

House Research Act Summary

CHAPTER: 250

SESSION: 2008 Regular Session

TOPIC: Workers Compensation Advisory Council

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Overview

Contains the recommendations of the Workers' Comp Advisory Council. The changes are generally effective October 1, 2008.

Section

- 1 Employee.** Amends the definition of employee as it relates to in home care to mean personal care assistants paid under medical assistance through a fiscal intermediary. To maintain workers' compensation insurance, the employer is as designated in law by the department of human services. If the employing entity designated by the department fails to maintain workers' compensation insurance, then the department is liable for workers compensation in the event of a worker's injury or death.

Also includes as an employee a Minnesota Responds Medical Reserve Corps volunteer responding at the request of or participating in training conducted by the commissioner of health.
- 2 Employments excluded.** Makes a statutory cross reference to new independent contractor standards enacted in 2007.
- 3 Temporary total disability.** Increases the maximum weekly compensation for temporary total disability payment from \$750 to \$850 per week effective October 1, 2008, and increases from 104 to 130 the number of weeks it may be paid.
- 4 Administrators.** Changes the maximum rate for rehabilitation services to a maximum of \$91 per hour for qualified rehabilitation consultants and \$81 per hour for interns. These increases are in lieu of the October 1, 2008 annual increase.
- 5 Retraining.** Increases the 156 week limitation on filing for retraining to 208 weeks.

- 6 **Complementary and alternative health care providers.** Specifies that any service, article, or supply provided by an unlicensed complementary and alternative health care practitioner is not compensable under workers' compensation.
- 7 **Relative value fee schedule.** Strikes obsolete references and specifies the modifications to conversion factors which are adjusted annually each October 1. Directs the commissioner to adjust the conversion factors every time the relative value fee schedule tables are updated so that for services in both fee schedules there is no difference between the overall payment in each category of service under the new schedule and the overall payment for that category under the workers' compensation fee schedule most recently in effect.
- 8 **Limitation of liability.** Specifies that an employer's liability for treatment, articles, and supplies provided by a health care provider located outside of this state is limited to the payment the provider would have received if the treatment, article, or supply were paid under the workers' compensation law in the jurisdiction in which the treatment was provided.
- 9 **Requirements.** Amends the definition of qualified employer related to collective bargaining agreements to mean any employer that is self-insured for workers' compensation in compliance with chapter 176.
- 10 **Uninsured and self-insured employers; special compensation fund.** Specifies that the commissioner is not required to comply with Chapter 16C procedures before purchasing, paying for, or reimbursing the employee for compensable medical treatment, equipment, or suppliers.
- 11 **Insolvent insurer.** Directs that the Insurance Guaranty Association must pay covered claims if an insured employer, whose insurer is or becomes insolvent, and thus renders the employer liable for payment of works compensation claims, fails to pay the claims and the commissioner of commerce determines that the existing criteria in section 176.185, subd. 8a, are met or if the commissioner issues a certificate of default against the employer for failure to pay workers' compensation benefits under this chapter. The commissioner of labor and industry is directed to notify the commissioner of commerce and the Insurance Guaranty Association of any knowledge that the employer has failed to pay and will likely continue to fail to pay benefits. Provides additional notification requirements and penalties for failing to provide files and data.
- 12 **Failure to file reports.** Adds qualified rehabilitation consultants and rehabilitation vendors to the list of those subject to a \$500 penalty for failure to provide information in a timely manner.
- 13 **Receipts for payment.** Authorizes the commissioner to determine the most efficient manner of reviewing or auditing records using a statistical methodology similar to Six Sigma.
- 14 **Filing.** Allows a workers' compensation identification number assigned by the department to be used in place of a social security number.
- 15 **Service of notice.** Amends the authorization for electronic filing of documents.
- 16 **Miscellaneous rules.** Strikes a statutory reference to reflect the repeal of the section.
- 17 **Revisor instruction.** Recodes section 176.181, subdivision 2b, as section 79A.04, subdivision 3a.
- 18 **Repealers.** Repeals sections 176.1041 (Certification for Federal Tax Credit) and 176.669 (Expenses and rules).