers' compensation matters, the amount of 20 time and effort required by the complexity of the case, the novelty and difficulty of issues involved, the amount of fees 21 awarded in similar cases, benefits obtained for the claimant, 22
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- 1 and the hourly rate customarily awarded attorneys possessing
- 2 similar skills and experience. In all cases, reasonable
- 3 attorney's fees shall be awarded.
- 4 Any person who receives any fee, other consideration, or
- 5 gratuity on account of services so rendered, without approval,
- 6 in conformity with the preceding paragraph, shall be fined by
- 7 the director not more than \$10,000."
- 8 SECTION 10. Section 386-96, Hawaii Revised Statutes, is
- 9 amended by amending subsection (a) to read as follows:
- 10 "(a) Any physician, surgeon, or hospital that has given
- 11 any treatment or rendered any service to an injured employee
- 12 shall make a report of the injury and treatment on forms
- 13 prescribed by and to be obtained from the department as follows:
- 14 (1) Within seven days after the date of first attendance
- or service rendered, an initial report shall be made
- 16 to the department and to the employer of the injured
- 17 employee in the manner prescribed by the department;
- 18 (2) Interim reports to the same parties and in the same
- manner as prescribed in paragraph (1) shall be made at
- 20 appropriate intervals to verify the claimant's current
- 21 diagnosis and prognosis, that the information as to
- the nature of the examinations and treatments

1		performed is complete, including the dates of those
2		treatments and the results obtained within the current
3		reporting period, the execution of all tests performed
4		within the current reporting period and the results of
5		the tests, whether the injured employee is improving,
6		worsening, or if "medical stabilization" has been
7		reached, the dates of disability, any work
8		restrictions, and the return to work date. When an
9		injured employee is returned to full-time, regular,
10		light, part-time, or restricted work, the attending
11		physician shall submit a report to the employer within
12		seven calendar days indicating the date of release to
13		work or medical stabilization; and
14	(3)	A final report to the same parties and in the same
15		manner as prescribed in paragraph (1) shall be made
16		within seven days after termination of treatment.
17	No physic	ian, surgeon, or hospital that has given any treatment
18	or render	ed any service to an injured employee shall be required
19	to provide any additional reports or treatment plans not	
20	otherwise mandated by this section."	
21	SECT	ION 11. Section 386-124, Hawaii Revised Statutes, is



amended to read as follows:

1	"§386-124 The insurance contract[-]; annual reports. (a)
2	Every policy of insurance issued by an insurer of an employer
3	referred to in section 386-1 which covers the liability of the
4	employer for compensation shall cover the entire liability of
5	the employer to the employer's employees covered by the policy
6	or contract, and provide for the deductible under section 386-
7	100, at the option of the insured. The policy also shall
8	contain a provision setting forth the right of the employees to
9	enforce in their own names either by filing a separate claim or
10	by making the insurance carrier a party to the original claim,
11	the liability of the insurance carrier in whole or in part for
12	the payment of the compensation. Payment in whole or in part of
13	compensation by either the employer or the insurance carrier
14	shall, to the extent thereof, be a bar to the recovery against
15	the other of the amount so paid.
16	All insurance policies shall be of a standard form, the
17	form to be designated and approved by the insurance
18	commissioner. No policy of insurance different in form from the
19	designated and approved form shall be approved by the director.
20	(b) Every insurer of an employer referred to in section
21	386-1 shall provide to the director and to the insurance

commissioner on or before March 1 of each calendar year, an

- 1 annual report of the costs of its policies, that includes but is
- 2 not limited to:
- 3 (1) Costs of independent medical examinations;
- 4 (2) Costs for legal services relating to administration of
- 5 claims; and
- **6** (3) Administrative costs.
- 7 All annual reports shall be of a standard form, the form to
- 8 be designated and approved by the insurance commissioner."
- 9 SECTION 12. Act 11, Special Session Laws of Hawaii 2005,
- 10 is amended by amending section 14 to read as follows:
- "SECTION 14. This Act shall take effect upon its approval;
- 12 provided that sections 2, 3, and 7 of this Act shall take effect
- 13 on January 1, 2005[; provided further that section 7 shall be
- 14 repealed on July 1, 2007, and section 386-72, Hawaii Revised
- 15 Statutes, shall be reenacted in the form in which it read on
- 16 December 31, 2004]."
- 17 SECTION 13. Statutory material to be repealed is bracketed
- 18 and stricken. New statutory material is underscored.
- 19 SECTION 14. This Act shall take effect on July 1, 2059.

Report Title:

Workers' Compensation Law

Description:

Amends workers' compensation law, including limiting an employer's ability to terminate benefits, authorizing the recovery of attorney's fees and costs by the injured employee, specifying procedures for medical examinations by the employer's physician, establishing fines for violations, requiring the reporting of denials of claims and relevant information, and further restricting the director of labor and industrial relations' rulemaking authority. (HB763 HD1)

