

OKLAHOMA STATUTES
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§85-3.1. Repealed by Laws 2011, c. 318, § 87.

§85-3.2. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-3.3. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-3.4. Repealed by Laws 2011, c. 318, § 87.

§85-3.5. Repealed by Laws 2011, c. 318, § 87.

§85-3.6. Repealed by Laws 2011, c. 318, § 87.

§85-3.7. Repealed by Laws 2011, c. 318, § 87.

§85-3.8. Repealed by Laws 2011, c. 318, § 87.

§85-3.9. Repealed by Laws 2011, c. 318, § 87.

§85-3.10. Repealed by Laws 2011, c. 318, § 87.

§85-3.11. Repealed by Laws 2011, c. 318, § 87.

§85-4. Repealed by Laws 2011, c. 318, § 87.

§85-5. Repealed by Laws 2011, c. 318, § 87.

§85-6. Repealed by Laws 2011, c. 318, § 87.

§85-6.1. Repealed by Laws 2011, c. 318, § 87.

§85-7. Repealed by Laws 2011, c. 318, § 87.

§85-8. Repealed by Laws 1985, c. 266, § 8, emerg. eff. July 15, 1985.

§85-9. Repealed by Laws 2011, c. 318, § 87.

§85-11. Repealed by Laws 2011, c. 318, § 87.

§85-12. Repealed by Laws 2011, c. 318, § 87.

§85-13. Repealed by Laws 2011, c. 318, § 87.

§85-14. Repealed by Laws 2011, c. 318, § 87.

§85-14.1. Repealed by Laws 2011, c. 318, § 87.

§85-14.2. Repealed by Laws 2011, c. 318, § 87.

§85-14.3. Repealed by Laws 2011, c. 318, § 87.

§85-15. Repealed by Laws 2011, c. 318, § 87.

§85-16. Repealed by Laws 2011, c. 318, § 87.

§85-17. Repealed by Laws 2011, c. 318, § 87.

§85-21. Repealed by Laws 2011, c. 318, § 87.

§85-22. Repealed by Laws 2011, c. 318, § 87.

§85-22.1. Repealed by Laws 2011, c. 318, § 87.

§85-23. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-24. Repealed by Laws 1986, c. 222, § 32, eff. Nov. 1, 1986.

§85-24.1. Repealed by Laws 2011, c. 318, § 87.

§85-24.2. Repealed by Laws 2011, c. 318, § 87.

§85-24.3. Repealed by Laws 2011, c. 318, § 87.

§85-25. Repealed by Laws 2011, c. 318, § 87.

§85-26. Repealed by Laws 2011, c. 318, § 87.

§85-27. Repealed by Laws 1986, c. 222, § 32, eff. Nov. 1, 1986.

§85-27.1. Repealed by Laws 2011, c. 318, § 87.

§85-28. Repealed by Laws 2011, c. 318, § 87.

§85-29. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-30. Repealed by Laws 2011, c. 318, § 87.

§85-41. Repealed by Laws 2011, c. 318, § 87.

§85-41.1. Repealed by Laws 2011, c. 318, § 87.

§85-42. Repealed by Laws 2011, c. 318, § 87.

§85-43. Repealed by Laws 2011, c. 318, § 87.

§85-44. Repealed by Laws 2011, c. 318, § 87.

§85-45. Repealed by Laws 2011, c. 318, § 87.

§85-46. Repealed by Laws 2011, c. 318, § 87.

§85-47. Repealed by Laws 2011, c. 318, § 87.

§85-47.1. Repealed by Laws 2011, c. 318, § 87.

§85-48. Repealed by Laws 2011, c. 318, § 87.

§85-48.1. Repealed by Laws 2011, c. 318, § 87.

§85-49. Repealed by Laws 2011, c. 318, § 87.

§85-50. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-61. Repealed by Laws 2011, c. 318, § 87.

§85-61.1. Repealed by Laws 2011, c. 318, § 87.

§85-61.2. Repealed by Laws 2011, c. 318, § 87.

§85-62. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-63. Repealed by Laws 2011, c. 318, § 87.

§85-63.1. Repealed by Laws 2011, c. 318, § 87.

§85-63.2. Repealed by Laws 2011, c. 318, § 87.

§85-63.3. Repealed by Laws 2011, c. 318, § 87.

§85-63.4. Repealed by Laws 2011, c. 318, § 87.

§85-64. Repealed by Laws 2011, c. 318, § 87.

§85-65. Repealed by Laws 2011, c. 318, § 87.

§85-65.2. Repealed by Laws 2011, c. 318, § 87.

§85-65.3. Repealed by Laws 2011, c. 318, § 87.

§85-65.4. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-66.1. Repealed by Laws 2011, c. 318, § 87.

§85-66.2. Repealed by Laws 2011, c. 318, § 87.

§85-67.1. Repealed by Laws 2011, c. 318, § 87.

§85-67.2. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-67.3. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-69.1. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-69.2. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-69.3. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-69.5. Repealed by Laws 2011, c. 318, § 87.

§85-70.1. Repealed by Laws 1949, p. 652, § 1, emerg. eff. May 31, 1949.

§85-70.2. Repealed by Laws 1949, p. 652, § 1, emerg. eff. May 31, 1949.

§85-70.3. Repealed by Laws 1949, p. 652, § 1, emerg. eff. May 31, 1949.

§85-70.4. Repealed by Laws 1949, p. 652, § 1, emerg. eff. May 31, 1949.

§85-71. Repealed by Laws 1955, p. 495, § 2, emerg. eff. Feb. 26, 1955.

§85-72. Repealed by Laws 1939, p. 578, § 1, emerg. eff. April 12, 1939.

§85-73. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-74. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-75. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-76. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-77. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-78. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-79. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-80. Repealed by Laws 2011, c. 318, § 87.

§85-81. Repealed by Laws 2011, c. 318, § 87.

§85-82. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-83. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-84. Repealed by Laws 2011, c. 318, § 87.

§85-85. Repealed by Laws 2011, c. 318, § 87.

§85-86. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-87. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-88. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-89. Repealed by Laws 1975, c. 163, § 1, emerg. eff. May 20, 1975.

§85-90. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-91. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-92. Repealed by Laws 2011, c. 318, § 87.

§85-93. Repealed by Laws 2011, c. 318, § 87.

§85-93.1. Repealed by Laws 1991, c. 220, § 33, eff. July 1, 1991.

§85-93.2. Repealed by Laws 2011, c. 318, § 87.

§85-94. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-95. Repealed by Laws 2011, c. 318, § 87.

§85-96. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-101. Repealed by Laws 2011, c. 318, § 87.

§85-102. Renumbered as Title 85, § 24.1 by Laws 1986, c. 222, § 31, eff. Nov. 1, 1986.

§85-103. Repealed by Laws 2011, c. 318, § 87.

§85-104. Repealed by Laws 2011, c. 318, § 87.

§85-105. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-106. Repealed by Laws 2011, c. 318, § 87.

§85-107. Repealed by Laws 2011, c. 318, § 87.

§85-108. Repealed by Laws 1977, c. 234, § 62, eff. July 1, 1978.

§85-109. Repealed by Laws 2011, c. 318, § 87.

§85-110. Repealed by Laws 2011, c. 318, § 87.

§85-112. Repealed by Laws 2011, c. 318, § 87.

§85-113. Repealed by Laws 1997, c. 46, § 13, emerg. eff. April 7, 1997.

§85-121. Repealed by Laws 1951, p. 270, § 11.

§85-122. Repealed by Laws 2011, c. 318, § 87.

§85-131. Renumbered as Title 85, § 375 by Laws 2011, c. 318, § 88.

§85-131a. Renumbered as Title 85, § 376 by Laws 2011, c. 318, § 88.

§85-131b. Renumbered as Title 85, § 377 by Laws 2011, c. 318, § 88.

§85-131c. Renumbered as Title 85, § 378 by Laws 2011, c. 318, § 88.

§85-132. Renumbered as Title 85, § 379 by Laws 2011, c. 318, § 88.

§85-132a. Renumbered as Title 85, § 380 by Laws 2011, c. 318, § 88.

§85-133. Renumbered as Title 85, § 381 by Laws 2011, c. 318, § 88.

§85-134. Renumbered as Title 85, § 382 by Laws 2011, c. 318, § 88.

§85-135. Renumbered as Title 85, § 383 by Laws 2011, c. 318, § 88.

§85-135.1. Renumbered as Title 85, § 384 by Laws 2011, c. 318, § 88.

§85-136. Renumbered as Title 85, § 385 by Laws 2011, c. 318, § 88.

§85-137. Renumbered as Title 85, § 386 by Laws 2011, c. 318, § 88.

§85-138. Renumbered as Title 85, § 387 by Laws 2011, c. 318, § 88.

§85-138.1. Repealed by Laws 1993, c. 349, § 41, eff. Sept. 1, 1993.

§85-138.2. Renumbered as Title 85, § 388 by Laws 2011, c. 318, § 88.

§85-139. Renumbered as Title 85, § 389 by Laws 2011, c. 318, § 88.

§85-140. Repealed by Laws 1937, p. 492, § 18.

§85-141. Renumbered as Title 85, § 390 by Laws 2011, c. 318, § 88.

§85-142. Renumbered as Title 85, § 391 by Laws 2011, c. 318, § 88.

§85-142a. Renumbered as Title 85, § 392 by Laws 2011, c. 318, § 88.

§85-143. Repealed by Laws 1937, p. 492, § 18.

§85-144. Renumbered as Title 85, § 393 by Laws 2011, c. 318, § 88.

§85-145. Renumbered as Title 85, § 394 by Laws 2011, c. 318, § 88.

§85-146. Renumbered as Title 85, § 395 by Laws 2011, c. 318, § 88.

§85-147. Renumbered as Title 85, § 396 by Laws 2011, c. 318, § 88.

§85-148. Renumbered as Title 85, § 397 by Laws 2011, c. 318, § 88.

§85-149. Repealed by Laws 1982, c. 271, § 10, operative July 1, 1982.

§85-149.1. Renumbered as Title 85, § 398 by Laws 2011, c. 318, § 88.

§85-149.2. Renumbered as Title 85, § 399 by Laws 2011, c. 318, § 88.

§85-150. Repealed by Laws 1937, p. 492, § 18.

§85-151. Renumbered as Title 85, § 400 by Laws 2011, c. 318, § 88.

§85-152. Repealed by Laws 1978, c. 97, § 1, eff. Oct. 1, 1978.

§85-153. Repealed by Laws 1978, c. 97, § 1, eff. Oct. 1, 1978.

§85-154. Renumbered as Title 85, § 401 by Laws 2011, c. 318, § 88.

§85-171. Repealed by Laws 2011, c. 318, § 87.

§85-172. Repealed by Laws 2011, c. 318, § 87.

§85-173. Repealed by Laws 2011, c. 318, § 87.

§85-173.1. Repealed by Laws 2011, c. 318, § 87.

§85-173.2. Repealed by Laws 2011, c. 318, § 87.

§85-173.3. Repealed by Laws 2011, c. 318, § 87.

§85-174. Repealed by Laws 2011, c. 318, § 87.

§85-175. Repealed by Laws 2011, c. 318, § 87.

§85-176. Repealed by Laws 2011, c. 318, § 87.

§85-177. Repealed by Laws 2011, c. 318, § 87.

§85-178. Repealed by Laws 2011, c. 318, § 87.

§85-179. Repealed by Laws 2011, c. 318, § 87.

§85-180. Repealed by Laws 2011, c. 318, § 87.

§85-181. Repealed by Laws 1980, c. 68, § 1, emerg. eff. April 10, 1982.

§85-182. Repealed by Laws 2001, c. 277, § 10, eff. July 1, 2001.

§85-201. Repealed by Laws 2011, c. 318, § 87.

§85-201.1. Repealed by Laws 2011, c. 318, § 87.

§85-201.2. Repealed by Laws 2011, c. 318, § 87.

§85-203. Repealed by Laws 2011, c. 318, § 87.

§85-211. Repealed by Laws 2011, c. 318, § 87.

§85-301. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-302. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-303. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-304. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-305. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-306. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-307. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-308. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 37 to read as follows:

As used in the Workers' Compensation Code:

1. "Actually dependent" means a surviving spouse, a child, or any other person who receives one-half (1/2) or more of his or her support from the employee;

2. "Administrator" means the Administrator of the Workers' Compensation Court;

3. "Amount in dispute" means the dollar value of any permanent disability award granted to the employee by the Court for a disability claim which is greater than the dollar amount offered by the employer that admits compensability within twenty (20) days of the filing of the Employee's First Notice of Accidental Injury and Claim for Compensation to the employee for such disability claim, when the employer has made a written settlement offer within thirty (30) days of the employee reaching maximum medical improvement;

4. "Brother" or "sister" means a sibling of the employee under eighteen (18) years of age, eighteen (18) years of age or over and physically or mentally incapable of self-support, eighteen (18) years of age or over and actually dependent and brothers and sisters by adoption;

5. "Case management" means the ongoing coordination, by a case manager, of health care services provided to an injured or disabled worker, including, but not limited to systematically monitoring the treatment rendered and the medical progress of the injured or disabled worker; ensuring that any treatment plan follows all appropriate treatment protocols, utilization controls and practice parameters; assessing whether alternative health care services are appropriate and delivered in a cost-effective manner based upon acceptable medical standards; and ensuring that the injured or disabled worker is following the prescribed health care plan;

6. "Case manager" means a person who is a registered nurse with a current, active unencumbered license from the Oklahoma Board of Nursing, or possesses one or more of the following certifications which indicate the individual has a minimum number of years of case management experience, has passed a national competency test and regularly obtains continuing education hours to maintain certification:

- a. Certified Disability Management Specialist (CDMS),
- b. Certified Case Manager (CCM),
- c. Certified Rehabilitation Registered Nurse (CRRN),
- d. Case Manager - Certified (CMC),
- e. Certified Occupational Health Nurse (COHN), or
- f. Certified Occupational Health Nurse Specialist (COHN-S);

7. "Certified workplace medical plan" means an organization of health care providers or any other entity, certified by the State Commissioner of Health, that is authorized to enter into a contractual agreement with a self-insured employer, group self-insurance association plan, an employer's workers' compensation insurance carrier or an insured, which shall include any member of an approved group self-insured association, policyholder or public entity to provide medical care under the Workers' Compensation Code. Certified plans shall only include such plans which provide medical services and payment for services on a fee-for-service basis to medical providers and shall not include other plans which contract in some other manner, such as capitated or prepaid plans;

8. "Child" means a natural or adopted son or daughter of the employee under eighteen (18) years of age; or a natural or adopted son or daughter of an employee eighteen (18) years of age or over who is physically or mentally incapable of self-support; or any natural or adopted son or daughter of an employee eighteen (18) years of age or over who is actually dependent; or any natural or adopted son or daughter of an employee between eighteen (18) and twenty-three (23) years of age who is enrolled as a full-time student in any accredited educational institution. The term "child" includes a posthumous child, a child legally adopted or one for whom adoption proceedings are pending at the time of death, an actually dependent stepchild or an actually dependent acknowledged child born out of wedlock;

9. "Claimant" means a person who claims benefits for an injury pursuant to the provisions of the Workers' Compensation Code;

10. a. "Compensable injury" means any injury or occupational illness, causing internal or external harm to the body, which arises out of and in the course of employment if such employment was the major cause of the specific injury or illness. An injury, other than cumulative trauma, is compensable only if it is caused by a specific incident and is identifiable by time, place and occurrence unless it is otherwise defined as compensable in this act. A compensable injury must be established by objective medical evidence. The employee has the burden of proof to establish by a preponderance of the evidence that such unexpected or unforeseen injury was in fact caused by the employment. There is no presumption from the mere occurrence of such unexpected or unforeseen injury that the injury was in fact caused by the employment.
- b. "Compensable injury" means a cardiovascular, coronary, pulmonary, respiratory, or cerebrovascular accident or myocardial infarction causing injury, illness, or death, only if, in relation to other factors contributing to the physical harm, a work-related activity is the major cause of the physical harm. Such injury shall not be deemed to be a compensable injury unless it is shown that the exertion of the work necessary to precipitate the disability or death was extraordinary and unusual in comparison to the usual work of the employee, or alternately, that some unusual incident occurred which is found to have been the major cause of the physical harm.

- c. "Compensable injury" shall not include the ordinary, gradual deterioration or progressive degeneration caused by the aging process, unless the employment is a major cause of the deterioration or degeneration and is supported by objective medical evidence; nor shall it include injury incurred while engaging in or performing, or as the result of engaging in or performing, any recreational or social activities.
- d. "Compensable injury" includes personal property which is established by objective medical evidence to be medically necessary and which replaces or improves normal physical function of the body, such as artificial dentures, artificial limbs, glass eyes, eye glasses and other prostheses which are placed in or on the body and is damaged as a result of the injury.
- e. "Compensable injury" shall not include an injury resulting directly or indirectly from idiopathic causes; any contagious or infectious disease unless it arises out of and occurs in the scope and course of employment; or death due to natural causes occurring while the worker is at work.
- f. "Compensable injury" shall not include mental injury that does not arise directly as a result of a compensable physical injury, except in the case of rape or other crime of violence which arises out of and in the course of employment;

11. "Compensation" means the money allowance payable to an employee as provided for in the Workers' Compensation Code;

12. "Consequential injury" means injury or harm to a part of the body that is a direct result of the injury or medical treatment to the part of the body originally injured in the claim. The Court shall not make a finding of a consequential injury unless it is established by objective medical evidence that medical treatment for such part of the body is required;

13. "Continuing medical maintenance" means medical treatment that is reasonable and necessary to maintain claimant's condition resulting from the compensable injury or illness after reaching maximum medical improvement. Continuing medical maintenance shall not include diagnostic tests, surgery, injections, counseling, physical therapy, or pain management devices or equipment, unless specifically authorized by the Workers' Compensation Court in advance of such treatment;

14. "Court" means the Workers' Compensation Court;

15. "Cumulative trauma" means a compensable injury which is repetitive in nature and engaged in over a period of time, the major cause of which results from employment activities, and proved by objective medical evidence;

16. "Drive-away operations" include every person engaged in the business of transporting and delivering new or used vehicles by driving, either singly or by towbar, saddle mount or full mount method, or any combination thereof, with or without towing a privately owned vehicle;

17. "Employee" means any person engaged in the employment of an employer covered by the terms of the Workers' Compensation Code except for such persons as may be excluded elsewhere in this act. Provided, any person excluded as an employee may, if otherwise qualified, be eligible for benefits under the Workers' Compensation Code if specifically covered by any policy of insurance covering benefits under the Workers' Compensation Code. "Employee" shall also include a member of the Oklahoma National Guard while in the performance of duties only while in response to state orders and any authorized voluntary or uncompensated worker, rendering services as a

firefighter, peace officer or emergency management worker. "Employee" shall also include a participant in a sheltered workshop program which is certified by the United States Department of Labor;

18. "Employer", except when otherwise expressly stated, means a person, partnership, association, limited liability company, corporation, and the legal representatives of a deceased employer, or the receiver or trustee of a person, partnership, association, corporation, or limited liability company, departments, instrumentalities and institutions of this state and divisions thereof, counties and divisions thereof, public trusts, boards of education and incorporated cities or towns and divisions thereof, employing a person included within the term "employee" as defined in this section. Employer may also mean the employer's workers' compensation insurance carrier, if applicable;

19. "Employment" includes work or labor in a trade, business, occupation or activity carried on by an employer or any authorized voluntary or uncompensated worker rendering services as a firefighter, peace officer or emergency management worker;

20. "Evidence-based" means expert-based, literature-supported and outcomes validated by well-designed randomized trials when such information is available and which uses the best available evidence to support medical decision making;

21. "Gainful employment" means the capacity to perform employment for wages for a period of time that is not part-time, occasional or sporadic;

22. "Grandchild" means a child of a child;

23. "Impaired self-insurer" means a private self-insurer or group self-insurance association that fails to pay its workers' compensation obligations, or is financially unable to do so and is the subject of any proceeding under the Federal Bankruptcy Reform Act of 1978, and any subsequent amendments or is the subject of any proceeding in which a receiver, custodian, liquidator, rehabilitator, trustee or similar officer has been appointed by a court of competent jurisdiction to act in lieu of or on behalf of the self-insurer;

24. "Incapacity" means inadequate strength or ability to perform a work-related task;

25. "Independent medical examiner" means a licensed physician authorized to serve as a medical examiner pursuant to this act;

26. "Insurance carrier" shall include stock corporations, reciprocal or interinsurance associations, or mutual associations with which employers have insured, including CompSource Mutual Insurance Company, and employers permitted to pay compensation directly under the provisions of Section 351 of this title;

27. "Light duty" describes the status of an employee when a physician has declared the employee available for work with specific temporary physical restrictions;

28. "Major cause" means more than fifty percent (50%) of the resulting injury, disease or illness. A finding of major cause shall be established by a preponderance of the evidence. A finding that the workplace was not a major cause of the injury, disease or illness shall not adversely affect the exclusive remedy provisions of this act and shall not create a separate cause of action outside of this act;

29. "Maximum medical improvement" means that no further material improvement would reasonably be expected from medical treatment or the passage of time;

30. "Medical treatment" means such medical, diagnostic, surgical or other attendance or treatment, nurse and hospital service, medicine, crutches, and apparatus as may be reasonable and necessary after the compensable injury for an injured employee;

31. "Nationally recognized" includes, but is not limited to, syntheses of clinical issues that may take the form of published reports in the scientific literature, national consensus documents, formalized documents addressing standards of practice, practice parameters from professional societies or commissions, and technology assessments produced by independent evidence-based practice centers;

32. "Objective medical evidence" means evidence which meets the criteria of Federal Rule of Evidence 702 and all U.S. Supreme Court case law applicable thereto. Objective findings are those findings which cannot come under the voluntary control of the patient. When determining physical or anatomical impairment, neither a physician, any other medical provider, a judge of the Workers' Compensation Court, nor the courts may consider complaints of pain. For the purpose of making physical or anatomical impairment ratings to the spine, physicians shall use criteria established by the American Medical Association guides or modifications thereto as approved by the Legislature. Objective evidence necessary to prove physical or anatomical impairment in occupational hearing loss cases shall be established by medically recognized and accepted clinical diagnostic methodologies, including, but not limited to, audiological tests that measure air and bone conduction thresholds and speech discrimination ability. Medical opinions addressing compensability and permanent impairment must be stated within a reasonable degree of medical certainty;

33. "Occupational disease" means only that disease or illness which is due to causes and conditions characteristic of or peculiar to the particular trade, occupation, process or employment in which the employee is exposed to such disease. An occupational disease arises out of the employment only if the employment was the major cause of the resulting occupational disease and such is supported by objective medical evidence, as defined in this section;

34. "Peer review" means the process of subjecting submitted manuscripts, guidelines, or other clinical or scholarly work to the scrutiny of others who are experts in the same field;

35. "Permanent partial impairment" means any anatomical abnormality or loss of use after maximum medical improvement has been achieved which can be evaluated by a physician. Any examining physician shall only evaluate impairment in accordance with the method prescribed in Section 333 of this title. All evaluations of permanent impairment must be supported by objective medical evidence;

36. "Permanent total disability" means incapacity, because of accidental injury or occupational disease, to earn wages in any employment for which the employee may become physically suited and reasonably fitted by education, training or experience, including vocational rehabilitation. Loss of both hands, or both feet, or both legs, or both eyes, or any two thereof, shall constitute permanent total disability;

37. "Private self-insurer" means a private employer that has been authorized to self-insure its workers' compensation obligations pursuant to Section 351 of this title, but does not include group self-insurance associations authorized under Section 351 of this title or Section 398 of this title, or any public employer that self-insures pursuant to Section 313 of this title;

38. "Prosthetic device" means an artificial device used to replace a part or joint of the body that is lost or injured in an accident or illness covered by this act;

39. "Qualified independent medical examiner" means a licensed medical doctor or doctor of Osteopathy qualified to serve as an independent medical examiner pursuant to this act;

40. "Scheduled member" or "member" means hands, fingers, arms, legs, feet, toes, and eyes. In addition, for purposes of the Multiple Injury Trust Fund only, "scheduled member" means hearing impairment;

41. "Scientifically based" involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to medical testing, diagnoses and treatment; is adequate to justify the general conclusions drawn; and has been accepted by a peer-review journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review;

42. "State-developed" includes formalized treatment guidelines developed and adopted by state governments, or by the Workers' Compensation Court upon recommendation of the Physician Advisory Committee;

43. "State's average weekly wage" means the average weekly wage in this state determined by the Oklahoma Employment Security Commission annually, which shall be used to establish maximum benefits under the Workers' Compensation Code for injuries occurring during a one-year period, which period shall begin on the first day of November after publication by the Oklahoma Employment Security Commission. For the purpose of computing benefits payable under the Workers' Compensation Code, the state's average weekly wage shall be rounded to the nearest dollar;

44. "Subcontractor" means a person, firm, corporation or other legal entity hired by the general or prime contractor to perform a specific task for the completion of a work-related activity;

45. "Surgery" does not include an injection, or the forcing of fluids beneath the skin, for treatment or diagnosis;

46. "Surviving spouse" means the employee's spouse by reason of a legal marriage recognized by any state or nation or by common law, under the requirements of a common law marriage in this state, as determined by the Workers' Compensation Court;

47. "Temporary partial disability" describes the status of an injured worker who is under active medical care that is expected to improve his or her condition and who is unable to perform some of the normal activities of his or her work or is limited to a portion of his or her normal hours of employment;

48. "Treating physician" means the licensed physician authorized to provide active medical treatment for an injured worker; and

49. "Wages" means money compensation received for employment at the time of the injury, including the reasonable value of board, rent, housing, lodging, bonuses, sales commissions, or similar advantage received from the employer.

§85-309. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-310. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-311. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-312. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-313. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 38 to read as follows:

A. 1. All public entities of this state, their agencies and instrumentalities, authorities, and public trusts of which they are

beneficiaries shall provide workers' compensation to their employees and elected officials engaged in either governmental or proprietary functions in accordance with this section. Compensation or indemnification for compensation shall be paid out of the funds of the public entities.

2. Except as otherwise provided, the state and all its institutions of higher education, departments, instrumentalities, institutions, and public trusts of which it or they are beneficiaries shall insure against liability for workers' compensation.

3. The state, all state institutions of higher education except comprehensive universities, and all state departments, instrumentalities, institutions, and public trusts of which the state is a beneficiary, may self-insure.

B. All counties, cities and towns, their instrumentalities and public trusts of which they are beneficiaries shall insure against their liability for workers' compensation through any combination of the following:

1. Insure with an insurance carrier licensed in this state;
2. Self-insure and make any appropriation of funds to cover their risk;
3. Secure reinsurance or excess insurance over and above a self-insurance retention in any manner authorized by subsections B and C of Section 167 of Title 51 of the Oklahoma Statutes; or
4. Secure compensation for their employees in the manner provided in The Governmental Tort Claims Act, subsection C of Section 167 of Title 51 of the Oklahoma Statutes.

C. Boards of education, their instrumentalities and public trusts of which they are beneficiaries shall insure against their liability for workers' compensation through any combination of the following:

1. Insure with an insurance carrier licensed in this state;
 2. Self-insure and make any appropriation of funds to cover their risk;
- or
3. Secure reinsurance or excess insurance over and above a self-insured retention in any manner authorized by law.

D. Comprehensive universities shall insure against their liability for workers' compensation through any combination of the following:

1. Insure with an insurance carrier licensed in this state; or
2. Self-insure and make any appropriation of funds to cover their risk.

E. For purposes of the Workers' Compensation Code, all contracts of employment for state, county, municipal, and state funded educational entities and public trusts will be considered to have been entered into in this state regardless of where the work is performed.

F. Where a person who is employed by the state, a municipality, a county, or by any political subdivisions thereof, and who, while off-duty from the employment, is employed by a private employer, the private employer alone shall be liable for compensation under the Workers' Compensation Code for any injury or death of the person arising out of and in the course of employment which occurs during the hours of actual employment by the private employer. The provisions of this act shall be applicable to private employers specified in this subsection. The provisions of this subsection shall not relieve the state, a municipality or a county, or any political subdivision thereof, from providing disability benefits to which a person may be entitled pursuant to a pension or retirement plan. The provisions of this subsection shall not preclude an employee or group of employees so employed from providing separate compensation coverage for off-duty employment by a private employer.

§85-314. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-315. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-316. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-317. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-318. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-319. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-320. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-321. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-322. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-323. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-324. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-325. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-326. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-327. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Prior to repeal, this section was amended by Laws 2013, c. 33, § 1 to read as follows:

A. For the express purpose of reducing the overall cost of medical care for injured workers in the workers' compensation system by five percent (5%), the Administrator of the Workers' Compensation Court is hereby directed to develop a new "Oklahoma Workers' Compensation Medical Fee Schedule" to be implemented by January 1, 2012. Thereafter, the Administrator shall conduct a review of the Fee Schedule every two (2) years. The Fee Schedule shall establish the maximum rates that medical providers shall be reimbursed for medical care provided to injured workers, including, but not limited to, charges by physicians, dentists, counselors, hospitals, ambulatory and outpatient facilities, clinical laboratory services, diagnostic testing services, and ambulance services, and charges for durable medical equipment, prosthetics, orthotics, and supplies.

B. Reimbursement for medical care shall be prescribed and limited by the Fee Schedule as adopted by the Administrator, after notice and public hearing. The director of the Oklahoma State Employees Group Insurance Board shall provide the Administrator such information as may be relevant in the development of the Fee Schedule. The Administrator shall develop the Fee Schedule in a manner in which quality of medical care is assured and maintained for injured workers. The Administrator shall give due consideration to additional requirements for physicians treating an injured worker under this act, including, but not limited to, communication with claims representatives, case managers, attorneys, and representatives of employers, and the additional time required to complete forms for the Court, insurance carriers, and employers.

C. In making adjustments to the Fee Schedule, the Administrator shall use, as a benchmark, the reimbursement rate for each Current Procedural Terminology (CPT) code provided for in the fee schedule published by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services for use in Oklahoma (Medicare Fee Schedule) on August 6, 2011. For services not valued by CMS, the Administrator shall establish values based on the usual, customary and reasonable medical payments to health care providers in the same trade area for comparable treatment of a person with similar injuries.

1. No reimbursement shall be allowed for any magnetic resonance imaging (MRI) unless the MRI is provided by an entity that meets Medicare requirements for the payment of MRI services or is accredited by the American College of Radiology, the Intersocietal Accreditation Commission or the Joint Commission on Accreditation of Healthcare Organizations. For all other radiology procedures, the reimbursement rate shall be the lesser of the reimbursement rate allowed by the 2010 Oklahoma Fee Schedule or two hundred seven percent (207%) of the Medicare Fee Schedule.

2. For reimbursement of medical services for Evaluation and Management of injured employees as defined in the fee schedule adopted by the Administrator, the reimbursement rate shall not be less than one hundred fifty percent (150%) of the Medicare Fee Schedule.

3. Any entity providing durable medical equipment, prosthetics, orthotics or supplies must be accredited by a CMS-approved accreditation organization. In the event a physician provides durable medical equipment, prosthetics, orthotics, prescription drugs, or supplies to a patient ancillary to the patient visit, reimbursement will be no more than ten percent (10%) above cost.

4. The Administrator shall develop a reasonable stop loss provision of the Fee Schedule to provide for adequate reimbursement for treatment for major burns, severe head and neurological injuries, multiple system injuries, and other catastrophic injuries requiring extended periods of intensive care.

D. The right to recover charges for every type of medical care for injuries arising out of and in the course of covered employment as defined in this act shall lie solely with the Workers' Compensation Court and its administration. When a medical care provider has brought a claim in the Court to obtain payment for services, a party who prevails in full on the claim shall be entitled to a reasonable attorney fee.

E. Nothing in this section shall prevent an employer, insurance carrier, group self-insurance association, or certified workplace medical plan from contracting with a provider of medical care for a reimbursement rate that is greater than or less than limits established by the Fee Schedule.

F. A treating physician may not charge more than Four Hundred Dollars (\$400.00) per hour for preparation for or testimony at a deposition or court appearance in connection with a claim covered by the Workers' Compensation Code.

G. The Administrator's review of medical and treatment charges pursuant to this section shall be conducted pursuant to the Fee Schedule in existence at the time the medical care or treatment was provided. The order approving the medical and treatment charges pursuant to this section shall be enforceable by the Court in the same manner as provided in the Workers' Compensation Code for the enforcement of other compensation payments. Any party feeling aggrieved by the order, decision or award of the Administrator shall, within ten (10) days, have the right to request a hearing on such medical and treatment charges by a judge of the Court. The judge of the Court may affirm the decision of the Administrator, or reverse or modify the decision only if it is found to be contrary to the Fee Schedule existing at the time the medical care or treatment was provided. The order of the judge

shall be subject to the same appellate procedure set forth for all other orders of the Court.

H. Charges for prescription drugs dispensed by a pharmacy shall be limited to ninety percent (90%) of the average wholesale price of the prescription, plus a dispensing fee of Five Dollars (\$5.00) per prescription. "Average wholesale price" means the amount determined from the latest publication designated by the Administrator. Physicians shall prescribe and pharmacies shall dispense generic equivalent drugs when available. If the National Drug Code (NDC) for the drug product dispensed is for a repackaged drug, then the maximum reimbursement shall be the lesser of the original labeler's NDC or the lowest cost therapeutic equivalent drug product. Compounded medications shall be billed by the compounding pharmacy at the ingredient level, with each ingredient identified using the applicable NDC of the drug product, and the corresponding quantity. Ingredients with no NDC area are not separately reimbursable. Payment shall be based upon a sum of the allowable fee for each ingredient plus a dispensing fee of Five Dollars (\$5.00) per prescription.

I. When medical care includes prescription drugs dispensed by a physician or other medical care provider, the employer or insurance carrier shall be required to pay the lesser of the reimbursement amount specified under the schedule of fees adopted by the Administrator, the reimbursement amount for prescription drugs obtained by mail order, when mail order is available, or the reimbursement amount for prescription drugs obtained at a retail pharmacy. If the NDC for the drug product dispensed is for a repackaged drug, then the maximum reimbursement shall be the lesser of the original labeler's NDC or the lowest cost therapeutic equivalent drug product. Compounded medications shall be billed by the compounding pharmacy.

J. Implantables are paid in addition to procedural reimbursement paid for medical or surgical services. A manufacturer's invoice for the actual cost to a physician, hospital, or other entity of an implantable device shall be adjusted by the physician, hospital or other entity to reflect, at the time implanted, all applicable discounts, rebates, considerations and product replacement programs and must be provided to the payer by the physician or hospital as a condition of payment for the implantable device. In the event the physician, or an entity that the physician has a financial interest in, other than an ownership interest of less than five percent (5%) in a publicly traded company provides implantable devices, this relationship must be disclosed to patient, employer, insurance company, third party administrator, certified workplace medical plan, case managers, and attorneys representing claimant and defendant. In the event the physician, or an entity that the physician has a financial interest in, other than an ownership interest of less than five percent (5%) in a publicly traded company, buys and resells implantable devices to the hospital or another physician, that markup shall be limited to ten percent (10%) above cost.

K. Payment for medical care as required by this act shall be due within forty-five (45) days of the receipt by the employer or insurance carrier of a complete and accurate invoice, unless the employer or insurance carrier has a good faith reason to request additional information about such invoice. Thereafter, a judge of the Court may assess a penalty up to twenty-five percent (25%) for any amount due under the Fee Schedule that remains unpaid upon the finding by the Court that no good faith reason existed for the delay in payment. In the event the Court finds a pattern of an employer or insurance carrier willfully and knowingly delaying payments for medical care, the Court may assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) per occurrence.

L. In the event an employee fails to appear for a scheduled appointment with a physician, the employer or insurance company shall pay to the

physician a reasonable charge, to be determined by the Administrator, for the missed appointment. In the absence of a good faith reason for missing the appointment, the Court shall order the employee to reimburse the employer or insurance company for such charge.

M. Physicians providing treatment under this act shall disclose under penalty of perjury to the Administrator of the Workers' Compensation Court, on a form prescribed by the Administrator, any ownership or interest in any health care facility, business, or diagnostic center that is not the physician's primary place of business. Such disclosure shall include any employee leasing arrangement between the physician and any health care facility that is not the physician's primary place of business. A physician's failure to disclose as required by this section shall be grounds for the Administrator to disqualify the physician from providing treatment under this act.

§85-328. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 39 to read as follows:

A. If a self-insured employer, group self-insurance association plan, an employer's workers' compensation insurance carrier or an insured, which shall include any member of an approved group self-insured association, policyholder or public entity, has contracted with a workplace medical plan that is certified by the State Commissioner of Health as provided in this act, the employer shall select for the injured employee a treating physician from the physicians listed within the network of the certified workplace medical plan. The claimant may apply to the certified workplace medical plan for a one-time change of physician to another appropriate physician within the network of the certified workplace medical plan by utilizing the dispute resolution process set out in the certified workplace medical plan on file with the State Department of Health. Notwithstanding any other provision of law, those employees who are subject to such certified workplace medical plan shall receive medical treatment in the manner prescribed by the plan.

B. The provisions of this section shall not preclude an employee, who has exhausted the dispute resolution process of the certified workplace medical plan, from petitioning the Workers' Compensation Court for a change of treating physician within the certified workplace medical plan or, if a physician who is qualified to treat the employee's injuries is not available within the plan, for a change of physician outside the plan, if the physician agrees to comply with all the rules, terms and conditions of the certified workplace medical plan; or an employee from seeking emergency medical treatment.

C. Any person or entity may make written application to the State Commissioner of Health to have a workplace medical plan certified that provides management of quality treatment to injured employees for injuries and diseases compensable under the Workers' Compensation Code. Each application for certification shall be accompanied by a fee of One Thousand Five Hundred Dollars (\$1,500.00). A workplace medical plan may be certified to provide services to a limited geographic area. A certificate is valid for a five-year period, unless revoked or suspended. Application for certification shall be made in the form and manner and shall set forth information regarding the proposed program for providing services as the Commissioner may prescribe. The information shall include, but not be limited to:

1. A list of the names of all medical providers who will provide services under the plan, together with appropriate evidence of compliance

with any licensing or certification requirements for those providers to practice in this state; and

2. A description of the places and manner of providing services under the plan.

D. 1. The Commissioner shall not certify a plan unless the Commissioner finds that the plan:

- a. proposes to provide quality services for all medical services which:
 - (1) may be required by the Workers' Compensation Code in a manner that is timely, effective and convenient for the employee, and
 - (2) utilizes medical treatment guidelines and protocols substantially similar to those established for use by medical service providers which have been recommended by the Physician Advisory Committee and adopted by the Administrator pursuant to this act. If the Administrator has not adopted medical treatment guidelines and protocols, the Commissioner may certify a plan that utilizes medical guidelines and protocols established by the plan if, at the discretion of the Commissioner, the guidelines and protocols are reasonable and will carry out the intent of the Workers' Compensation Code. Certified plans must utilize medical treatment guidelines and protocols substantially similar to those adopted by the Administrator pursuant to this act, as such guidelines and protocols become adopted,
- b. is reasonably geographically convenient to residents of the area for which it seeks certification,
- c. provides appropriate financial incentives to reduce service costs and utilization without sacrificing the quality of service,
- d. provides adequate methods of peer review, utilization review and dispute resolution to prevent inappropriate, excessive or medically unnecessary treatment, and excludes participation in the plan by those providers who violate these treatment standards,
- e. requires the dispute resolution procedure of the plan to include a requirement that disputes on an issue, including a subsequent change of physician as described in the provisions of this section, related to medical care under the plan, be attempted to be resolved within ten (10) days of the time the dispute arises and if not resolved within ten (10) days, the employee may pursue remedies in the Court,
- f. provides aggressive case management for injured employees and a program for early return to work,
- g. provides workplace health and safety consultative services,
- h. provides a timely and accurate method of reporting to the Commissioner necessary information regarding medical service costs and utilization to enable the Commissioner to determine the effectiveness of the plan,
- i. authorizes necessary emergency medical treatment for an injury provided by a provider of medical, surgical, and hospital services who is not a part of the plan,
- j. does not discriminate against or exclude from participation in the plan any category of providers of medical, surgical, or hospital services and includes an adequate number of each category of providers of medical, surgical, and hospital

services to give participants access to all categories of providers and does not discriminate against ethnic minority providers of medical services, and

- k. complies with any other requirement the Commissioner determines is necessary to provide quality medical services and health care to injured employees.

2. The Commissioner may accept findings, licenses or certifications of other state agencies as satisfactory evidence of compliance with a particular requirement of this section.

E. If any insurer fails to contract with or provide access to a certified workplace medical plan, an insured, after sixty (60) days' written notice to its insurance carrier, shall be authorized to contract independently with a plan of his or her choice for a period of one (1) year, to provide medical care under the Workers' Compensation Code. The insured shall be authorized to contract, after sixty (60) days' written notice to its insurance carrier, for additional one-year periods if his or her insurer has not contracted with or provided access to a certified workplace medical plan.

F. A workers' compensation insurance carrier or a group self-insurance association plan may grant a ten-percent premium reduction to an employer who is not experience rated when the employer participates in a certified workplace medical plan.

G. The Commissioner shall refuse to certify or shall revoke or suspend the certification of a plan if the Commissioner finds that the program for providing medical or health care services fails to meet the requirements of this section, or service under the plan is not being provided in accordance with the terms of the plan.

H. The State Commissioner of Health shall implement a site visit protocol for employees of the State Department of Health to perform an inspection of a certified workplace medical plan to ensure that medical services to a claimant and the medical management of the claimant's needs are adequately met in a timely manner and that the certified workplace medical plan is complying with all other applicable provisions of this act and the rules of the State Department of Health. Such protocol shall include, but not be limited to:

1. A site visit shall be made to each certified workplace medical plan not less often than once every year, but not later than thirty (30) days following the anniversary date of issuance of the initial or latest renewal certificate;

2. A site visit shall conclude with a determination that a certified workplace medical plan is or is not operating in accordance with its latest application to the State Department of Health;

3. Compliant operations shall include, but not be limited to:

- a. timely and effective medical services available with reasonable geographic convenience,
- b. appropriate treatment guidelines and protocols, and
- c. effective programs for utilization review, case management, grievances, and dispute resolution;

4. Performance of a site visit shall include:

- a. inspection of organizational documentation,
- b. inspection of systems documentation and processes,
- c. random or systematic sampling of closed and open case management cases (files),
- d. random or systematic sampling, or a one-hundred-percent inspection of all dispute resolution, grievance, and Department of Health request for assistance files,
- e. workplace medical plan employee and management interviews, as appropriate;

5. An initial site visit may occur with an interval of less than twelve (12) months to a recently certified plan, or a site visit may occur more often than once in every twelve (12) months if the State Commissioner of Health has reason to suspect that a plan is not operating in accordance with its certification;

6. If a deficient practice is identified during a site visit, the State Department of Health shall require a certified workplace medical plan to submit a timely and acceptable written plan of correction, and then may perform a follow-up visit or visits to ensure that the deficient practice has been eliminated;

7. A deficient practice that is not remedied by a certified workplace medical plan on a timely basis shall require the State Commissioner of Health to revoke or to suspend the certification of a plan;

8. The fees payable to the State Department of Health shall be:

- a. One Thousand Five Hundred Dollars (\$1,500.00) for an initial, annual site visit,
- b. One Thousand Dollars (\$1,000.00) if a follow-up visit is performed,
- c. separate from the once in five (5) years certification application fee, and
- d. charged only if less than two site visits occur in a twelve-month period; and

9. In addition to the site visit fee, employees of the State Department of Health may charge to the certified workplace medical plan reasonable travel and travel-related expenses for the site visit such as overnight lodging and meals. A certified workplace medical plan shall reimburse travel expenses to the State Department of Health at rates equal to the amounts then currently allowed under the State Travel Reimbursement Act.

I. The State Board of Health shall adopt such rules as may be necessary to implement the provisions of this act and this section. Such rules shall authorize any person to petition the State Commissioner of Health for decertification of a certified workplace medical plan for material violation of any rules promulgated pursuant to this section.

§85-329. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-330. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-331. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-332. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-333. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-334. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-335. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-336. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-337. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-338. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-339. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.
NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 40 to read as follows:

A. If the employee and employer shall reach an agreement for the full, final and complete settlement of any issue of a claim pursuant to the Workers' Compensation Code, a form designated as "Compromise Settlement" shall be signed by both the employer and employee, or representatives thereof, and shall be approved by a judge of the Workers' Compensation Court or the Administrator of the Workers' Compensation Court and filed with the Administrator. In cases in which the employee is not represented by legal counsel, a judge of the Court or the Administrator shall have jurisdiction to approve a full, final and complete settlement of any issue upon the filing of an Employer's First Notice of Injury. There shall be no requirement for the filing of an Employee's First Notice of Accidental Injury and Claim for Compensation to effect such settlement in cases in which the employee is not represented by legal counsel.

B. In the event all issues of a claim are not fully, finally and completely settled by a Compromise Settlement, the issues not settled by the parties and subject to the Court's continuing jurisdiction must be noted by appendix to the Compromise Settlement or on a form created for such purpose by the Administrator. The appendix must be signed by the parties and approved by the Court as set forth herein.

C. In the absence of fraud, a Compromise Settlement shall be deemed binding upon the parties thereto and a final adjudication of all rights pursuant to the Workers' Compensation Code. An official record shall be made by a court reporter of the testimony taken to effect the Compromise Settlement.

D. A good-faith effort shall be made on the part of any insurance carrier or group self-insured plan to notify an insured employer of the possibility of and terms of any settlement of a workers' compensation case pursuant to this section. Written comments or objections to settlements shall be filed with the Court and periodically shared with the management of the applicable insurer. A written notice shall be made to all policyholders of their right to a good-faith effort by their insurer to notify them of any proposed settlement, if the policyholder so chooses.

§85-340. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-341. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-342. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-343. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-344. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-345. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-346. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-347. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-348. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-349. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-350. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-351. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-352. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 41 to read as follows:

A. In addition to any other penalty prescribed by law, any employer who fails to secure compensation required by Section 351 of this title shall be liable for a civil penalty, to be assessed by the Commissioner of Labor or designee, of not more than Two Hundred Fifty Dollars (\$250.00) per employee for a first offense, unless the employer secures workers' compensation insurance within thirty (30) days after receiving notice of the violation. If the employer secures workers' compensation insurance within thirty (30) days after receiving notice of the violation, the employer shall be liable for a civil penalty of not more than Seventy-five Dollars (\$75.00) per employee. An employer shall be liable for a civil penalty of not more than One Thousand Dollars (\$1,000.00) per employee for a second or subsequent offense. Provided, the maximum civil penalty shall not exceed Ten Thousand Dollars (\$10,000.00) for all related series of violations. All civil penalties collected shall be deposited in the Department of Labor Revolving Fund and shall be used to enforce the provisions of the Workers' Compensation Code.

B. After an employer is cited for two offenses of failing to obtain workers' compensation insurance and fails to obtain coverage within thirty (30) days of the second citation, the Commissioner of Labor shall issue cease and desist orders, in accordance with the Department of Labor administrative rules and procedures, against an employer until the violating employer shall obtain workers' compensation insurance for its employees. The Commissioner of Labor shall have the authority to require the cessation of activities of an employer whose employees are not covered by workers' compensation insurance until the violating employer shall obtain workers' compensation insurance for its employees; provided that an employer who has made application for workers' compensation coverage with an insurance carrier, and who, through no fault of the employer, has not received notice that such coverage has commenced, shall not be made to cease operations, as provided for in this section, until a determination has been made concerning the employee's application for workers' compensation coverage. Any order to cease and desist issued by the Commissioner may be enforced in district court. The district court may issue the Commissioner an injunction without bond, for the purposes of enforcing this section.

C. The Commissioner of Labor or designee shall assess and collect any civil penalty incurred under subsection A of this section and, in the Commissioner's discretion, may remit, mitigate or negotiate the penalty. In determining the amount of the penalty to be assessed, or the amount agreed upon in any negotiation, consideration shall be given to the appropriateness of such penalty in light of the life of the business of the employer charged, the gravity of the violation, and the extent to which the employer charged has complied with the provisions of Section 351 of this title or has otherwise attempted to remedy the consequences of the violation.

§85-353. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-354. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-355. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-356. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-357. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-358. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-359. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-360. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-361. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-362. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-363. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-364. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-365. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-366. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-367. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-368. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-369. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-370. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-371. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-372. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-373. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 42 to read as follows:

A. There is hereby created a Physician Advisory Committee comprised of nine (9) members to be appointed as follows:

1. The Governor shall appoint three members, one of whom shall be licensed in this state as a doctor of medicine and surgery, one of whom shall

be engaged in the practice of family medicine in a rural community of the state, and one of whom shall be an osteopathic physician;

2. The President Pro Tempore of the Senate shall appoint three members, one of whom shall be licensed in this state as a doctor of medicine and orthopedic surgery, one of whom shall be licensed in this state either as a doctor of medicine or a doctor of osteopathy and a neurosurgeon, and one of whom shall be licensed in this state as a podiatric physician; and

3. The Speaker of the House of Representatives shall appoint three members, one of whom shall be licensed in this state as an osteopathic physician, one of whom shall be licensed in this state either as a doctor of medicine or a doctor of osteopathy and shall be engaged in the practice of occupational medicine, and one of whom shall be licensed in this state as a chiropractic physician.

The terms of members serving on the effective date of this act shall end on the effective date of this act. Thereafter, each position will be filled by the appointing official for a term of three (3) years. Members shall be subject to reappointment, with any new appointee to serve out the remainder of the unexpired term of the Committee member so replaced.

B. The Committee shall:

1. Assist and advise the Administrator of the Workers' Compensation Court regarding utilization review as it relates to the medical practice and treatment of work-related injuries. Such utilization review shall include a review of reasonable and necessary medical treatment; abusive practices; needless treatments, testing, or procedures; or a pattern of billing in excess of or in violation of the Schedule of Medical Fees. The Physician Advisory Committee shall review and make findings and recommendations to the Administrator with respect to charges of inappropriate or unnecessary treatment or procedures, abusive practices, or excessive billing disclosed through utilization review;

2. Assist the Administrator in reviewing medical practices of health care providers, including evaluations of permanent impairment provided by health care providers. The Committee shall review and make findings and recommendations to the Administrator with respect to charges of abusive practices by health care providers providing medical services or evaluations of permanent impairment through the workers' compensation system;

3. After public hearing, review and make recommendations for acceptable deviations from the American Medical Association's "Guides to the Evaluation of Permanent Impairment";

4. After public hearing, review and make recommendations to the Administrator for an alternative method or system to evaluate permanent impairment that shall be used in place of or in combination with the American Medical Association's "Guides to the Evaluation of Permanent Impairment". Appropriate and scientific data shall be considered;

5. After public hearing, adopt Oklahoma Treatment Guidelines and protocols for medical treatment not addressed by the current edition of the Official Disability Guidelines or addressed but not recommended in the ODG section in regard to injuries to the cervical, thoracic, and lumbar spine. The Oklahoma Treatment Guidelines shall be adopted on or before March 1, 2012, and shall remain in full force and effect until superseded.

- a. The OTG shall be based upon evidence based medicine and scientifically based and nationally peer reviewed literature and shall include treatment for the top fifteen (15) medically-recognized conditions (ICD-9 or successor codes).
- b. When completed, the OTG shall be submitted to the Oklahoma Workers' Compensation Advisory Council for review. After due notice and public hearing, the Council shall issue a report to the Administrator concerning the OTG submitted. After due

notice and public hearing, the Administrator shall adopt or reject the proposal submitted. The OTG shall be submitted by the Administrator to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate within ten (10) legislative days following adoption. The OTG submitted shall be subject to disapproval by joint or concurrent resolution of the Legislature during the legislative session in which submitted. If disapproved, the existing treatment guidelines shall continue in effect. If the Legislature takes no action on the OTG submitted by the Administrator, the OTG shall become operative thirty (30) days following the adjournment of the Legislature;

6. After public hearing, adopt Oklahoma Treatment Guidelines for the prescription and dispensing of any controlled substance included in Schedule II of the Uniform Controlled Dangerous Substances Act if not addressed by the current edition of the Official Disability Guidelines;

7. Review utilization on cases or of providers when requested by any employer, injured employee or insurer. The Committee may issue a public or private censure to any provider for utilization which is excessive or inadequate, or recommend the Court order treatment within the treatment guidelines;

8. Provide general recommendations to the judges of the Court on the issues of injury causation and apportionment;

9. Conduct educational seminars for the judges of the Court, employers, employees, and other interested parties;

10. Assist the judges of the Court in accessing medical information from scientific literature; and

11. Report its progress annually to the Governor, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives.

C. The Court shall be bound by treatment guidelines of the latest edition of the Official Disability Guidelines or the Oklahoma Treatment Guidelines.

D. Members of the Physician Advisory Committee shall receive no compensation for serving on the Committee but shall be reimbursed by the Court for their necessary travel expenses incurred in the performance of their duties in accordance with the State Travel Reimbursement Act.

E. Meetings of the Physician Advisory Committee shall be called by the Administrator but held at least quarterly. The presence of a simple majority of the members constitutes a quorum. No action shall be taken by the Physician Advisory Committee without the affirmative vote of at least a simple majority of the members.

F. The Administrator shall provide office supplies and personnel of the Court to assist the Committee in the performance of its duties.

G. Upon written request, the Insurance Commissioner and every approved self-insured employer in Oklahoma shall provide the Committee with data necessary to the performance of its duties.

H. Any health care provider acting in good faith and within the scope of the provider's duties as a member of the Physician Advisory Committee shall be immune from civil liability for making any report or other information available to the judges of the Court or to the Administrator or for assisting in the origination, investigation, or preparation of the report or other information so provided.

§85-374. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-375. Renumbered as § 376.1 of this title by Laws 2013, c. 254, § 54.

§85-375.1. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.2. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.3. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.4. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.5. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.6. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.7. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.8. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.9. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.10. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.11. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.12. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-375.13. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-376. Renumbered as § 376.2 of this title by Laws 2013, c. 254, § 54.

§85-376.1. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-376.2. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-377. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-378. Repealed by Laws 2013, c. 254, § 52.

§85-379. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-380. Renumbered as § 85.70 of Title 74 by Laws 2024, c. 256, § 3, eff. July 1, 2024.

§85-381. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-382. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-383. Repealed by Laws 2014, c. 236, § 1, emerg. eff. May 6, 2014.

§85-384. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-385. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-386. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-387. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-388. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-389. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015 and by Laws 2014, c. 236, § 2, emerg. eff. May 6, 2014.

§85-390. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-391. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-392. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-393. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-394. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-395. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-396. Repealed by Laws 2022, c. 304, § 3, eff. Nov. 1, 2022.

§85-397. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-398. Group self-insurers.

A. The Workers' Compensation Court shall adopt rules permitting two or more employers not otherwise subject to the provisions of Section 2b of this title to pool together liabilities under this act for the purpose of qualifying as a group self-insurer and each such employer shall be classified as a self-insurer.

B. The Court shall approve the distribution of all undistributed policyholders' surplus of a Workers' Compensation Self-Insurance Program if the Program complies with the following criteria:

1. Has been in business for at least five (5) years;
2. Has its financial statements audited by a public accounting firm which audits at least one corporate client which has assets in

excess of One Billion Dollars (\$1,000,000,000.00) and on which the accounting firm has issued an unqualified opinion as to the fair presentation of the financial position of the Program showing adequate solvency and reserves; and

3. Is in compliance with the provisions of this title and all other regulations as required by the Court.

C. A group self-insurer created pursuant to this section either prior to or after the effective date of this act shall not be subject to the provisions of the Oklahoma Uniform Securities Act of 2004.

Added by Laws 1981, c. 256, § 3, emerg. eff. June 25, 1981. Amended by Laws 1990, c. 264, § 123, operative July 1, 1990; Laws 1990, c. 260, § 58, operative July 1, 1990; Laws 1996, c. 363, § 12, eff. Nov. 1, 1996. Renumbered from § 149.1 of this title by Laws 2011, c. 318, § 88. Amended by Laws 2022, c. 77, § 51, eff. Nov. 1, 2022.

§85-399. Self-insurance associations - Pooling of liabilities.

The Workers' Compensation Court shall adopt rules permitting two or more group self-insurance associations to pool their liabilities under this act for the purpose of providing such group self-insurance associations specific and aggregate excess insurance. Added by Laws 1986, c. 222, § 30, eff. Nov. 1, 1986. Renumbered from Title 85, § 149.2 by Laws 2011, c. 318, § 88.

§85-400. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-401. Repealed by Laws 2013, c. 254, § 53, eff. Jan. 1, 2015.

§85-402. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-403. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 47 to read as follows:

A. There is hereby created, for the purposes declared in this act, the "Multiple Injury Trust Fund" to be derived from the following sources:

1. As soon as practicable after January 1 of each year, the Administrator of the Workers' Compensation Court shall establish an assessment rate applicable to each mutual or interinsurance association, stock company, or other insurance carrier writing workers' compensation insurance in this state, each employer carrying its own risk, and each group self-insurance association, for amounts for purposes of computing the assessment authorized by this section necessary to pay the annual obligations of the Multiple Injury Trust Fund determined on or before December 31 of each year by the MITF Director to be outstanding for the next calendar year, and to pay the allocations provided for in subsection I of this section. The rate shall be equal for all parties required to pay the assessment. The Board of Directors for CompSource Mutual Insurance Company shall have the power to disapprove the rate established by the MITF Director until the Multiple Injury Trust Fund repays in full the amount due on any loan from CompSource Mutual Insurance Company or its predecessor CompSource Oklahoma.

If the MITF Director and CompSource Mutual Insurance Company have not agreed on the assessment rate within thirty (30) days, the Administrator of the Workers' Compensation Court shall set an assessment rate sufficient to cover all foreseeable obligations of the Multiple Injury Trust Fund, including interest and principal owed by the Fund on any loan. The rate in effect on the effective date of this act shall remain effective through June 30, 2012;

2. The Oklahoma Tax Commission shall assess and collect from any uninsured employer a temporary assessment at the rate of five percent (5%) of the total compensation for permanent total disability awards, permanent partial impairment awards, and death benefits paid out during each quarter of the calendar year by the employers;

3. The assessments shall be paid to the Tax Commission. Insurance carriers, self-insurers and group self-insurance associations shall pay the assessment in four equal installments not later than the fifteenth day of the month following the close of each quarter of the calendar year of the assessment. Assessments shall be determined based upon gross direct written premiums, normal premiums or actual paid losses of the paying party, as applicable, during the calendar quarter for which the assessment is due. Uninsured employers shall pay the assessment not later than the fifteenth day of the month following the close of each quarter of the calendar year of the assessment. For purposes of this section, "uninsured employer" means an employer required by law to carry workers' compensation insurance but who has failed or neglected to do so. Only one-third (1/3) of assessments against insurance carriers may be charged to policyholders and shall not be considered in determining whether any rate is excessive. The remaining two-thirds (2/3) of assessments against insurance carriers may not be included in any rate, premium, charge, fee, assessment or other amount to be collected from a policyholder. Insurance carriers shall not separately state the amount of the assessment on any invoice or billing assessment.

a. The assessment authorized in this section shall be determined using a rate equal to the proportion that the sum of the outstanding obligations of the Multiple Injury Trust Fund as determined pursuant to paragraph 1 of this subsection and the allocations provided for in subsection I of this section bear to the combined gross direct written premiums of all such insurers; all actual paid losses of all individual self-insureds; and the normal premium of all group self-insurance associations, for the year period from January 1 to December 31 preceding the assessment.

b. For purposes of this subsection:

- (1) "actual paid losses" means all medical and indemnity payments, including temporary disability, permanent disability, and death benefits, and excluding loss adjustment expenses and reserves, and
- (2) "normal premium" means a standard premium less any discounts;

4. By April 15 of each year, the Insurance Commissioner, the MITF Director, and each individual and group self-insured shall provide the Administrator with such information as the Administrator may determine is necessary to effectuate the purposes of this section;

5. Each mutual or interinsurance association, stock company, or other insurance carrier writing workers' compensation insurance in this state, and each employer carrying its own risk, including each group self-insurance association, shall be notified by the Administrator in writing of the rate for the assessment on or before May 1 of each year in which a rate is determined. The rate determined by the Administrator shall be in effect for

four calendar quarters beginning July 1 following determination by the Administrator;

6. a. No mutual or interinsurance association, stock company, or other insurance carrier writing workers' compensation insurance in this state, may be assessed in any year an amount greater than six percent (6%) of the gross direct written premiums of that insurer.
- b. No employer carrying its own risk may be assessed in any year an amount greater than six percent (6%) of the total actual paid losses of that individual self-insured.
- c. No group self-insurance association may be assessed in any year an amount greater than six percent (6%) of the normal premium of that group self-insurance association.
- d. If the maximum assessment does not provide in any one year an amount sufficient to make all necessary payments for obligations of the Multiple Injury Trust Fund and for the allocations provided for in subsection I of this section, the unpaid portion shall be paid as soon thereafter as funds become available.

B. The Multiple Injury Trust Fund is hereby authorized to receive and expend monies appropriated by the Legislature.

C. It shall be the duty of the Tax Commission to collect the payments provided for in this act. The Tax Commission is hereby authorized to bring an action for the recovery of any delinquent or unpaid payments required in this section.

D. Any mutual or interinsurance association, stock company, or other insurance company, which is subject to regulation by the Insurance Commissioner, failing to make payments required in this act promptly and correctly, and failing to report payment of the same to the Insurance Commission within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Insurance Commissioner.

E. Any employer carrying its own risk, or group self-insurance association failing to make payments required in this act promptly and correctly, and failing to report payment of the same to the Administrator within ten (10) days of payment shall be subject to administrative penalties as allowed by law, including but not limited to a fine in the amount of Five Hundred Dollars (\$500.00) or an amount equal to one percent (1%) of the unpaid amount, whichever is greater, to be paid to the Administrator.

F. 1. On or before the first day of April of each year, the State Treasurer shall advise the Administrator, the MITF Director and the Tax Commission of the amount of money held as of March 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund. On or before the first day of November of each year, the State Treasurer shall advise the Administrator, the Board of Managers of CompSource Oklahoma and the Tax Commission of the amount of money held as of October 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund.

2. Until such time as the Multiple Injury Trust Fund fully satisfies any loan obligation payable to CompSource Mutual Insurance Company or its predecessor CompSource Oklahoma, the State Treasurer shall:

- a. advise the Chief Executive Officer of CompSource Mutual Insurance Company on or before the first day of April of the money held as of March 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund, and

- b. advise the Chief Executive Officer of CompSource Mutual Insurance Company on or before the first day of November of the money held as of October 1 of that year by the State Treasurer to the credit of the Multiple Injury Trust Fund.

G. Eighty percent (80%) of all sums held by the State Treasurer to the credit of the Multiple Injury Trust Fund may by order of the MITF Director, with the approval of the Insurance Commissioner, be invested in or loaned on the pledge of any of the securities in which a state bank may invest the monies deposited therein by the State Treasurer; or may be deposited in state or national banks or trust companies upon insured time deposit bearing interest at a rate no less than currently being paid upon insured savings accounts in the institutions. As used in this section, "insured" means insurance as provided by an agency of the federal government. All such securities or evidence of indebtedness shall be placed in the hands of the State Treasurer, who shall be the custodian thereof, who shall collect the principal and interest when due, and pay the same into the Multiple Injury Trust Fund. The State Treasurer shall pay by vouchers drawn on the Multiple Injury Trust Fund for the making of such investments, when signed by the MITF Director, upon delivery of such securities or evidence of indebtedness to the State Treasurer. The MITF Director may sell any of such securities, the proceeds thereof to be paid over to the State Treasurer for the Multiple Injury Trust Fund.

H. The refund provisions of Sections 227 through 229 of Title 68 of the Oklahoma Statutes shall be applicable to any payments made to the Multiple Injury Trust Fund. Refunds shall be paid from and out of the Multiple Injury Trust Fund.

I. The Tax Commission shall pay, monthly, to the State Treasurer to the credit of the Multiple Injury Trust Fund all monies collected pursuant to the provisions of this section, less the annual sum of Two Million Five Hundred Fifty Thousand Dollars (\$2,550,000.00), of which One Million Two Hundred Seventy-five Thousand Dollars (\$1,275,000.00) shall be payable by the Oklahoma Tax Commission to the State Treasurer in equal monthly installments to the credit of the Department of Labor, Six Hundred Thirty-seven Thousand Five Hundred Dollars (\$637,500.00) shall be payable in equal monthly installments to the credit of the Office of the Attorney General, and Six Hundred Thirty-seven Thousand Five Hundred Dollars (\$637,500.00) shall be payable in equal monthly installments to the credit of the Oklahoma Department of Career and Technology Education. Monies received by the Department of Labor under this section shall be used for safety consultation and the regulation of the safety of public employees through the Occupational Safety and Health Act of 1970. Monies received by the Office of the Attorney General shall be deposited to the credit of the Attorney General's Workers' Compensation Fraud Unit Revolving Fund created pursuant to Section 19.2 of Title 74 of the Oklahoma Statutes. Monies received by the Oklahoma Department of Career and Technology Education shall supplement other funding to the Department for purposes of implementing the provisions of subsection B of Section 414 of Title 40 of the Oklahoma Statutes. The State Treasurer shall pay out of the Multiple Injury Trust Fund only upon the order and direction of the Workers' Compensation Court acting under the provisions hereof.

J. The Administrator shall promulgate rules as the Administrator deems necessary to effectuate the provisions of this section.

K. The Insurance Commissioner shall promulgate rules relating to insurers as defined in Title 36 of the Oklahoma Statutes, as the Insurance Commissioner deems necessary to effectuate the provisions of this section.

L. The Multiple Injury Trust Fund may enter into an agreement with any reinsurer licensed to sell reinsurance by the Insurance Commissioner pursuant

to a competitive process administered by the Director of Central Purchasing in the Office of Management and Enterprise Services.

M. Any dividend, rebate, or other distribution, payable by any workers' compensation insurance carrier, to a state agency policyholder shall be paid to the State Treasurer, and shall be credited as follows:

1. In the event of failure of the Multiple Injury Trust Fund to meet all lawful obligations, the monies shall be credited to the Multiple Injury Trust Fund and shall be used by the Multiple Injury Trust Fund to meet all lawful obligations of the Multiple Injury Trust Fund; and

2. Otherwise, all future dividends made by any workers' compensation insurance carrier, on behalf of state agencies, shall be deposited to the credit of the General Revenue Fund of the State Treasury.

§85-404. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-405. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-406. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 48 to read as follows:

A. The chief administrative officer of the Multiple Injury Trust Fund shall be the MITF Director, who shall have supervision over the administration and protection of the Multiple Injury Trust Fund and shall be notified by the Administrator of the Workers' Compensation Court of all proceedings which may affect such fund.

1. The person serving as the Administrator of the Multiple Injury Trust Fund on the date of passage and approval of this act shall serve as the initial MITF Director, provided such person is serving as the Administrator of the Multiple Injury Trust Fund on the effective date of this act.

2. Except as provided in paragraph 1 of this subsection, the MITF Director shall be appointed by and serve at the pleasure of the Governor.

B. The MITF Director shall have standing and the authority to appear in any case before the Workers' Compensation Court in which the Court is considering an award from the Multiple Injury Trust Fund.

C. Any party interested shall have a right to bring a proceeding in the Supreme Court to review an award of the Court affecting such Multiple Injury Trust Fund, in the same manner as is now provided by law with reference to other awards by the Court.

D. The State Treasurer shall allocate sufficient funds out of the Multiple Injury Trust Fund for administration expenses thereof in amounts to be fixed and approved by the MITF Director, unless rejected by the Governor and Attorney General.

E. The MITF Director shall make reports regarding financial and claims data to the Governor, Workers' Compensation Court, and the Insurance Commissioner, upon request.

§85-407. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

NOTE: Subsequent to repeal, this section was amended by Laws 2013, c. 254, § 49 to read as follows:

A. There is hereby created in the State Treasury the "Workers' Compensation Administration Fund" to be used for the costs of administering the Workers' Compensation Code and for other purposes pursuant to legislative appropriation.

B. No money on deposit with the State Treasurer to the credit of the Workers' Compensation Administration Fund shall be expended except pursuant to legislative appropriation.

C. For the purpose of providing funds for the Workers' Compensation Administration Fund, each mutual or interinsurance association, stock company, or other insurance carrier writing workers' compensation insurance in this state shall pay to the Oklahoma Tax Commission a tax at a rate of one percent (1%) of all gross direct premiums written during each quarter of the calendar year for workers' compensation insurance on risks located in this state after deducting from such gross direct premiums, return premiums, unabsorbed portions of any deposit premiums, policy dividends, safety refunds, savings and other similar returns paid or credited to policyholders. Such payments to the Tax Commission shall be made not later than the fifteenth day of the month following the close of each quarter of the calendar year in which such gross direct premium is collected or collectible. Contributions made by insurance carriers under the provisions of this section shall be considered for the purpose of computing workers' compensation rates.

D. When an employer is authorized to become a self-insurer, the Administrator of the Workers' Compensation Court as directed by the Workers' Compensation Court shall so notify the Tax Commission, giving the effective date of such authorization. The Tax Commission shall then assess and collect from the employers carrying their own risk a tax at the rate of two percent (2%) of the total compensation for permanent total disability awards, permanent partial impairment awards and death benefits paid out during each quarter of the calendar year by the employers. Such tax shall be payable by the employers and collected by the Tax Commission according to the provisions of this section regarding payment and collection of the tax created in subsections C, E, F and G of this section.

E. It shall be the duty of the Tax Commission to collect the payments provided for in this act. The Tax Commission is hereby authorized to bring an action for the recovery of any delinquent or unpaid payments required in this section. The Tax Commission may also enforce payments by proceeding in accordance with the provisions of Section 346 of this title.

F. The Tax Commission shall pay monthly to the State Treasurer to the credit of the General Revenue Fund all monies collected under the provisions of this section.

G. The refund provisions of Sections 227 through 229 of Title 68 of the Oklahoma Statutes shall be applicable to any payments made pursuant to this section.

§85-408. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-409. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-410. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-411. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-412. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.

§85-413. Repealed by Laws 2013, c. 208, § 171, eff. Feb. 1, 2014.