1	STATE OF OKLAHOMA
2	1st Session of the 57th Legislature (2019)
3	COMMITTEE SUBSTITUTE
4	FOR ENGROSSED SENATE BILL NO. 701 By: Daniels of the Senate
5	and
6	Kannady of the House
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10	<u>COMMITTEE SUBSTITUTE</u>
11	[workers' compensation - modifying provisions of the
12	Administrative Workers' Compensation Act -
13	effective date -
14	emergency]
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Τ,	
18	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: SECTION 1. AMENDATORY Section 2, Chapter 208, O.S.L.
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18 19	SECTION 1. AMENDATORY Section 2, Chapter 208, O.S.L.
18 19 20	SECTION 1. AMENDATORY Section 2, Chapter 208, O.S.L. 2013, as amended by Section 1, Chapter 150, O.S.L. 2018 (85A O.S.
18 19 20 21	SECTION 1. AMENDATORY Section 2, Chapter 208, O.S.L. 2013, as amended by Section 1, Chapter 150, O.S.L. 2018 (85A O.S. Supp. 2018, Section 2), is amended to read as follows:

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. "Carrier" means any stock company, mutual company, or reciprocal or interinsurance exchange authorized to write or carry on the business of workers' compensation insurance in this state.

 Whenever required by the context, the term "carrier" shall be deemed to include duly qualified self-insureds or self-insured groups;
- 3. "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;
- 4. "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);
- 5. "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 an employer, group self-insurance association plan, an employer's workers' compensation insurance carrier, third-party administrator or an insured to provide medical care under the Administrative Workers' Compensation Act. Certified plans shall only include plans which provide medical services and payment for services on a fee-for-service basis to medical providers;
- 6. "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;

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- 7. "Claimant" means a person who claims benefits for an injury or occupational disease pursuant to the provisions of the Administrative Workers' Compensation Act;
 - 8. "Commission" means the Workers' Compensation Commission;
 - 9. a. "Compensable injury" means damage or harm to the physical structure of the body, or prosthetic appliances, including eyeglasses, contact lenses, or hearing aids, caused solely as the result of either an accident, cumulative trauma or occupational disease arising out of the course and scope of employment. An "accident" means an event involving factors external to the employee that:
 - (1) was unintended, unanticipated, unforeseen, unplanned and unexpected,
 - (2) occurred at a specifically identifiable time and place,

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- (3) occurred by chance or from unknown causes, and
- (4) was independent of sickness, mental incapacity, bodily infirmity or any other cause.
- b. "Compensable injury" does not include:
 - (1) injury to any active participant in assaults or combats which, although they may occur in the workplace, are the result of non-employmentrelated hostility or animus of one, both, or all of the combatants and which assault or combat amounts to a deviation from customary duties; provided, however, injuries caused by horseplay shall not be considered to be compensable injuries, except for innocent victims,
 - (2) injury incurred while engaging in or performing or as the result of engaging in or performing any recreational or social activities for the employee's personal pleasure,
 - (3) injury which was inflicted on the employee at a time when employment services were not being performed or before the employee was hired or after the employment relationship was terminated,
 - (4) injury where the accident was caused by the use of alcohol, illegal drugs, or prescription drugs used in contravention of physician's orders. If

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a biological specimen is collected within twentyfour (24) hours of the employee being injured or reporting an injury, an or if at any time after the injury a biological specimen is collected by the Oklahoma Office of the Chief Medical Examiner if the injured employee does not survive at least twenty-four (24) hours after the accident and the employee tests positive for intoxication, an illegal controlled substance, or a legal controlled substance used in contravention to a treating physician's orders, or refuses to undergo the drug and alcohol testing, there shall be a rebuttable presumption that the injury was caused by the use of alcohol, illegal drugs, or prescription drugs used in contravention of physician's orders. This presumption may only be overcome if the employee proves by clear and convincing evidence that his or her state of intoxication had no causal relationship to the injury,

(5) any strain, degeneration, damage or harm to, or disease or condition of, the eye or musculoskeletal structure or other body part resulting from the natural results of aging,

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osteoarthritis, arthritis, or degenerative process including, but not limited to, degenerative joint disease, degenerative disc disease, degenerative spondylosis/spondylolisthesis and spinal stenosis, or

- (6) any preexisting condition except when the treating physician clearly confirms an identifiable and significant aggravation incurred in the course and scope of employment.
- c. The definition of "compensable injury" shall not be construed to limit or abrogate the right to recover for mental injuries as described in Section 13 of this title, heart or lung injury or illness as described in Section 14 of this title, or occupational diseases as described in Section 65 of this title.
- d. A compensable injury shall be established by medical evidence supported by objective findings as defined in paragraph 31 of this section.
- e. The injured employee shall prove by a preponderance of the evidence that he or she has suffered a compensable injury.
- f. Benefits shall not be payable for a condition which results from a non-work-related independent

intervening cause following a compensable injury which causes or prolongs disability, aggravation, or requires treatment. A non-work-related independent intervening cause does not require negligence or recklessness on the part of a claimant.

- g. An employee who suffers a compensable injury shall be entitled to receive compensation as prescribed in this act. Notwithstanding other provisions of law, if it is determined that a compensable injury did not occur, the employee shall not be entitled to compensation under this act;
- 10. "Compensation" means the money allowance payable to the employee or to his or her dependents and includes the medical services and supplies provided for in Section 50 of this title and funeral expenses;
- 11. "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 Commission 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;
- 12. "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;

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- 13. "Course and scope of employment" means an activity of any kind or character for which the employee was hired and that relates to and derives from the work, business, trade or profession of an employer, and is performed by an employee in the furtherance of the affairs or business of an employer. The term includes activities conducted on the premises of an employer or at other locations designated by an employer and travel by an employee in furtherance of the affairs of an employer that is specifically directed by the employer. This term does not include:
 - a. an employee's transportation to and from his or her place of employment,
 - b. travel by an employee in furtherance of the affairs of an employer if the travel is also in furtherance of personal or private affairs of the employee,
 - any injury occurring in a parking lot or other common area adjacent to an employer's place of business before the employee clocks in or otherwise begins work for the employer or after the employee clocks out or otherwise stops work for the employer, or
 - d. any injury occurring while an employee is on a work break, unless the injury occurs while the employee is

on a work break inside the employer's facility and the work break is authorized by the employee's supervisor;

- 14. "Cumulative trauma" means an injury to an employee that is caused by the combined effect of repetitive physical activities extending over a period of time in the course and scope of employment. Cumulative trauma shall not mean fatigue, soreness or general aches and pain that may have been caused, aggravated, exacerbated or accelerated by the employee's course and scope of employment. Cumulative trauma shall have resulted directly and independently of all other causes and the employee shall have completed at least one hundred eighty (180) days of continuous active employment with the employer;
- 15. "Death" means only death resulting from compensable injury as defined in paragraph 9 of this section;
- 16. "Disability" means incapacity because of compensable injury to earn, in the same or any other employment, substantially the same amount of wages the employee was receiving at the time of the compensable injury;
- 17. "Drive-away operations" includes 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;

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"Employee" means any person, including a minor, in the 18. a. service of an employer under any contract of hire or apprenticeship, written or oral, expressed or implied, but excluding one whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer and excluding one who is required to perform work for a municipality or county or the state or federal government on having been convicted of a criminal offense or while incarcerated. "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. Travel by a policeman, fireman, or a member of a first aid or rescue squad, in responding to and returning from an emergency, shall be deemed to be in the course of employment.

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- b. The term "employee" shall not include:
 - (1) any person for whom an employer is liable under any Act of Congress for providing compensation to employees for injuries, disease or death arising out of and in the course of employment including,

but not limited to, the Federal Employees'

Compensation Act, the Federal Employers'

Liability Act, the Longshore and Harbor Workers'

Compensation Act and the Jones Act, to the extent

his or her employees are subject to such acts,

any person who is employed in agriculture, (2) ranching or horticulture by an employer who had a gross annual payroll in the preceding calendar year of less than One Hundred Thousand Dollars (\$100,000.00) wages for agricultural, ranching or horticultural workers, or any person who is employed in agriculture, ranching or horticulture who is not engaged in operation of motorized machines. This exemption applies to any period of time for which such employment exists, irrespective of whether or not the person is employed in other activities for which the exemption does not apply. If the person is employed for part of a year in exempt activities and for part of a year in nonexempt activities, the employer shall be responsible for providing workers' compensation only for the period of time for which the person is employed in nonexempt activities,

- (3) any person who is a licensed real estate sales associate or broker, paid on a commission basis,
- (4) any person who is providing services in a medical care or social services program, or who is a participant in a work or training program, administered by the Department of Human Services, unless the Department is required by federal law or regulations to provide workers' compensation for such person. This division shall not be construed to include nursing homes,
- (5) any person employed by an employer with five or fewer total employees, all of whom are related within the second degree by blood or marriage to the employer, if the employer is a natural person or a general or limited partnership, or an incorporator of a corporation if the corporation is the employer, all of whom are dependents living in the household of the employer, or all of whom are a combination of such relatives and dependents. In the event the employer is not a natural person, such relative shall be related within the second degree by blood or marriage to a person who owns fifty percent (50%) or more of the employer or such dependent shall live in the

household of a person who owns fifty percent (50%) or more of the employe,

- (6) any person employed by an employer which is a youth sports league which qualifies for exemption from federal income taxation pursuant to federal law,
- (7) sole proprietors, members of a partnership, individuals who are party to a franchise agreement as set out by the Federal Trade Commission franchise disclosure rule, 16 CFR 436.1 through 436.11, members of a limited liability company who own at least ten percent (10%) of the capital of the limited liability company or any stockholder-employees of a corporation who own ten percent (10%) or more stock in the corporation, unless they elect to be covered by a policy of insurance covering benefits under the Administrative Workers' Compensation Act,
- (8) any person providing or performing voluntary service who receives no wages for the services other than meals, drug or alcohol rehabilitative therapy, transportation, lodging or reimbursement for incidental expenses except for volunteers

specifically provided for in subparagraph a of this paragraph,

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- (9) a person, commonly referred to as an owner-operator, who owns or leases a truck-tractor or truck for hire, if the owner-operator actually operates the truck-tractor or truck and if the person contracting with the owner-operator is not the lessor of the truck-tractor or truck.

 Provided, however, an owner-operator shall not be precluded from workers' compensation coverage under the Administrative Workers' Compensation Act if the owner-operator elects to participate as a sole proprietor,
- operator who privately owns and utilizes a tow vehicle in drive-away operations and operates independently for hire, if the drive-away owner-operator actually utilizes the tow vehicle and if the person contracting with the drive-away owner-operator is not the lessor of the tow vehicle.

 Provided, however, a drive-away owner-operator shall not be precluded from workers' compensation coverage under the Administrative Workers'

1 Compensation Act if the drive-away owner-operator elects to participate as a sole proprietor, and (11)any person who is employed as a domestic servant or as a casual worker in and about a private home or household, which private home or household had a gross annual payroll in the preceding calendar year of less than Fifty Thousand Dollars (\$50,000.00) for such workers;

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19. "Employer" means a natural 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. Except as provided otherwise, this act applies to all public and private entities and institutions. Employer shall not include a qualified employer with an employee benefit plan as provided under the Oklahoma Employee Injury Benefit Act in Sections 200 through 213 of this title;

20. "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;

- 21. "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;
- 22. "Gainful employment" means the capacity to perform employment for wages for a period of time that is not part-time, occasional or sporadic;
- 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;
- 23 25. "Insurance Commissioner" means the Insurance Commissioner of the State of Oklahoma;

26. "Insurance Department" means the Insurance Department of the State of Oklahoma;

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- 27. "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 this act;
- 28. "Maximum medical improvement" means that no further material improvement would reasonably be expected from medical treatment or the passage of time;
- 29. "Medical services" means those services specified in Section 50 of this title;
 - 30. "Misconduct" shall include the following:
 - a. unexplained absenteeism or tardiness,
 - willful or wanton indifference to or neglect of the duties required,
 - c. willful or wanton breach of any duty required by the employer,
 - d. the mismanagement of a position of employment by action or inaction,
 - e. actions or omissions that place in jeopardy the health, life, or property of self or others,

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- f. dishonesty,
- g. wrongdoing,
- h. violation of a law, or
- i. a violation of a policy or rule adopted to ensure orderly work or the safety of self or others;
- 31. a. (1) "Objective findings" are those findings which cannot come under the voluntary control of the patient.
 - (2) (a) When determining permanent disability, a physician, any other medical provider, an administrative law judge, the Commission or the courts shall not consider complaints of pain.
 - (b) For the purpose of making permanent disability ratings to the spine, physicians shall use criteria established by the most current edition of the American Medical Association "Guides to the Evaluation of Permanent Impairment".
 - (3) (a) Objective evidence necessary to prove

 permanent disability in occupational hearing

 loss cases may 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.

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- (b) Any difference in the baseline hearing levels shall be confirmed by subsequent testing; provided, however, such test shall be given within four (4) weeks of the initial baseline hearing level test but not before five (5) days after being adjusted for presbycusis.
- b. Medical opinions addressing compensability and permanent disability shall be stated within a reasonable degree of medical certainty;
- 32. "Official Disability Guidelines" or "ODG" means the current edition of the Official Disability Guidelines and the ODG Treatment in Workers' Comp as published by the Work Loss Data Institute;
- 33. "Permanent disability" means the extent, expressed as a percentage, of the loss of a portion of the total physiological capabilities of the human body as established by competent medical evidence and based on the current edition of the American Medical Association guides to the evaluation of impairment, if the impairment is contained therein;
- 34. "Permanent partial disability" means a permanent disability or loss of use after maximum medical improvement has been reached

which prevents the injured employee, who has been released to return to work by the treating physician, from returning to his or her preinjury or equivalent job. All evaluations of permanent partial
disability must be supported by objective findings;

- 35. "Permanent total disability" means, based on objective findings, incapacity, based upon 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, experience or vocational rehabilitation provided under this act. Loss of both hands, both feet, both legs, or both eyes, or any two thereof, shall constitute permanent total disability;
- 36. "Preexisting condition" means any illness, injury, disease, or other physical or mental condition, whether or not work-related, for which medical advice, diagnosis, care or treatment was recommended or received preceding the date of injury;
- 37. "Pre-injury or equivalent job" means the job that the claimant was working for the employer at the time the injury occurred or any other employment offered by the claimant's employer that pays at least one hundred percent (100%) of the employee's average weekly wage;
- 38. "Private self-insurer" means a private employer that has been authorized to self-insure its workers' compensation obligations pursuant to this act, but does not include group self-insurance

associations authorized by this act, or any public employer that self-insures pursuant to this act;

- 39. "Prosthetic" 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;
- 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 average weekly wage" means the state average weekly wage determined by the Oklahoma Employment Security Commission in the preceding calendar year. If such determination is not available, the Commission shall determine the wage annually after reasonable investigation;
- 43. "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;

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

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follows:

- 45. "Surviving spouse" means the employee's spouse by reason of a legal marriage recognized by the State of Oklahoma or under the requirements of a common law marriage in this state, as determined by the Workers' Compensation Commission;
- 46. "Temporary partial disability" means an injured employee who is temporarily unable to perform his or her job, but may perform alternative work offered by the employer;
- 47. "Time of accident" or "date of accident" means the time or date of the occurrence of the accidental incident from which compensable injury, disability, or death results; and
- 48. "Wages" means money compensation received for employment at the time of the accident, including the reasonable value of board, rent, housing, lodging, or similar advantage received from the employer and includes the amount of tips required to be reported by the employer under Section 6053 of the Internal Revenue Code and the regulations promulgated pursuant thereto or the amount of actual tips reported, whichever amount is greater.
- SECTION 2. AMENDATORY Section 3, Chapter 208, O.S.L. 21 2013 (85A O.S. Supp. 2018, Section 3), is amended to read as
- Section 3. A. Every employer and every employee, unless

 otherwise specifically provided in this act, shall be subject and

1 bound to the provisions of the Administrative Workers' Compensation 2 Act. However, nothing shall pay or provide benefits according to 3 the provisions of this act for the accidental injury or death of an 4 employee arising out of and in the course of his or her employment, 5 without regard to fault for such injury, if the employee's contract 6 of employment was made in this state or if the injury occurred 7 within this state. If an employee makes a claim for an injury in 8 another jurisdiction and a final adjudication is entered in the 9 case, the employee is precluded from a right of action under the 10 Administrative Workers' Compensation Act of this state. If the 11 employee makes a claim or brings an action in this state prior to a 12 final adjudication in another jurisdiction, any receipt of benefits 13 in the other jurisdiction shall not bar the claim or action in this 14 state; provided, however, in no event shall the Workers' 15 Compensation Commission grant benefits that duplicate benefits paid 16 by the employer or the employer's insurance carrier in the other 17 jurisdiction. Nothing in this act shall be construed to conflict 18 with any valid Act of Congress governing the liability of employers 19 for injuries received by their employees.

B. This act The State of Oklahoma accepts the provisions of the Acts of Congress designated as 40 U.S.C., Section 3172, formerly 40 U.S.C., Section 290, and hereby extends the territorial jurisdiction of the Administrative Workers' Compensation Act of this state to all lands and premises within the exterior boundaries of this state

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   which the federal government of the United States of America owns or
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   holds by deed or act of cession, and to all purchases, projects,
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   buildings, constructions, improvements and property within the
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   exterior boundaries of this state belonging to the federal
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   government of the United States of America, in the same manner and
   to the same extent as if the premises were under the exclusive
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   jurisdiction of this state, subject only to the limitations placed
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   thereon by the Acts of Congress.
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- C. The Administrative Workers' Compensation Act shall apply only to claims for injuries and death based on accidents which occur on or after the effective date of this act February 1, 2014.
- C. D. The Workers' Compensation Code in effect before the effective date of this act February 1, 2014, shall govern all rights in respect to claims for injuries and death based on accidents occurring before the effective date of this act February 1, 2014.

 SECTION 3. AMENDATORY Section 6, Chapter 208, O.S.L.

 2013, as amended by Section 1, Chapter 390, O.S.L. 2015 (85A O.S.
- 18 Supp. 2018, Section 6), is amended to read as follows:
- 19 Section 6.

A. 1. a. Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

1 (1) obtaining any benefit or payment,

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- (2) increasing any claim for benefit or payment, or
- (3) obtaining workers' compensation coverage under this act,

shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

- b. A material false statement or representation includes, but is not limited to, attempting to obtain treatment or compensation for body parts that were not injured in the course and scope of employment.
- c. Fifty percent (50%) of any criminal fine imposed and collected under this section shall be paid and allocated in accordance with applicable law to the Workers' Compensation Commission Revolving Fund administered by the Commission.
- 2. Any person or entity with whom any person identified in division (1) of subparagraph a of paragraph 1 of this subsection has conspired to achieve the proscribed ends shall, by reason of such conspiracy, be guilty as a principal of a felony.
- B. A Except for forms submitted through the Electronic Data

 Interchange system employed by the Commission pursuant to Section

 101 of this title, a copy of division (1) of subparagraph a of

 paragraph 1 of subsection A of this section shall be included on all

 forms prescribed by the Commission for the use of injured employees

claiming benefits and for the use of employers in responding to employees' claims under this act.

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- C. Where the Commission or the Attorney General finds that a violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section has been committed, or that any other criminal violations in furtherance of this act were committed, the chair of the Commission or the Attorney General shall refer the matter for appropriate action to the prosecuting attorney having criminal jurisdiction over the matter.
 - D. 1. a. There shall be established within the Office of the
 Attorney General a Workers' Compensation Fraud
 Investigation Unit, funded by the Commission. The
 Attorney General shall appoint a Director of the
 Workers' Compensation Fraud Investigation Unit, who
 may also serve as the director of any other designated
 insurance fraud investigation division within the
 Attorney General's office.
 - b. (1) The Unit shall investigate workers' compensation fraud, any additional criminal violations that may be related to workers' compensation fraud, and any other insurance fraud matters as may be assigned at the discretion of the Attorney General.

- (2) The Attorney General shall designate the personnel assigned to the Unit, who, on meeting the qualifications established by the Oklahoma Council on Law Enforcement Education and Training, shall have the powers of specialized law enforcement officers of the State of Oklahoma for the purpose of conducting investigations under this subparagraph. Personnel hired as specialized law enforcement officers shall have a minimum of three (3) years of certified law enforcement experience or its equivalent in national or military law enforcement experience as approved by the Oklahoma Council on Law Enforcement Education and Training.
- 2. The Attorney General and his or her deputies and assistants and the Director of the Workers' Compensation Fraud Investigation
 Unit and his or her deputies and assistants shall be vested with the power of enforcing the requirements of this section.

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3. It shall be the duty of the Unit to assist the Attorney General in the performance of his or her duties. The Unit shall determine the identity of employees in this state who have violated division (1) of subparagraph a of paragraph 1 of subsection A of this section and report the violation to the Office of the Attorney General and the Commission. The Attorney General shall report the

violation to the prosecuting attorney having jurisdiction over the matter.

- 4. a. In the course of any investigation being conducted by the Unit, the Attorney General and his or her deputies and assistants and the Director and his or her deputies and assistants shall have the power of subpoena and may:
 - (1) subpoena witnesses,

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- (2) administer oaths or affirmations and examine any individual under oath, and
- (3) require and compel the production of records, books, papers, contracts, and other documents.
- b. The issuance of subpoenas for witnesses shall be served in the same manner as if issued by a district court.
- c. (1) Upon application by the commissioner or the Director of the Unit, the district court located in the county where a subpoena was served may issue an order compelling an individual to comply with the subpoena to testify.
 - (2) Any failure to obey the order of the court may be punished as contempt.
- d. If any person has refused in connection with an investigation by the Director to be examined under

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oath concerning his or her affairs, then the Director is authorized to conduct and enforce by all appropriate and available means any examination under oath in any state or territory of the United States in which any officer, director, or manager may then presently be to the full extent permitted by the laws of the state or territory.

- e. In addition to the punishments described in paragraph

 1 of subsection A of this section, any person

 providing false testimony under oath or affirmation in

 this state as to any matter material to any

 investigation or hearing conducted under this

 subparagraph, or any workers' compensation hearing,

 shall upon conviction be guilty of perjury.
- 5. Fees and mileage of the officers serving the subpoenas and of the witnesses in answer to subpoenas shall be as provided by law.
 - 6. a. Every carrier or employer who has reason to suspect that a violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section has occurred shall be required to report all pertinent matters to the unit.
 - b. No carrier or employer who makes a report for a suspected violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section by an

employee shall be liable to the employee unless the carrier or employer knowingly and intentionally included false information in the report.

- c. (1) Any carrier or employer who willfully and knowingly fails to report a violation under division (1) of subparagraph a of paragraph 1 of subsection A of this section shall be guilty of a misdemeanor and on conviction shall be punished by a fine not to exceed One Thousand Dollars (\$1,000.00).
 - (2) Fifty percent (50%) of any criminal fine imposed and collected under this subparagraph shall be paid and allocated in accordance with applicable law to the <u>fund administered by the Workers'</u>

 Compensation Commission Revolving Fund.
- d. Any employee may report suspected violations of division (1) of subparagraph a of paragraph 1 of subsection A of this section. No employee who makes a report shall be liable to the employee whose suspected violations have been reported.
- E. 1. For the purpose of imposing criminal sanctions or a fine for violation of the duties of this act, the prosecuting attorney shall have the right and discretion to proceed against any person or

organization responsible for such violations, both corporate and individual liability being intended by this act.

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- 3 2. The prosecuting attorney of the district to whom a suspected 4 violation of subsection A of this section, or any other criminal 5 violations that may be related thereto, have been referred shall, for the purpose of assisting him or her in such prosecutions, have 6 7 the authority to appoint as special deputy prosecuting attorneys licensed attorneys-at-law in the employment of the Unit or any other 8 designated insurance fraud investigation division within the 10 Attorney General's office. Such special deputy prosecuting 11 attorneys shall, for the purpose of the prosecutions to which they 12 are assigned, be responsible to and report to the prosecuting 13 attorney.
 - F. Notwithstanding any other provision of law, investigatory files as maintained by the Attorney General's office and by the Unit shall be deemed confidential and privileged. The files may be made open to the public once the investigation is closed by the Director of the Workers' Compensation Fraud Investigation Unit with the consent of the Attorney General.
 - G. The Attorney General, with the cooperation and assistance of the Commission, is authorized to establish rules as may be necessary to carry out the provisions of this section.
 - H. Nothing in this section shall be deemed to create a civil cause of action.

Interchange system employed by the Commission pursuant to Section

101 of this title, the Commission shall include a statement on all forms for notices and instructions to employees, employers, carriers and third-party administrators that any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

J. If an injured employee is charged with workers' compensation fraud, any pending workers' compensation proceeding, including benefits, shall be stayed after the preliminary hearing is concluded and the claimant is bound over and shall remain stayed until the final disposition of the criminal case. All notice requirements shall continue during the stay.

K. J. If the Attorney General's Office is in compliance with the discovery provisions of Section 258 of Title 22 of the Oklahoma Statutes, medical records created for the purpose of treatment and medical opinions obtained during the investigation shall be admissible at the preliminary hearing without the appearance of the medical professional creating such records or opinions. However, when material evidence dispositive to the issues of whether there was probable cause the crime was committed and whether the defendant committed the crime, was not included in a report or opinion admitted at preliminary hearing, but might be presented at a pretrial hearing by a medical professional who created such report

or opinion, the judge may, upon the motion of either party, order the appearance of the medical professional creating such report or opinion. Questions of fact regarding the conduct of the defendant that conflict with the findings of the medical professional evaluating the defendant shall not constitute material evidence. In the event of such motion, notice shall be given to the Attorney General's Workers Compensation Fraud and Investigation and Prosecution Unit. A hearing shall be held and, if the motion is granted, the evidence shall not be presented fewer than five (5) days later.

L- K. Any person or entity who, in good faith and exercising due care, reports suspected workers' compensation fraud or insurance fraud, or who allows access to medical records or other information pertaining to suspected workers' compensation or insurance fraud, by persons authorized to investigate a report concerning the workers' compensation and insurance fraud, shall have immunity from any civil or criminal liability for such report or access. Any such person or entity shall have the same immunity with respect to participation in any judicial proceeding resulting from such reports. For purposes of any civil or criminal proceeding, there shall be a presumption of good faith of any person making a report, providing medical records or providing information pertaining to a workers' compensation or insurance fraud investigation by the Attorney General, and

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participating in a judicial proceeding resulting from a subpoena or
a report.
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- 3 SECTION 4. AMENDATORY Section 18, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2018, Section 18), is amended to read as
- 5 | follows:

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- Section 18. A. No hospital, physician, or other health care provider shall bill or attempt to collect any fee or any portion of a fee for services rendered to an employee due to a work-related injury or report to any credit-reporting agency any failure of the employee to make the payment, when a claim for compensation has been filed under this act and the hospital, physician, or health care provider has received actual notice given in writing by the employee or the employee's representative. Actual notice shall be deemed received by the hospital, physician, or health care provider five (5) days after mailing by certified mail or sending by facsimile, electronic mail or other electronic means with receipt of confirmation by the employee or his or her representative to the hospital, physician, or health care provider.
- 19 | B. The notice shall include:
- 20 | 1. The name of the employer;
 - 2. The name of the insurer, if known;
- 3. The name of the employee receiving the services;
- 23 4. The general nature of the injury, if known; and
- 5. Where a claim has been filed, the claim number, if known.

C. When an injury or bill is found to be noncompensable under this act, the hospital, physician, or other health care provider shall be entitled to pursue the employee for any unpaid portion of the fee or other charges for authorized services provided to the employee. Any applicable statute of limitations for an action for the fees or other charges shall be tolled from the time notice is given to the hospital, physician, or other health care provider until a determination of noncompensability in regard to the injury which is the basis of the services is made, or if there is an appeal, until a final determination of noncompensability is rendered and all appeal deadlines have passed.

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- D. This section shall not avoid void, modify, or amend any other section or subsection of this act.
 - E. An order by the Commission under this section shall stay all proceedings for collection.
- SECTION 5. AMENDATORY Section 19, Chapter 208, O.S.L.
- 17 | 2013, as amended by Section 4, H.J.R. No. 1096, O.S.L. 2014 (85A)
- 18 O.S. Supp. 2018, Section 19), is amended to read as follows:
- 19 Section 19. A. There is hereby created the Oklahoma Workers'
- 20 Compensation Commission, an executive agency of the State of
- 21 Oklahoma, which shall have the exclusive responsibility and duty to
- 22 | carry out the provisions of this act the Administrative Workers'
- 23 Compensation Act, except as otherwise provided.

The Commission shall consist of three (3) full-time commissioners, each of whom must have been involved in the workers' compensation field for at least three (3) years, appointed by the Governor: one of whom is chosen from a slate of three selected by the Speaker of the House of Representatives, with all three confirmed by the Senate. The term of each appointee shall be six (6) years to administer the provisions of this act. The Governor may request a subsequent slate of nominees from the Speaker of the House of Representatives if a suitable nominee is not found. all of the commissioners may be reappointed for additional six-year terms upon reconfirmation by the Senate. However, the initial commissioners shall serve staggered terms of two (2), four (4), and six (6) years, respectively, as determined by the Governor. If the Legislature is not in session at the time of appointment, the appointment shall be subject to confirmation by the Senate upon convening of the next regular session of the Legislature. Membership on the Commission shall be a full-time position and no commissioner shall have any other employment, unless authorized or excused by law. Each commissioner shall receive a salary equal to that paid to a district judge of this state; provided however, the commissioners shall not receive any increase in salary as a result of the provisions of Section 1 of this resolution.

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rules within its respective areas of responsibility including the

The Commission shall have the authority to adopt reasonable

rules of procedure for administrative hearings, after notice and
public hearing, for effecting the purposes of this act the

Administrative Workers' Compensation Act, in accordance with the
Oklahoma Administrative Procedures Act. All rules, upon adoption,
shall be published and be made available to the public and, if not
inconsistent with the law, shall be binding in the administration of
this act the Administrative Workers' Compensation Act.

- D. The principal office of the Commission shall be situated in the City of Oklahoma City in quarters assigned by the Office of Management and Enterprise Services. The Commission shall maintain and keep open, during reasonable business hours, the office in Oklahoma City, for the transaction of business, at which office its official records and papers shall be kept. The Commission or any commissioner may hold hearings in any city of this state.
- E. The Governor shall appoint one of the commissioners to be chair of the Commission. In addition to other duties, the chair of the Commission shall have the following powers and duties:
- 1. To organize, direct and develop the administrative work of the administrative law judges, including but not limited to docketing, clerical, technical and financial work and establishment of hours of operation;
- 2. To employ administrative staff for the Commission, within budgetary limitation; and

3. Such other duties and responsibilities authorized by law or as the Commission may prescribe.

- F. All appeals or disputes arising from actions of the Commission shall be governed by provisions of this act the Administrative Workers' Compensation Act and the Commission shall not be subject to the provisions of the Oklahoma Administrative Procedures Act, except as provided in this act the Administrative Workers' Compensation Act.
- G. When any commissioner of the Commission is disqualified for any reason to hear and participate in the determination of any matter pending before the Commission, the Governor shall appoint a qualified person to hear and participate in the decision on the particular matter. The special commissioner so appointed shall have all authority and responsibility with respect to the particular matter before the Commission as if the person were a regular commissioner of the Commission but shall have no authority or responsibility with respect to any other matter before the Commission. A person appointed as a special commissioner of the Commission under the provisions of this subsection shall be entitled to receive a per diem equal to the annual salary of the commissioners prorated for the number of days he or she serves in the capacity of a special commissioner of the Commission.

 Furthermore, when a vacancy on the Commission occurs or is certain

1 to occur, the position shall be filled pursuant to the provisions of this section.

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- H. Communications, whether in person, by electronic medium or in writing, that reflect the pre-decisional deliberations of the Commissioners among each other or with Commission staff, and which occur while exercising their quasi-judicial duties such as reviewing decisions or awards made by the administrative law judges of the Commission pursuant to Section 78 of this title or reviewing arbitration awards pursuant to Section 322 and Section 323 of this title, shall not be subject to requirements of the Oklahoma Open Meeting Act or Oklahoma Open Records Act, shall be confidential and shall be considered protected deliberative communications.
- 1.3 SECTION 6. AMENDATORY Section 22, Chapter 208, O.S.L. 14 2013 (85A O.S. Supp. 2018, Section 22), is amended to read as 15 follows:
 - Section 22. A. 1. For the purpose of administering the provisions of this act title, the Workers' Compensation Commission is authorized:
 - to make rules necessary for the administration and a. operation of the Commission,
 - b. to appoint and fix the compensation of temporary technical assistants, medical and legal advisers, clerical assistants and other officers and employees, and

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- c. to make such expenditures, including those for personal service, rent, books, periodicals, office equipment, and supplies, and for printing and binding as may be necessary.
- 2. a. Before The Commission shall vote on any substantive change to any form and the effective date of such substantive change.
 - <u>Procedures Act applicable to the filing and publication requirements for rules before</u> the adoption, prescription, amendment, modification, or repeal of any rule, regulation, or form, the Commission shall give at least thirty (30) days' notice of its intended action.
 - b. The notice shall include a statement of the terms or substance of the intended action or description of the subjects and issues involved, and the time, place, and manner in which interested persons may present their views thereon.
 - c. The notice shall be mailed to any person specified by

 law or who shall have requested advance notice of

 rule-making proceedings.
- 3. The Commission shall afford all interested persons a reasonable opportunity to submit written data, views, or arguments,

and, if the Commission in its discretion shall so direct, oral testimony or argument.

- 4. Each rule, regulation, or form adopted by the Commission shall be effective twenty (20) days after adoption unless a later date is specified by law or in the rule itself.
- 5. All expenditures of the Commission in the administration of this act shall be allowed and paid from the Workers' Compensation

 Fund on the presentation of itemized vouchers approved by the Commission.
- B. 1. The Commission may appoint as many persons as may be necessary to be administrative law judges and in addition may appoint such examiners, investigators, medical examiners, clerks, and other employees as it deems necessary to effectuate the provisions of this act title.
- 2. Employees appointed under this subsection shall receive an annual salary to be fixed by the Commission.
- C. Additionally, the Commission shall have the following powers and duties:
 - 1. To hear and approve compromise settlements;
- 2. To review and approve own-risk applications and group self-insurance association applications, except for those established pursuant to Section 85.58A of Title 74 of the Oklahoma Statutes;
- 3. To monitor own-risk, self-insurer and group self-insurance programs, in accordance with the rules of the Commission, except for

those established pursuant to Section 85.58A of Title 74 of the Oklahoma Statutes;

- 4. To contract with an appropriate state governmental entity, insurance carrier or approved service organization to process, investigate and pay valid claims against an impaired self-insurer which fails, due to insolvency or otherwise, to pay its workers' compensation obligations, charges for which shall be paid from the proceeds of security posted with the Commission as provided in Section 38 of this act;
- 5. To establish a toll-free telephone number in order to provide information and answer questions about the Commission;
- 6. To hear and determine claims concerning disputed medical bills;
- 7. To promulgate necessary rules for administering this act title and develop uniform forms and procedures for use by administrative law judges. Such rules shall be reviewable by the Legislature;
 - 8. To invest funds on behalf of the Multiple Injury Trust Fund;
- 9. To appoint a Commission Mediator to conduct informal sessions to attempt to resolve assigned disputes; and
- 9. To establish a petty cash fund in an amount not to exceed

 Five Hundred Dollars (\$500.00) to be used for the purpose of making

 change for persons purchasing printed or electronic materials from

 the Commission, paying fees and fines, and transacting other such

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business with the Commission. The fund shall be established and
replenished from any monies available to the Commission for
operating expenses and it shall be administered pursuant to the
requirements of Section 195 of Title 62 of the Oklahoma Statutes;
and
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- 10. Such other duties and responsibilities authorized by law.
- D. It shall be the duty of an administrative law judge, under the rules adopted by the Commission, to hear and determine claims for compensation and to conduct hearings and investigations and to make such judgments, decisions, and determinations as may be required by any rule or judgment of the Commission.
- 12 SECTION 7. AMENDATORY Section 28, Chapter 208, O.S.L.
- 13 | 2013, as last amended by Section 1, Chapter 344, O.S.L. 2015 (85A
- 14 O.S. Supp. 2018, Section 28), is amended to read as follows:
- Section 28. A. There are established within the Office of the State Treasurer two separate funds:
 - 1. The "Multiple Injury Trust Fund"; and
 - 2. The "Self-insurance Guaranty Fund".

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- B. Except as provided in Section 97 of this title, no money shall be appropriated from these funds for any purpose except for the use and benefit, or at the direction, of the Oklahoma Workers' Compensation Commission.
- 23 C. Except as provided in Section 96 of this title, all funds
 24 established under this section shall be administered, disbursed, and

invested under the direction of the Commission and the State

Treasurer.

D. All incomes derived through investment of the Multiple
Injury Trust Fund shall be credited as investment income to the fund
that participated in the investment.

 $\underline{\text{E. C.}}$ No monies deposited to these funds shall be subject to any deduction, tax, levy, or any other type of assessment.

F. D. If the balance in the Multiple Injury Trust Fund becomes insufficient to fully compensate those employees to whom it is obligated, payment shall be suspended until such time as the Multiple Injury Trust Fund is capable of meeting its obligations, paying all arrearages, and restoring normal benefit payments.

G. E. On the effective maturity dates of each investment, the investment shall be transferred to the State Treasurer for deposit into the Multiple Injury Trust Fund created in this section.

H. F. Unless provided otherwise in the Administrative Workers' Compensation Act, all fines and penalties assessed under the Administrative Workers' Compensation Act shall be deposited into the Workers' Compensation Revolving Fund. Any monies remaining in the Workers' Compensation Fund on June 30, 2015, shall be transferred to the Workers' Compensation Commission Revolving Fund.

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1 SECTION 8. AMENDATORY Section 29, Chapter 208, O.S.L.
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- 2 | 2013 (85A O.S. Supp. 2018, Section 29), is amended to read as
- 3 follows:
- 4 Section 29. A. Each carrier writing compensation insurance in
- 5 | this state shall pay to the Commission at the time of securing a
- 6 | license to transact business in this state an annual application fee
- 7 of One Thousand Dollars (\$1,000.00) for the privilege of qualifying
- 8 | with the Commission for the writing of compensation insurance.
- 9 B. Each self-insurer shall pay to the Commission an annual
- 10 application fee of One Thousand Dollars (\$1,000.00) at the time it
- 11 | is approved to self-insure the obligations under this act.
- 12 C. The Commission may assess Each third-party administrators
- 13 administrator and marketing firm shall pay to the Commission an
- 14 | annual fee of One Thousand Dollars (\$1,000.00).
- D. Fees required pursuant to this section shall be deposited
- 16 | into the Workers' Compensation Commission Revolving Fund.
- 17 SECTION 9. AMENDATORY Section 31, Chapter 208, O.S.L.
- 18 | 2013, as amended by Section 3, Chapter 344, O.S.L. 2015 (85A O.S.
- 19 Supp. 2018, Section 31), is amended to read as follows:
- 20 Section 31. A. The Multiple Injury Trust Fund shall be derived
- 21 from the following additional sources:
- 1. As soon as practicable after January 1 of each year, the
- commissioners of the Workers' Compensation Commission shall
- 24 establish an assessment rate applicable to each mutual or

interinsurance association, stock company, CompSource Oklahoma, 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, provided for in subsection P of this section, 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. If CompSource begins operating as a mutual insurance company, 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. the MITF Director and CompSource have not agreed on the assessment rate within thirty (30) days, the Commission 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, 2014;

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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 disability awards, and death benefits paid out during each quarter of the calendar year by the employers;

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- 3. The assessments shall be paid to the Tax Commission.

 Insurance carriers, self-insurers, group self-insurance associations and CompSource Oklahoma 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.
 - 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:

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- (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 Commission with such information as the Commission may determine is necessary to effectuate the purposes of this section;
- 5. Each mutual or interinsurance association, stock company, CompSource Oklahoma, 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 Commission 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 Commission shall be in effect for four

calendar quarters beginning July 1 following determination by the Commission; and

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- 6. a. No mutual or interinsurance association, stock company, CompSource Oklahoma, 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 selfinsured.
 - 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, or CompSource Oklahoma, 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 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 Commission.
- F. 1. On or before the first day of April of each year, the State Treasurer shall advise the Commission, 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 Commission, the MITF Director 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.

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- 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 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 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 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. The State

 Treasurer shall pay out of the Multiple Injury Trust Fund only upon

 the order and direction of the Workers' Compensation Commission

 acting under the provisions hereof.

J. The Commission shall promulgate rules as the Commission 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 MITF Director shall have authority to fulfill all payment obligations of the Multiple Injury Trust Fund.
- M. 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.
- N. Any dividend, rebate, or other distribution, payable by CompSource Oklahoma or any other 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 CompSource Oklahoma or 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.

- O. The Workers' Compensation Commission shall be charged with the administration and protection of the Multiple Injury Trust Fund.
- P. 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. The MITF Director shall be
 appointed by and serve at the pleasure of the Governor.
- Q. P. Any party interested shall have a right to bring a proceeding in the Supreme Court to review an award of the Commission affecting such Multiple Injury Trust Fund, in the same manner as is provided by law with reference to other awards by the Commission.
- R. The State Treasurer shall allocate to the Commission out of the Multiple Injury Trust Fund sufficient funds for administration expenses thereof in amounts to be fixed and approved by the Administrator for the Multiple Injury Trust Fund, unless rejected by the Commission.
- SECTION 10. AMENDATORY Section 38, Chapter 208, O.S.L. 21 2013 (85A O.S. Supp. 2018, Section 38), is amended to read as follows:
- Section 38. A. An employer shall secure compensation to employees under this act in one of the following ways:

1. By insuring and keeping insured the payment of compensation with any stock corporation, mutual association, or other concerns authorized to transact the business of workers' compensation insurance in this state. When an insurer issues a policy to provide workers' compensation benefits under the provisions of this act, it shall file a notice with the Workers' Compensation Commission containing the name, address, and principal occupation of the employer, the number, effective date, and expiration date of the policy, and such other information as may be required by the Commission. The notice shall be filed by the insurer within thirty (30) days after the effective date of the policy. Any insurer who does not file the notice required by this paragraph shall be subject to a fine by the Commission of not more than One Thousand Dollars (\$1,000.00);

- 2. By obtaining and keeping in force guaranty insurance with any company authorized to do guaranty business in this state. Each company that issues workers' compensation guaranty insurance shall file a copy of the contract with the Commission within thirty (30) days after the effective date of the contract. Any company that does not file a copy of the contract as required by this paragraph shall be subject to a fine by the Commission of not more than One Thousand Dollars (\$1,000.00);
- 3. By furnishing satisfactory proof to the Commission of the employer's financial ability to pay the compensation. The

Commission, under Under rules adopted by the Insurance Department 1 2 Commission, the Commission shall require any employer that has: 3 less than one hundred employees or less than One a. Million Dollars (\$1,000,000.00) in net assets to: 4 5 deposit with the Commission securities, an irrevocable letter of credit or a surety bond 6 7 payable to the state, in an amount determined by the Commission which shall be at least an average 8 9 of the yearly claims for the last three (3) 10 years, or 11 (2) provide proof of excess coverage with such terms 12 and conditions as is commensurate with their 1.3 ability to pay the benefits required by the 14 provisions of this act, and 15 one hundred or more employees and One Million Dollars b. 16 (\$1,000,000.00) or more in net assets to: 17 (1)secure a surety bond payable to the state, or an 18 irrevocable letter of credit, in an amount 19 determined by the Commission which shall be at 20 least an average of the yearly claims for the 2.1 last three (3) years, or 22 provide proof of excess coverage with terms and (2)

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conditions that are commensurate with their

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ability to pay the benefits required by the provisions of this act;

4. By forming a group self-insurance association consisting of two or more employers which shall have a common interest and which shall have entered into an agreement to pool their liabilities under the Administrative Workers' Compensation Act. Such agreement shall be subject to rules of the Commission. Any employer, upon application to become a member of a group self-insurance association, shall file with the Commission a notice, in such form as prescribed by the Commission, acknowledging that the employer accepts joint and several liability. Upon approval by the Commission of such application for membership, said member shall be a qualified self-insured employer; or

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- 5. By any other security as may be approved by the Commission and the Insurance Department.
- B. The Commission may waive the requirements of this section in an amount which is commensurate with the ability of the employer to pay the benefits required by the provisions of this act.

Irrevocable letters of credit required by this subsection shall contain such terms as may be prescribed by the Commission and shall be issued for the benefit of the state by a financial institution whose deposits are insured by the Federal Deposit Insurance Corporation.

C. An employer who does not fulfill the requirements of this section is not relieved of the obligation to pay compensation under this act. The security required under this section, including any interest, shall be maintained by the Commission as provided in this act until each claim for benefits is paid, settled, or lapses under this act, and costs of administration of such claims are paid.

- D. Failure on the part of any employer to secure the payment of compensation provided in this act shall have the effect of enabling the Commission to assert the rights of an injured employee against the employer.
- E. Any employer that knowingly provides false information to the Commission for purposes of securing or maintaining a self-insurance permit shall be guilty of a felony and subject to a maximum fine of Ten Thousand Dollars (\$10,000.00).
- SECTION 11. AMENDATORY Section 40, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 40), is amended to read as follows:
 - Section 40. A. 1. Any employer who fails to secure compensation required under this act, upon conviction, shall be guilty of a misdemeanor and subject to a fine of up to Ten Thousand Dollars (\$10,000.00) to be deposited in the Workers' Compensation Commission Revolving Fund.
 - 2. This subsection shall not affect any other liability of the employer under this act.

B. 1. Whenever the <u>Workers' Compensation</u> Commission has reason to believe that any employer required to secure the payment of compensation under this act has failed to do so, the Commission shall serve on the employer a proposed judgment declaring the employer to be in violation of this act and containing the amount, if any, of the civil penalty to be assessed against the employer under paragraph 5 of this subsection.

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- 2. a. An employer may contest a proposed judgment of the Commission issued under paragraph 1 of this subsection by filing with the Commission, within twenty (20) days of receipt of the proposed judgment, a written request for a hearing.
- b. The request for a hearing does not need to be in any particular form but shall specify the grounds on which the person contests the proposed judgment, the proposed assessment, or both.
- c. If a written request for hearing is not filed with the Commission within the time specified in subparagraph a of this paragraph, the proposed judgment, the proposed penalty, or both, shall be a final judgment of the Commission and shall not be subject to further review by any court, except if the employer shows good cause why it did not timely contest the judgment or penalty.

d. A proposed judgment by the Commission under this section shall be prima facie correct, and the burden is on the employer to prove that the proposed judgment is incorrect.

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- 3. a. If the employer alleges that a carrier has contracted to provide it workers' compensation insurance coverage for the period in question, the employer shall include the allegation in its request for hearing and shall name the carrier.
 - b. The Commission shall promptly notify the carrier of the employer's allegation and of the date of hearing.
 - c. The carrier shall promptly, and no later than five (5) days before the hearing, respond in writing to the employer's allegation by providing evidence of coverage for the period in question or by affirmatively denying the employer's allegation.
- 4. Hearings under this section shall be procedurally conducted as provided in Sections 69 through 78 of this act title.
- 5. The Commission may assess a fine against an employer who fails to secure the payment of compensation in an amount up to One Thousand Dollars (\$1,000.00) per day of violation payable to the Workers' Compensation Revolving Fund, but not to exceed a total of Fifty Thousand Dollars (\$50,000.00) for the first violation.

- 6. If an employer fails to secure the payment of compensation or pay any civil penalty assessed against the employer after a judgment issued under this section has become final by operation of law or on appeal, the Commission may petition the Oklahoma County District Court or the district court of the county where the employer's principal place of business is located for an order enjoining the employer from engaging in further employment until such time as the employer secures the payment of compensation or makes full payment of all civil penalties.
- 7. Upon any penalty becoming final under this section, the

 Commission may institute collection proceedings independently or in

 district court including, but not limited to, an asset hearing,

 garnishment of income and wages, judgment lien against personal or

 business property, or an intercept of an employer's income tax

 refund consistent with Section 205.2 of Title 68 of the Oklahoma

 Statutes.
- 8. Information subject to subsections A or B of Section 4-508 of Title 40 of the Oklahoma Statutes may be disclosed to employees of the Commission for purposes of investigation and enforcement of workers' compensation coverage requirements pursuant to this title, and any such information shall be admissible in any hearing before an administrative law judge of the Commission.

1 SECTION 12. AMENDATORY Section 45, Chapter 208, O.S.L. 2 2013, as amended by Section 2, Chapter 390, O.S.L. 2015 (85A O.S. Supp. 2018, Section 45), is amended to read as follows: 3 4 Section 45. A. Temporary Total Disability. 1. If the injured 5 employee is temporarily unable to perform his or her job or any alternative work offered by the employer, he or she shall be 6 7 entitled to receive compensation equal to seventy percent (70%) of the injured employee's average weekly wage, but not to exceed 8 9 seventy percent (70%) of the state average weekly wage, for one 10 hundred four (104) weeks. Provided, there shall be no payment for 11 the first three (3) days of the initial period of temporary total 12 disability. If an administrative law judge finds that a 13 consequential injury has occurred and that additional time is needed 14 to reach maximum medical improvement, temporary total disability may 15 continue for a period of not more than an additional fifty-two (52) 16 weeks. Such finding shall be based upon a showing of medical 17 necessity by clear and convincing evidence. 18 When the injured employee is released from active medical 19 treatment by the treating physician for all body parts found by the 20 Commission to be injured, or in the event that the employee, without 21 a valid excuse, misses three consecutive medical treatment

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physician, or otherwise abandons medical care, the employer shall be

appointments, fails to comply with medical orders of the treating

entitled to terminate temporary total disability by notifying the

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employee, or if represented, his or her counsel. If, however, an objection to the termination is filed by the employee within ten (10) days of termination, the Commission shall set the matter within twenty (20) days for a determination if temporary total disability compensation shall be reinstated. The temporary total disability shall remain terminated unless the employee proves the existence of a valid excuse for his or her failure to comply with medical orders of the treating physician or his or her abandonment of medical care. The administrative law judge may appoint an independent medical examiner to determine if further medical treatment is reasonable and necessary. The independent medical examiner shall not provide treatment to the injured worker, unless agreed upon by the parties.

B. Temporary Partial Disability.

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1. If the injured employee is temporarily unable to perform his or her job, but may perform alternative work offered by the employer, he or she shall be entitled to receive compensation equal to the greater of seventy percent (70%) of the difference between the injured employee's average weekly wage before the injury and his or her weekly wage for performing alternative work after the injury, but only if his or her weekly wage for performing the alternative work is less than the temporary total disability rate. The injured employee's actual earnings plus temporary partial disability rate.

- 2. Compensation under this subsection may not exceed fifty-two (52) weeks.
- 3. If the employee refuses to perform the alternative work offered by the employee, he or she shall not be entitled to benefits under subsection A of this section or under this section.
 - C. Permanent Partial Disability.

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A permanent partial disability award or combination of awards granted an injured worker may not exceed a permanent partial disability rating of one hundred percent (100%) to any body part or to the body as a whole. The determination of permanent partial disability shall be the responsibility of the Commission through its administrative law judges. Any claim by an employee for compensation for permanent partial disability must be supported by competent medical testimony of a medical doctor, osteopathic physician, or chiropractor, and shall be supported by objective medical findings, as defined in this act. The opinion of the physician shall include employee's percentage of permanent partial disability and whether or not the disability is job-related and caused by the accidental injury or occupational disease. A physician's opinion of the nature and extent of permanent partial disability to parts of the body other than scheduled members must be based solely on criteria established by the current edition of the American Medical Association's "Guides to the Evaluation of Permanent Impairment". A copy of any written evaluation shall be

sent to both parties within seven (7) days of issuance. Medical opinions addressing compensability and permanent disability must be stated within a reasonable degree of medical certainty. Any party may submit the report of an evaluating physician.

- 2. Permanent partial disability shall not be allowed to a part of the body for which no medical treatment has been received. A determination of permanent partial disability made by the Commission or administrative law judge which is not supported by objective medical findings provided by a treating physician who is a medical doctor, doctor of osteopathy, chiropractor or a qualified independent medical examiner shall be considered an abuse of discretion.
- 3. The examining physician shall not deviate from the Guides except as may be specifically provided for in the Guides.
- 4. In cases of permanent partial disability, the compensation shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00) per week, for a term not to exceed a total of three hundred fifty (350) weeks for the body as a whole.
- 5. Except pursuant to settlement agreements entered into by the employer and employee, payment of a permanent partial disability award shall be deferred and held in reserve by the employer or insurance company if the employee has reached maximum medical improvement and has been released to return to work by his or her

treating physician, and then returns to his pre-injury or equivalent job for a term of weeks determined by dividing the total dollar value of the award by seventy percent (70%) of the employee's average weekly wage.

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- shall be reduced by seventy percent (70%) of the employee's average weekly wage for each week he works in his pre-injury or equivalent job.
- b. If, for any reason other than misconduct as defined in Section 2 of this act title, the employer terminates the employee or the position offered is not the preinjury or equivalent job, the remaining permanent partial disability award shall be paid in a lump sum. If the employee is discharged for misconduct, the employer shall have the burden to prove that the employee engaged in misconduct.
- c. If the employee refuses an offer to return to his preinjury or equivalent job, the permanent partial
 disability award shall continue to be deferred and
 shall be reduced by seventy percent (70%) of the
 employee's average weekly wage for each week he
 refuses to return to his pre-injury or equivalent job.
- d. Attorney fees for permanent partial disability awards, as approved by the Commission, shall be calculated

based upon the total permanent partial disability award and paid in full at the time of the deferral.

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- e. Assessments pursuant to Sections 31, 98, 112 and 165

 122 of this act title shall be calculated based upon the amount of the permanent partial disability award and shall be paid at the time of the deferral.
- 6. Previous Disability: The fact that an employee has suffered previous disability or received compensation therefor shall not preclude the employee from compensation for a later accidental personal injury or occupational disease. In the event there exists a previous permanent partial disability, including a previous non-work-related injury or condition which produced permanent partial disability and the same is aggravated or accelerated by an accidental personal injury or occupational disease, compensation for permanent partial disability shall be only for such amount as was caused by such accidental personal injury or occupational disease and no additional compensation shall be allowed for the preexisting disability or impairment. Any such reduction shall not apply to temporary total disability, nor shall it apply to compensation for medical treatment.
 - a. If workers' compensation benefits have previously been awarded through settlement or judicial or administrative determination in Oklahoma, the percentage basis of the prior settlement or award

shall conclusively establish the amount of permanent partial disability determined to be preexisting. If workers' compensation benefits have not previously been awarded through settlement or judicial or administrative determination in Oklahoma, the amount of preexisting permanent partial disability shall be established by competent evidence.

b. In all cases, the applicable reduction shall be calculated as follows:

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(1) if the preexisting impairment is the result of injury sustained while working for the employer against whom workers' compensation benefits are currently being sought, any award of compensation shall be reduced by the current dollar value attributable under the Administrative Workers' Compensation Act to the percentage of permanent partial disability determined to be preexisting. The current dollar value shall be calculated by multiplying the percentage of preexisting permanent partial disability by the compensation rate in effect on the date of the accident or injury against which the reduction will be applied, and

- (2) in all other cases, the employer against whom benefits are currently being sought shall be entitled to a credit for the percentage of preexisting permanent partial disability.
- 7. No payments on any permanent partial disability order shall begin until payments on any preexisting permanent partial disability orders have been completed.

- 8. The whole body shall represent a maximum of three hundred fifty (350) weeks.
- 9. The permanent partial disability rate of compensation for amputation or permanent total loss of use of a scheduled member specified in Section 46 of this act title shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00), multiplied by the number of weeks set forth for the member in Section 46 of this act title, regardless of whether the injured employee is able to return to his or her pre-injury or equivalent job.
- 10. An injured employee who is eligible for permanent partial disability under this subsection shall be entitled to receive vocational rehabilitation services provided by a technology center or public secondary school offering vocational-technical education courses, or a member institution of The Oklahoma State System of Higher Education, which shall include retraining and job placement to restore the employee to gainful employment. Vocational

- rehabilitation services or training shall not extend for a period of more than fifty-two (52) weeks.
 - D. Permanent Total Disability.

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In case of total disability adjudged to be permanent, seventy percent (70%) of the employee's average weekly wages, but not in excess of the state's average weekly wage, shall be paid to the employee during the continuance of the disability until such time as the employee reaches the age of maximum Social Security retirement benefits or for a period of fifteen (15) years, whichever is longer. In the event the claimant dies of causes unrelated to the injury or illness, benefits shall cease on the date of death. Provided, however, any person entitled to revive the action shall receive a one-time lump-sum payment equal to twenty-six (26) weeks of weekly benefits for permanent total disability awarded the claimant. If more than one person is entitled to revive the claim, the lump-sum payment shall be evenly divided between or among such persons. In the event the Commission awards both permanent partial disability and permanent total disability benefits, the permanent total disability award shall not be due until the permanent partial disability award is paid in full. If otherwise qualified according to the provisions of this act, permanent total disability benefits may be awarded to an employee who has exhausted the maximum period of temporary total disability even though the employee has not reached maximum medical improvement.

2. The <u>Workers' Compensation</u> Commission shall annually review the status of any employee receiving benefits for permanent total disability against the last employer. The Commission shall require the employee to annually file an affidavit under penalty of perjury stating that he or she is not and has not been gainfully employed and is not capable of gainful employment. Failure to file such affidavit shall result in suspension of benefits; provided, however, reinstatement of benefits may occur after proper hearing before the Commission.

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- E. 1. The Workers' Compensation Commission shall hire or contract for a Vocational Rehabilitation Director to oversee the vocational rehabilitation program of the Commission.
- 2. The Vocational Rehabilitation Director shall help injured workers return to the work force. If the injured employee is unable to return to his or her pre-injury or equivalent position due to permanent restrictions as determined by the treating physician, upon the request of either party, the Vocational Rehabilitation Director shall determine if it is appropriate for a claimant to receive vocational rehabilitation training or services, and will oversee such training. If appropriate, the Vocational Rehabilitation Director shall issue administrative orders, including, but not limited to, an order for a vocational rehabilitation evaluation for any injured employee unable to work for at least ninety (90) days. In addition, the Vocational Rehabilitation Director may assign

injured workers to vocational rehabilitation counselors for

coordination of recommended services. The cost of the services

shall be paid by the employer. All administrative orders are

subject to appeal to the full Commission.

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- 3. There shall be a presumption in favor of ordering vocational rehabilitation services or training for an eligible injured employee under the following circumstances:
 - a. if the employee's occupation is truck driver or laborer and the medical condition is traumatic brain injury, stroke or uncontrolled vertigo,
 - b. if the employee's occupation is truck driver or laborer performing high-risk tasks and the medical condition is seizures,
 - c. if the employee's occupation is manual laborer and the medical condition is bilateral wrist fusions,
 - d. if the employee's occupation is assembly-line worker and the medical condition is radial head fracture with surgical excision,
 - e. if the employee's occupation is heavy laborer and the medical condition is myocardial infarction with congestive heart failure,
 - f. if the employee's occupation is heavy manual laborer and the medical condition is multilevel neck or back fusions greater than two levels,

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- g. if the employee's occupation is laborer performing overhead work and the medical condition is massive rotator cuff tears, with or without surgery,
- h. if the employee's occupation is heavy laborer and the medical condition is recurrent inguinal hernia following unsuccessful surgical repair,
- i. if the employee's occupation is heavy manual laborer and the medical condition is total knee replacement or total hip replacement,
- j. if the employee's occupation is roofer and the medical condition is calcaneal fracture, medically or surgically treated,
- k. if the employee's occupation is laborer of any kind and the medical condition is total shoulder replacement,
- if the employee's occupation is laborer and the medical condition is amputation of a hand, arm, leg, or foot,
- m. if the employee's occupation is laborer and the medical condition is tibial plateau fracture, pilon fracture,
- n. if the employee's occupation is laborer and the medical condition is ankle fusion or knee fusion,

o. if the employee's occupation is driver or heavy equipment operator and the medical condition is unilateral industrial blindness, or

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- p. if the employee's occupation is laborer and the medical condition is 3-, 4-, or 5-level positive discogram of the cervical spine or lumbar spine, medically treated.
- 4. Upon the request of either party, or by order of an administrative law judge, the Vocational Rehabilitation Director shall assist the Workers' Compensation Commission in determining if it is appropriate for a claimant to receive vocational rehabilitation training or services. If appropriate, the administrative law judge shall refer the employee to a qualified expert for evaluation of the practicability of, need for and kind of rehabilitation services or training necessary and appropriate in order to restore the employee to gainful employment. The cost of the evaluation shall be paid by the employer. Following the evaluation, if the employee refuses the services or training ordered by the administrative law judge, or fails to complete in good faith the vocational rehabilitation training ordered by the administrative law judge, then the cost of the evaluation and services or training rendered may, in the discretion of the administrative law judge, be deducted from any award of benefits to the employee which remains unpaid by the employer. Upon receipt of such report, and after

affording all parties an opportunity to be heard, the administrative law judge shall order that any rehabilitation services or training, recommended in the report, or such other rehabilitation services or training as the administrative law judge may deem necessary, provided the employee elects to receive such services, shall be provided at the expense of the employer. Except as otherwise provided in this subsection, refusal to accept rehabilitation services by the employee shall in no way diminish any benefits allowable to an employee.

- 5. The administrative law judge may order vocational rehabilitation before the injured employee reaches maximum medical improvement, if the treating physician believes that it is likely that the employee's injury will prevent the employee from returning to his or her former employment. In granting early benefits for vocational rehabilitation, the Commission shall consider temporary restrictions and the likelihood that such rehabilitation will return the employee to gainful employment earlier than if such benefits are granted after the permanent partial disability hearing in the claim.
- 6. Vocational rehabilitation services or training shall not extend for a period of more than fifty-two (52) weeks. A request for vocational rehabilitation services or training shall be filed with the Commission by an interested party not later than sixty (60) days from the date of receiving permanent restrictions that prevent

- the injured employee from returning to his or her pre-injury or equivalent position.
- 7. If rehabilitation requires residence at or near the facility or institution which is away from the employee's customary residence, reasonable cost of the employee's board, lodging, travel, tuition, books and necessary equipment in training shall be paid for by the insurer in addition to weekly compensation benefits to which the employee is otherwise entitled under the Administrative Workers' Compensation Act.
- 8. During the period when an employee is actively and in good faith being evaluated or participating in a retraining or job placement program for purposes of evaluating permanent total disability status, the employee shall be entitled to receive benefits at the same rate as the employee's temporary total disability benefits for an additional fifty-two (52) weeks. All tuition related to vocational rehabilitation services shall be paid by the employer or the employer's insurer on a periodic basis directly to the facility providing the vocational rehabilitation services or training to the employee. The employer or employer's insurer may deduct the amount paid for tuition from compensation awarded to the employee.
 - F. Disfigurement.

1. If an injured employee incurs serious and permanent disfigurement to any part of the body, the Commission may award

compensation to the injured employee in an amount not to exceed

Fifty Thousand Dollars (\$50,000.00).

- 2. No award for disfigurement shall be entered until twelve (12) months after the injury.
- 3. An injured employee shall not be entitled to compensation under this subsection if he or she receives an award for permanent partial disability to the same part of the body.
- G. Benefits for a single-event injury shall be determined by the law in effect at the time of injury. Benefits for a cumulative trauma injury or occupational disease or illness shall be determined by the law in effect at the time the employee knew or reasonably should have known that the injury, occupational disease or illness was related to work activity. Benefits for death shall be determined by the law in effect at the time of death.
- SECTION 13. AMENDATORY Section 50, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 50), is amended to read as follows:
 - Section 50. A. The employer shall promptly provide an injured employee with medical, surgical, hospital, optometric, podiatric, and nursing services, along any with medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus as may be reasonably necessary in connection with the injury received by the employee. The employer shall have the right to choose the treating physician.

B. If the employer fails or neglects to provide medical treatment within five (5) days after actual knowledge is received of an injury, the injured employee may select a physician to provide medical treatment at the expense of the employer; provided, however, that the injured employee, or another in the employee's behalf, may obtain emergency treatment at the expense of the employer where such emergency treatment is not provided by the employer.

- C. Diagnostic tests shall not be repeated sooner than six (6) months from the date of the test unless agreed to by the parties or ordered by the Commission for good cause shown.
- D. Unless recommended by the treating doctor at the time claimant reaches maximum medical improvement or by an independent medical examiner, continuing medical maintenance shall not be awarded by the Commission. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment that is outside the parameters established by the Physician Advisory Committee or ODG. The employer or insurance carrier shall not be responsible for continuing medical maintenance or pain management treatment not previously ordered by the Commission or approved in advance by the employer or insurance carrier.
- E. An employee claiming or entitled to benefits under this act, shall, if ordered by the Commission or requested by the employer or insurance carrier, submit himself or herself for medical

- examination. If an employee refuses to submit himself or herself to examination, his or her right to prosecute any proceeding under this act shall be suspended, and no compensation shall be payable for the period of such refusal.
- F. For compensable injuries resulting in the use of a medical device, ongoing service for the medical device shall be provided in situations including, but not limited to, medical device battery replacement, ongoing medication refills related to the medical device, medical device repair, or medical device replacement.
- G. The employer shall reimburse the employee for the actual mileage in excess of twenty (20) miles round-trip to and from the employee's home to the location of a medical service provider for all reasonable and necessary treatment, for an evaluation of an independent medical examiner and for any evaluation made at the request of the employer or insurance carrier. The rate of reimbursement for such travel expense shall be the official reimbursement rate as established by the State Travel Reimbursement Act. In no event shall the reimbursement of travel for medical treatment or evaluation exceed six hundred (600) miles round trip.
 - H. Fee Schedule.

1. The Commission shall conduct a review of the Fee Schedule every two (2) years, provided the Fee Schedule shall be revised in 2019 to provide a two-percent increase in maximum rate of reimbursement to physicians and hospitals in 2019; an additional

increase of two percent (2%) in 2020; and an additional increase of two percent (2%) in 2021. The Fee Schedule shall establish the maximum rates that medical providers shall be reimbursed for medical care provided to injured employees, 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. The most current Fee Schedule established by the Administrator of the Workers' Compensation Court prior to the effective date of this section shall remain in effect, unless or until the Legislature approves the Commission's proposed Fee Schedule.

2. Reimbursement for medical care shall be prescribed and limited by the Fee Schedule as adopted by the Commission, after notice and public hearing, and after approval by the Legislature by joint resolution. The director of the Employees Group Insurance Division of the Office of Management and Enterprise Services shall provide the Commission such information as may be relevant for the development of the Fee Schedule. The Commission shall develop the Fee Schedule in a manner in which quality of medical care is assured and maintained for injured employees. The Commission 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 Commission, insurance carriers, and employers.

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- In making adjustments to the Fee Schedule, the Commission 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 of the U.S. Department of Health and Human Services for use in Oklahoma (Medicare Fee Schedule) on the effective date of this section, workers' compensation fee schedules employed by neighboring states, the latest edition of "Relative Values for Physicians" (RVP), usual, customary and reasonable medical payments to workers' compensation health care providers in the same trade area for comparable treatment of a person with similar injuries, and all other data the Commission deems relevant. For services not valued by CMS, the Commission 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.
 - a. 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

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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 and two hundred seven percent (207%) of the Medicare Fee Schedule.

- b. For reimbursement of medical services for Evaluation and Management of injured employees as defined in the Fee Schedule adopted by the Commission, the reimbursement rate shall not be less than one hundred fifty percent (150%) of the Medicare Fee Schedule.
- c. Any entity providing durable medical equipment, prosthetics, orthotics or supplies shall be accredited by a CMS-approved accreditation organization. If a physician provides durable medical equipment, prosthetics, orthotics, prescription drugs, or supplies to a patient ancillary to the patient's visit, reimbursement shall be no more than ten percent (10%) above cost.
- d. The Commission 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.

4. 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 Commission. When a medical care provider has brought a claim to the Commission to obtain payment for services, a party who prevails in full on the claim shall be entitled to reasonable attorney fees.

- 5. 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.
- 6. A treating physician may not charge more than Four Hundred Dollars (\$400.00) per hour for preparation for or testimony at a deposition or appearance before the Commission in connection with a claim covered by the Administrative Workers' Compensation Act.
- 7. The Commission'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 judgment approving the medical and treatment charges pursuant to this section shall be enforceable by the Commission in the same manner as provided in this act for the enforcement of other compensation payments.

8. 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 Commission. Physicians shall prescribe and pharmacies shall dispense generic equivalent drugs when available. If the National Drug Code, or "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 and 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 Ingredients with no NDC area are not separately reimbursable. Payment shall be based on a sum of the allowable fee for each ingredient plus a dispensing fee of Five Dollars (\$5.00) per prescription.

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9. When medical care includes prescription drugs dispensed by a physician or other medical care provider and 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 and the lowest-cost therapeutic equivalent drug product. 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. Compounded medications shall be billed by the compounding pharmacy.

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- Implantables are paid in addition to procedural 10. 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 shall be provided to the payer by the physician or hospital as a condition of payment for the implantable device. If the physician, or an entity in which the physician has a financial interest other than an ownership interest of less than five percent (5%) in a publically traded company, provides implantable devices, this relationship shall be disclosed to patient, employer, insurance company, third-party commission, certified workplace medical plan, case managers, and attorneys representing claimant and defendant. If the physician, or an entity in which the physician has a financial interest other than an ownership interest of less than five percent (5%) in a publically traded company, buys and resells implantable devices to a hospital or another physician, the markup shall be limited to ten percent (10%) above cost.
- 11. 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, the Commission may assess a penalty up to twenty-five percent (25%) for any amount due under the Fee Schedule that remains unpaid on the finding by the Commission that no good-faith reason existed for the delay in payment. If the Commission finds a pattern of an employer or insurance carrier willfully and knowingly delaying payments for medical care, the Commission may assess a civil penalty of not more than Five Thousand Dollars (\$5,000.00) per occurrence.

- 12. If 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 Commission, for the missed appointment. In the absence of a good-faith reason for missing the appointment, the Commission shall order the employee to reimburse the employer or insurance company for the charge.
- 13. Physicians providing treatment under this act shall disclose under penalty of perjury to the Commission, on a form prescribed by the Commission, any ownership or interest in any health care facility, business, or diagnostic center that is not the physician's primary place of business. The 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 Commission to disqualify the physician from providing treatment under this act.

- I. Formulary. The Commission by rule shall adopt a closed formulary. Rules adopted by the Commission shall allow an appeals process for claims in which a treating doctor determines and documents that a drug not included in the formulary is necessary to treat an injured employee's compensable injury. The Commission by rule shall require the use of generic pharmaceutical medications and clinically appropriate over-the-counter alternatives to prescription medications unless otherwise specified by the prescribing doctor, in accordance with applicable state law.
- SECTION 14. AMENDATORY Section 60, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 60), is amended to read as follows:

Section 60. The Physician Advisory Committee may recommend the adoption of a method or system to evaluate permanent disability that shall deviate from, or be used in place of or in combination with the Guides. Such recommendation shall be made to the Workers'

Compensation Commission which may adopt the recommendation in part or in whole. The adopted method or system shall be submitted by the Executive Director of the Commission to the Governor, the Speaker of the House of Representatives and the President Pro Tempore of the Senate within the first ten (10) legislative days of a regular session of the Legislature. Such method or system so submitted

- 1 | shall be subject to disapproval by joint or concurrent resolution of
- 2 | the Legislature during the legislative session in which submitted.
- 3 | If disapproved, the existing method of determining permanent partial
- 4 disability shall continue in effect. If the Legislature takes no
- 5 action on the method or system submitted by the Executive Director,
- 6 the method or system shall become operative thirty (30) days
- 7 | following the adjournment of the Legislature.
- 8 SECTION 15. AMENDATORY Section 63, Chapter 208, O.S.L.
- 9 2013 (85A O.S. Supp. 2018, Section 63), is amended to read as
- 10 follows:

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- 11 | Section 63. A. Within ten (10) days after the date of receipt
- 12 of notice or of knowledge of injury or death, the employer shall
- 13 | send to the Workers' Compensation Commission a report setting forth:
 - 1. The name, address, and business of the employer;
 - 2. The name, address, and occupation of the employee;
 - 3. The cause and nature of the injury or death;
- 4. The year, month, day, approximately when, and the particular
- 18 locality where, the injury or death occurred; and
- 5. Such other information as the Commission may require.
- B. Additional reports with respect to the injury and of the
- 21 | condition of the employee shall be sent by the employer to the
- 22 | Commission at such time and in such manner as the Commission may
- prescribe. However, an employer may refuse to provide any
- 24 | information that it deems privileged or confidential.

C. Any report provided for in subsection A or B of this section shall not be evidence of any fact stated in the report in any proceeding with respect to the injury or death on account of which the report is made. Any such report shall be kept confidential and shall not be open to public inspection; provided, however, such report shall be made available immediately upon request of the injured employee named in the report, the injured employee's legal representative or any prosecutorial authority, at such time as an employee's first notice of claim for compensation shall be filed.

- D. The mailing of any report in a stamped envelope, properly addressed, within the time prescribed in subsection A or B of this section, shall be in compliance with this section. In addition, the Commission shall establish a means of electronic delivery of any report or other information required by this section.
- E. 1. Any employer who after notice refuses to send any report required by this section shall be subject to a civil penalty in an amount of Five Hundred Dollars (\$500.00) for each refusal.
- 2. Whenever the employer has failed or refused to comply as provided in this section, the Commission may serve on the employer a proposed judgment declaring the employer to be in violation of this act and containing the amount, if any, of the civil penalty to be assessed against the employer under this section.
- F. An employer may contest a proposed judgment of the Commission issued under subsection E of this section by filing with

the Commission, within twenty (20) days of receipt of the proposed judgment, a written request for a hearing. If a written request for hearing is not filed with the Commission within this time, the proposed judgment, proposed penalty, or both, shall be a final judgment of the Commission. The request for a hearing does not need to be in any particular form but shall specify the grounds on which the person contests the proposed judgment, the proposed assessment, or both. A proposed judgment by the Commission under this section shall be prima facie correct, and the burden is on the employer to prove that the proposed judgment is incorrect.

- G. Hearings conducted under this section shall proceed as provided in Sections 69 through 78 of this act title.
- H. If an employer fails to pay any civil penalty assessed against the employer after a judgment issued under this section has become final by operation of law, the Commission may petition the district court of the county where the employer's principal place of business is located for an order enjoining the employer from engaging in further employment or conduct of business until such time as the employer makes all required reports and pays all civil penalties.
- SECTION 16. AMENDATORY Section 67, Chapter 208, O.S.L. 22 2013 (85A O.S. Supp. 2018, Section 67), is amended to read as follows:

- Section 67. A. 1. Except as otherwise provided in this section, notice of disability resulting from an occupational disease or cumulative trauma shall be the same as in cases of accidental injury.
- 2. Written notice shall be given to the employer of an occupational disease or cumulative trauma by the employee, or a representative of the employee in the case of incapacity or death, within six (6) months after the first distinct manifestation of the disease or cumulative trauma or within six (6) months after death.
- B. An award or denial of award of compensation for an occupational disease or cumulative trauma may be reviewed and compensation increased, reduced, or terminated where previously awarded, or awarded where previously denied, only on proof of fraud or undue influence or of change of condition, and then only on application by a party in interest made not later than one (1) year after the denial of award or, where compensation has been awarded, after the award or the date when the last payment was made under the award, except in cases of silicosis or asbestosis, where the statute of limitations shall be two (2) years.
- SECTION 17. AMENDATORY Section 69, Chapter 208, O.S.L. 21 2013 (85A O.S. Supp. 2018, Section 69), is amended to read as follows:
- 23 Section 69. A. Time for Filing.

1. A claim for benefits under this act, other than an occupational disease, shall be barred unless it is filed with the Commission within one (1) year from the date of the injury. If during the one-year period following the filing of the claim the employee receives no weekly benefit compensation and receives no medical treatment resulting from the alleged injury, the claim shall be barred thereafter. For purposes of this section, the date of the injury shall be defined as the date an injury is caused by an accident as set forth in paragraph 9 of Section 2 of this act title.

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- 2. a. A claim for compensation for disability on account of injury which is either an occupational disease or occupational infection shall be barred unless filed with the <u>Workers' Compensation</u> Commission within two (2) years from the date of the last injurious exposure to the hazards of the disease or infection.
 - b. A claim for compensation for disability on account of silicosis or asbestosis shall be filed with the Commission within one (1) year after the time of disablement, and the disablement shall occur within three (3) years from the date of the last injurious exposure to the hazard of silicosis or asbestosis.
 - c. A claim for compensation for disability on account of a disease condition caused by exposure to X-rays, radioactive substances, or ionizing radiation only

shall be filed with the Commission within two (2) years from the date the condition is made known to an employee following examination and diagnosis by a medical doctor.

- 3. A claim for compensation on account of death shall be barred unless filed with the Commission within two (2) years of the date of such a death.
- 4. If within six (6) months after the filing of a claim for compensation no bona fide request for a hearing has been made with respect to the claim, the claim may, on motion and after hearing, be dismissed with prejudice.
 - B. Time for Filing Additional Compensation.

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- 1. In cases in which any compensation, including disability or medical, has been paid on account of injury, a claim for additional compensation shall be barred unless filed with the Commission within one (1) year from the date of the last payment of disability compensation or two (2) years from the date of the injury, whichever is greater later.
- 2. The statute of limitations provided in this subsection shall not apply to claims for the replacement of medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus permanently or indefinitely required as the result of a compensable injury, when the employer or carrier previously furnished such medical supplies, but replacement

- of such items shall not constitute payment of compensation so as to toll the statute of limitations.
- C. A claim for additional compensation shall specifically state that it is a claim for additional compensation. Documents which do not specifically request additional benefits shall not be considered a claim for additional compensation.
- D. If within six (6) months after the filing of a claim for additional compensation no bona fide request for a hearing has been made with respect to the claim, the claim shall be dismissed without prejudice to the refiling of the claim within the limitation period specified in subsection B of this section.
- E. Failure to File. Failure to file a claim within the period prescribed in subsection A or B of this section shall not be a bar to the right to benefits hereunder unless objection to the failure is made at the first hearing on the claim in which all parties in interest have been given a reasonable notice and opportunity to be heard by the Commission.
 - F. Persons under Disability.

1. Notwithstanding any statute of limitation provided for in this act, when it is established that failure to file a claim by an injured employee or his or her dependents was induced by fraud, the claim may be filed within one (1) year from the time of the discovery of the fraud.

- 2. Subsections A and B of this section shall not apply to a mental incompetent or minor so long as the person has no guardian or similar legal representative. The limitations prescribed in subsections A and B of this section shall apply to the mental incompetent or minor from the date of the appointment of a guardian or similar legal representative for that person, and when no guardian or similar representative has been appointed, to a minor on reaching the age of majority.
- G. A latent injury or condition shall not delay or toll the limitation periods specified in this section. This subsection shall not apply to the limitation period for occupational diseases specified in paragraph 2 of subsection A of this section.
- SECTION 18. AMENDATORY Section 71, Chapter 208, O.S.L.
- 14 | 2013 (85A O.S. Supp. 2018, Section 71), is amended to read as
- 16 Section 71. A. Notice

follows:

- Section 71. A. Notice. Within ten (10) days after a claim for compensation has been filed, the <u>Workers' Compensation</u> Commission shall notify the employer and any other interested person of the filing of the claim.
 - B. Investigation Hearing.
- 1. The Commission shall assign the claim to an administrative law judge who shall hold a hearing on application of any interested party, or on its own motion.

- 2. An application for a hearing shall clearly set forth the specific issues of fact or law in controversy and the contentions of the party applying for the hearing.
- 3. If any party is not represented by a lawyer, the administrative law judge shall define the issues to be heard.
- 4. If a hearing on the claim is ordered, the administrative law judge shall give the claimant and other interested parties ten (10) days' notice of the hearing served personally on the claimant and other parties, or by registered mail, facsimile, electronic mail or by other electronic means with receipt of confirmation. The hearing shall may be held in Tulsa or Oklahoma County any county of this state, as determined by the Commission.
- 5. The award, together with the statement of the findings of fact and other matters pertinent to the issues, shall be filed with the record of the proceedings, and a copy of the award shall immediately be sent to the parties in or to counsels of record, if any.
 - C. Evidence and Construction.

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1. a. At the hearing the claimant and the employer may each present evidence relating to the claim. Evidence may be presented by any person authorized in writing for such purpose. The evidence may include verified medical reports which shall be accorded such weight as

may be warranted when considering all evidence in the case.

- b. Any determination of the existence or extent of physical impairment shall be supported by objective and measurable physical or mental findings.
- 2. When deciding any issue, administrative law judges and the Commission shall determine, on the basis of the record as a whole, whether the party having the burden of proof on the issue has established it by a preponderance of the evidence.
- 3. Administrative law judges, the Commission, and any reviewing courts shall strictly construe the provisions of this act.
- 4. In determining whether a party has met the burden of proof on an issue, administrative law judges and the Commission shall weigh the evidence impartially and without giving the benefit of the doubt to any party.
- D. Judgment. The judgment denying the claim or making the award shall be filed in the office of the Commission, and a copy shall be sent by registered mail, facsimile, electronic mail or by other electronic means with receipt of confirmation to the claimant and to the employer or to their attorneys.
- E. No compensation for disability of an injured employee shall be payable for any period beyond his or her death; provided, however, an award of compensation for disability may be made after

- 1 the death of the injured employee for the period of disability
 2 preceding death.
- 3 SECTION 19. AMENDATORY Section 78, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2018, Section 78), is amended to read as
- 5 follows:
- 6 Section 78. A. Any party feeling aggrieved by the judgment,
- 7 decision, or award made by the administrative law judge may, within
- 8 ten (10) days of issuance, appeal to the Workers' Compensation
- 9 | Commission. After hearing arguments, the Commission may reverse or
- 10 | modify the decision only if it determines that the decision was
- 11 against the clear weight of the evidence or contrary to law. All
- 12 | such proceedings of the Commission shall be recorded by a court
- 13 | reporter, if requested by any party. Any judgment of the Commission
- 14 | which reverses a decision of the administrative law judge shall
- 15 | contain specific findings relating to the reversal.
- B. The appellant shall pay a filing fee of One Hundred Seventy-
- 17 | five Dollars (\$175.00) to the Commission at the time of filing his
- 18 or her appeal. The fee shall be deposited in the Workers'
- 19 | Compensation Commission Revolving Fund.
- C. The judgment, decision or award of the Commission shall be
- 21 | final and conclusive on all questions within its jurisdiction
- 22 | between the parties unless an action is commenced in the Supreme
- 23 Court of this state to review the judgment, decision or award within
- 24 | twenty (20) days of being sent to the parties. Any judgment,

- decision or award made by an administrative law judge shall be
 stayed until all appeal rights have been waived or exhausted. The
 Supreme Court may modify, reverse, remand for rehearing, or set
 aside the judgment or award only if it was:
 - 1. In violation of constitutional provisions;
- 2. In excess of the statutory authority or jurisdiction of the Commission;
 - 3. Made on unlawful procedure;
 - 4. Affected by other error of law;
- 5. Clearly erroneous in view of the reliable, material, probative and substantial competent evidence;
- 12 6. Arbitrary or capricious;

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- 7. Procured by fraud; or
- 8. Missing findings of fact on issues essential to the decision.

This action shall be commenced by filing with the Clerk of the Supreme Court a certified copy of the judgment, decision or award of the Commission attached to the petition by the complaint which shall specify why the judgment, decision or award is erroneous or illegal. The proceedings shall be heard in a summary manner and shall have precedence over all other civil cases in the Supreme Court, except preferred Corporation Commission appeals. The Supreme Court shall require the appealing party to file within forty-five (45) days from the date of the filing of an appeal or a judgment appealed from, a

transcript of the record of the proceedings before the Commission,

or such later time as may be granted by the Supreme Court on

application and for good cause shown. The action shall be subject

to the law and practice applicable to other civil actions cognizable

in the Supreme Court.

commences the principal appeal.

- D. A fee of One Hundred Dollars (\$100.00) per appeal to the Supreme Court shall be paid to the Commission and deposited in the Workers' Compensation Fund as costs for preparing, assembling, indexing and transmitting the record for appellate review. This fee shall be paid by the party taking the appeal. If more than one party to the action files an appeal from the same judgment, decision or award, the fee shall be paid by the party whose petition in error
- SECTION 20. AMENDATORY Section 80, Chapter 208, O.S.L.

 2013 (85A O.S. Supp. 2018, Section 80), is amended to read as

 follows:
 - Section 80. A. Except where a joint petition settlement has been approved, the Workers' Compensation Commission may reopen for review any compensation judgment, award, or decision. Such review based on a change of physical condition may be done at any time within six (6) months of termination of the compensation period fixed in the original compensation judgment or award from the date of the last order in which monetary benefits or active medical treatment was provided, on the Commission's own motion or on the

application of any party in interest, on the ground of a change in physical condition or on proof of erroneous wage rate and unless filed within such period of time shall be forever barred. On review, the Commission may make a judgment or award terminating, continuing, decreasing, or increasing for the future the compensation previously awarded, subject to the maximum limits provided for in this act title. An order denying an application to reopen a claim shall not extend the period of time set out in this section for reopening the case. A failure to comply with a medical treatment plan ordered by the Commission shall bar the reopening of a claim.

- B. The review and subsequent judgment or award shall be made in accordance with the procedure prescribed in Sections 69 through 78 of this act title. No review shall affect any compensation paid under a prior order, judgment or award.
- C. The Commission may correct any clerical error in any compensation judgment or award within one (1) year from the date of its issuance.
- D. Aging and the effects of aging on a compensable injury are not to be considered in determining whether there has been a change in physical condition. Aging or the effect of aging on a compensable injury shall not be considered in determining permanent disability under this section or any other section in this act.

SECTION 21. AMENDATORY Section 82, Chapter 208, O.S.L. 2 2013 (85A O.S. Supp. 2018, Section 82), is amended to read as 3 follows:

Section 82.

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- A. 1. a. Fees for legal services rendered in a claim shall not be valid unless approved by the <u>Workers' Compensation</u>

 Commission.
 - b. An attorney representing an injured employee may only recover attorney fees up to ten percent (10%) of any temporary total disability or temporary partial disability compensation and twenty percent (20%) of any permanent partial disability, permanent total disability, or death compensation awarded to an injured employee by the Commission from a controverted claim. If the employer makes a written offer to settle permanent partial disability, permanent total disability, or death compensation and that offer is rejected, the employee's attorney may not recover attorney fees in excess of thirty percent (30%) of the difference between the amount of any award and the settlement offer.
 - (1) Attorney fees may not be collected for recovery on noncontroverted claims.

1 (2) Attorney fees shall not be awarded on medical benefits or services.

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- (3) The fee for legal services rendered by an attorney representing an employee in connection with a change of physician requested by the injured employee, controverted by the employer, and awarded by the Commission, shall be Two Hundred Dollars (\$200.00).
- (4) Attorney fees may include not more than ten percent (10%) of the value, or reasonable estimate thereof, of vocational rehabilitation services.
- c. A "controverted claim" means that there has been a contested hearing before the Commission over whether there has been a compensable injury or whether the employee is entitled to temporary total disability, temporary partial disability, permanent partial disability, permanent total disability, or death compensation. A request for a change in physician shall not trigger a controverted claim for purposes of recovering any attorney fees except the fees under division 3 of subparagraph b of this paragraph. A controverted claim shall not exist if the employee or his or her representative has withheld pertinent

information in his or her possession related to the claim from the employer or has violated the provisions of Section 6 of this act title.

- 2. Any person who or entity that brings a controverted claim against the State Treasurer, as a custodian of the Multiple Injury Trust Fund, shall provide notice of the claim to the Commission.

 Thereafter, the Commission shall direct fees for legal services be paid from the Fund, in addition to any compensation award. The fees shall be authorized only on the difference between the amount of compensation controverted and the amount awarded from the Fund.
- 3. In any case where attorney fees are allowed by the Commission, the limitations expressed in subparagraph b of paragraph 1 of this subsection shall apply.
- 4. Medical providers may voluntarily contract with the attorney for the employee to recover disputed charges, and the provider may charge a reasonable fee for the cost of collection.
- B. An attorney representing an employee under this act may not recover fees for services except as expressly provided in this section.
- 20 SECTION 22. AMENDATORY Section 90, Chapter 208, O.S.L. 21 2013 (85A O.S. Supp. 2018, Section 90), is amended to read as
- 22 follows:

Section 90. A. The Workers' Compensation Commission may require any employer to make a deposit or bond with the Commission

to secure the prompt and convenient payment of compensation, and payments shall be made on judgment of the Commission.

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3 B. No proceeding to reverse, vacate or modify any order, 4 decision or award of the Commission en banc or administrative law 5 judge of the Commission wherein compensation has been awarded to an injured employee shall be entertained by the Supreme Court unless 6 7 the Executive Director of the Commission shall take a written undertaking to the claimant executed on the part of the respondent 8 9 or insurance carrier, or both the respondent and insurance carrier, 10 with one or more sureties to be approved by the Executive Director, 11 to the effect that the appellant shall pay the amount of the award 12 rendered therein, together with interest thereon from the date of 13 the award by the administrative law judge of the Commission and all 14 costs of the proceeding, or on the further order of the Commission 15 en banc or administrative law judge of the Commission after the 16 appeal has been decided by the Supreme Court, except that 17 municipalities and other political subdivisions of this state are 18 exempt from making such written undertakings.

SECTION 23. AMENDATORY Section 101, Chapter 208, O.S.L. 20 2013 (85A O.S. Supp. 2018, Section 101), is amended to read as follows:

Section 101. A. On or before the first day of July each year, the <u>Workers' Compensation</u> Commission shall prepare, make public and submit a report for the prior calendar year to the Governor, the

President Pro Tempore of the Senate, the Speaker of the House of Representatives, and each member of the Legislature, containing a statement of the number of awards made and the causes of the accidents leading to the injuries for which the awards were made, total work load data of the administrative law judges, including a detailed report of the work load and judgments written by each judge, a detailed statement of the expenses of the Commission, together with any other matter which the Commission deems proper to report.

- B. After public hearing and consultation with representatives of employers, insurance carriers, and employees, the Commission shall implement, with the assistance of the Insurance Commissioner, by July 1, 2014, an electronic data interchange (EDI) system that provides relevant data concerning the Oklahoma workers' compensation system and the delivery of benefits to injured workers on a time frame to be reasonably determined by the Commission.
- C. To assist the Commission in developing and implementing the EDI system, there is hereby created the Oklahoma Workers'

 Compensation Electronic Data Interchange Advisory Committee. Within thirty (30) days of the effective date of this act, the The Governor shall appoint five persons to serve as members of the advisory committee, one of whom shall be selected by the Governor as chair. The chair shall provide adequate notice of meetings of the advisory committee and public hearings as required by law.

SECTION 24. AMENDATORY Section 152, Chapter 208, O.S.L.

2013 (85A O.S. Supp. 2018, Section 109), is amended to read as

Section 109. A. The Workers' Compensation Commission shall establish a workers' compensation counselor or ombudsman program to

6 assist injured workers, employers and persons claiming death

7 benefits in obtaining benefits under this act. A special effort

shall be made to equip counselors or ombudsmen with sufficient

resources to assist injured workers through the system without the

necessity of retaining legal representation.

follows:

- B. Workers' compensation counselors or ombudsmen shall provide information to injured workers; investigate complaints; communicate with employers, insurance carriers, self-insurers, and health care providers; provide informational seminars and workshops on workers' compensation for medical providers, insurance adjustors, and employee and employer groups; and develop informational materials for employees, employers and medical providers.
- C. The Commission shall mail a notice to the injured worker within ten (10) days of the filing of an Employer's First Notice of Injury. The notice shall advise the injured worker of the availability of the services of the Commission's counselor or ombudsman program and of the availability of mediation and other forms of alternative dispute resolution to assist the injured

worker. The Commission shall provide additional information as the Commission may determine necessary.

D. The Commission shall develop a program that provides for annual training for own-risk employers and claims representatives handling workers' compensation claims in Oklahoma. The training shall include information about the alternative dispute resolution program, including counselor and ombudsman programs, mediation, and other services provided by the Commission.

SECTION 25. AMENDATORY Section 158, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 115), is amended to read as follows:

Section 115. 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 this act, a form designated as "Joint Petition" shall be signed by both the employer and employee, or representatives thereof, and shall be approved by the Workers' Compensation Commission or an administrative law judge, and filed with the Workers' Compensation Commission. In cases in which the employee is not represented by legal counsel, the Commission or an administrative law judge 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 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 Joint Petition, the issues not settled by the parties and subject to the Commission's continuing jurisdiction must be noted by appendix to the Joint Petition or on a form created for such purpose by the Commission. The appendix must be signed by the parties and approved by the Commission as set forth herein.
 - C. In the absence of fraud, a Joint Petition shall be deemed binding upon the parties thereto and a final adjudication of all rights pursuant to this act or the workers' compensation law in effect at the time of the injury or final order of the Workers' Compensation Court Commission. An official record shall be made by an official Commission reporter of the testimony taken to effect the Joint Petition.
 - D. A good-faith effort shall be made on the part of any insurance carrier, CompSource Oklahoma, 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 Commission 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

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1 to notify them of any proposed settlement, if the policyholder so 2 chooses.
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- 3 SECTION 26. AMENDATORY Section 161, Chapter 208, O.S.L.
- 4 | 2013 (85A O.S. Supp. 2018, Section 118), is amended to read as
- 5 follows:

- Section 118. A. A At the time of commencement of a claim, a fee of One Hundred Forty Dollars (\$140.00) per case, including any Joint Petition, medical fee dispute, claim for discrimination or retaliation, or claim for benefits under the Multiple Injury Trust Fund authorized by this act title, shall be collected from the party filing the claim by the Workers' Compensation Commission and. In the event any award becomes final against an employer, such amount shall be assessed as costs to be paid by the party against whom any award becomes final, to and paid to the injured employee. The filing fee shall be deposited as follows:
 - 1. One Hundred Five Dollars (\$105.00) to the credit of the Workers' Compensation Commission Revolving Fund created by this act;
 - 2. Ten Dollars (\$10.00) to the credit of the Attorney General's Workers' Compensation Fraud Unit Revolving Fund created by Section 19.2 of Title 74 of the Oklahoma Statutes; and
 - 3. Twenty-five Dollars (\$25.00) to the credit of the Workers' Compensation Commission Revolving Fund for purposes of implementing the provisions of this act, including strengthening and providing additional funding for the Attorney General's Workers' Compensation

Fraud Unit, providing counseling services pursuant to the workers' compensation counselor or ombudsman program and safety in the workplace.

- B. A fee of One Hundred Thirty Dollars (\$130.00) per action to reopen any case pursuant to Section 32 of this act title shall be collected by the Commission and assessed as costs to be paid by the party that reopens the case. The fee collected pursuant to this subsection shall be deposited to the credit of the Workers'

 Compensation Commission Revolving Fund for purposes of implementing the provisions of this act, including strengthening and providing additional funding for the Attorney General's Workers' Compensation Fraud Unit, providing counseling services pursuant to the workers' compensation counselor or ombudsman program and safety in the workplace.
- 15 SECTION 27. AMENDATORY Section 163, Chapter 208, O.S.L.
 16 2013 (85A O.S. Supp. 2018, Section 120), is amended to read as
 17 follows:
 - Section 120. A. Except as otherwise provided by state or federal law and subject to the provisions of this section, an employer may inquire about previous workers' compensation claims paid to an employee while the employee was employed by a previous employer. If the employee fails to answer truthfully about any previous permanent partial disability awards made pursuant to

workers' compensation claims, the employee shall be subject to discharge by the employer.

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1. All requests made to the Workers' Compensation Commission for information on prior workers' compensation claims involving a worker, including written inquiries about prior claims and requests to access a worker's compensation claim file, must be in writing, on a form prescribed by the Commission, and accompanied by a fee of One Dollar (\$1.00) per search request, not to exceed One Dollar (\$1.00) per claims record of a particular worker. shall be deposited to the credit of the Workers' Compensation Commission Revolving Fund. The form shall require identification of the person requesting the information, and the person for whom a search is being made if different from the requester. The form must contain an affidavit signed by the requester under penalty of perjury that the information sought is not requested for a purpose in violation of state or federal law. The form must be used by all repositories of archived Court claim files. All request forms shall be maintained by the Commission as a public record, together with a record of a worker's written authorization permitting a search indexed by the worker's social security number as required by Section 3113 of Title 74 of the Oklahoma Statutes. The request forms and authorizations shall be indexed alphabetically by the last name of the worker.

2. This subsection shall not apply:

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a. to requests for claims information made by a public officer or by a public employee in the performance of his or her duties on behalf of a governmental entity or as may be allowed by law,

- b. to requests for claims information made by an insurer, self-insured employer, third-party claims administrator, or a legal representative thereof, when necessary to process or defend a workers' compensation claim,
- c. when a worker or the worker's representative requests review of the worker's claims information,
- d. when the disclosure is made for educational or research purposes and in such a manner that the disclosed information cannot be used to identify any worker who is the subject of a claim,
- e. to requests for claims information made by a health care or rehabilitation provider or the provider's legal representative when necessary to process payment of health care or rehabilitation services rendered to a worker, and
- f. to requests for claims information made by an employer or personnel service company, including but not limited to an individual or entity, where the worker executes a written authorization permitting the search

and designating the employer or personnel service company as the worker's representative for that purpose; however, nothing in this subparagraph shall relieve the employer or personnel service company from complying with the requirements of utilizing the form set forth in paragraph 1 of this subsection.

SECTION 28. AMENDATORY Section 164, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 121), is amended to read as follows:

- Section 121. A. There is hereby created an Advisory Council on Workers' Compensation.
- B. The voting membership of the Advisory Council shall consist of nine (9) members. Any member serving on the effective date of this section shall serve the remainder of his or her term. The chair of the Workers' Compensation Commission shall be an ex officion nonvoting member.
- 1. The Governor shall appoint three members representing employers in this state, one of whom shall be from a list of nominees provided by the predominant statewide broad-based business organization.
- 2. The Speaker of the House of Representatives shall appoint three members representing employees in this state, one of whom shall be from a list of nominees provided by the most representative labor organization in the state.

3. The President Pro Tempore of the Senate shall appoint three members, two who are attorneys representing the legal profession in this state, one of whom shall be an attorney who practices primarily in the area of defense of workers' compensation claims, and one of whom shall be an attorney who primarily represents claimants, and a medical doctor or doctor of osteopathy actively engaged in the treatment of injured workers.

- C. The term of office for appointees shall be as follows:
- 1. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2015;
- 2. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2016; and
- 3. The term of office for three positions, one each appointed by the Governor, the President Pro Tempore of the Senate and the Speaker of the House of Representatives shall expire on January 1, 2017.
- D. Thereafter, successors in office shall be appointed for a three-year term. Members shall be eligible to succeed themselves in office.

E. Any person appointed to fill a vacancy shall be appointed for the unexpired portion of the term.

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- F. The chair and the vice-chair of the Advisory Council shall be appointed by the Governor.
- G. Members shall receive their traveling and other necessary expenses incurred in the performance of their duties as provided in the State Travel Reimbursement Act.
- H. Meetings of the Advisory Council shall be quarterly or as called by the chair or upon petition by a majority of the voting members. The presence of five voting members constitutes a quorum. No action shall be taken by the Advisory Council without the affirmative vote of at least five members.
- I. The Commission shall provide office supplies and personnel of the Commission to carry out any of the duties that have been entrusted to the Advisory Council.
- J. The Advisory Council shall analyze and review the workers' compensation system, the reports of the Commission, and trends in the field of workers' compensation. The Advisory Council may recommend improvements and proper responses to developing trends. The Advisory Council shall report its findings annually to the Governor, the Chief Justice of the Supreme Court, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives.

K. In addition to other duties required by this section, the Advisory Council shall consult with the Court Commission regarding oversight of independent medical examiners as provided in Section 45 of this act title.

- L. The Advisory Council shall review the Oklahoma Treatment

 Guidelines as provided in the Workers' Compensation Code, and report

 the findings of such review to the Commission as provided in this

 act.
- 9 SECTION 29. AMENDATORY Section 165, Chapter 208, O.S.L. 10 2013, as amended by Section 4, Chapter 344, O.S.L. 2015 (85A O.S. 11 Supp. 2018, Section 122), is amended to read as follows:
 - Section 122. A. The Workers' Compensation Commission Revolving Fund established by Section $\frac{2}{28.1}$ of this $\frac{1}{28.1}$ shall be used for the costs of administering this act and for other purposes as authorized by law.
 - B. For the purpose of providing funds for the Workers'

 Compensation Commission Revolving Fund, for the Workers'

 Compensation Administrative Fund created in Section 5 401.1 of this act title, for the Multiple Injury Trust Fund created in Section 28 of this title, and to fund other provisions within this title, the following tax rates shall apply:
- 1. Each mutual or interinsurance association, stock company,
 CompSource Oklahoma or other insurance carrier writing workers'
 compensation insurance in this state shall pay to the Oklahoma Tax

Commission an assessment 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 and CompSource Oklahoma, under the provisions of this section, shall be considered for the purpose of computing workers' compensation rates; and

2. When an employer is authorized to become a self-insurer, the Commission 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 an assessment at the rate of two percent (2%) of the total compensation for permanent total disability awards, permanent partial disability awards and death benefits paid out during each quarter of the calendar year by the employers. Such assessment 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 assessment created in paragraph 1 of this subsection.

C. It shall be the duty of the Tax Commission to collect the payments provided for in this title. 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 98 of this title.

- D. The Tax Commission shall pay monthly to the State Treasurer to the credit of the Multiple Injury Trust Fund all monies collected under the provisions of this section less the annual amounts which shall be apportioned by the Oklahoma Tax Commission as follows:
- 1. To be fulfilled first, Five Million Dollars (\$5,000,000.00) shall be payable in equal monthly installments to the credit of the Workers' Compensation Commission Revolving Fund established in Section 2 28.1 of this act title for the fiscal year ending June 30, 2016 2020, and Three Million Dollars (\$3,000,000.00) for the fiscal year ending June 30, 2017, and for all subsequent years to be used to implement the provisions of this title; and
- 2. Four Million Dollars (\$4,000,000.00) shall be payable in equal monthly installments to the credit of the Workers'

 Compensation Administrative Fund established in Section 5 401.1 of this act title for the fiscal year ending June 30, 2016, Three Million Five Hundred Thousand Dollars (\$3,500,000.00) for the fiscal year ending June 30, 2017, Three Million Five Hundred Thousand Dollars (\$3,500,000.00) for the fiscal year ending June 30, 2018,

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Three Million Dollars ($3,000,000.00) for the fiscal year ending

June 30, 2019, and Two Million Five Hundred Thousand Dollars

($2,500,000.00) for the fiscal year ending June 30, 2020. Monies

deposited in the Workers' Compensation Administrative Fund shall be

used by the Workers' Compensation Court of Existing Claims to
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implement provisions provided for in this title.

- E. 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.
- SECTION 30. AMENDATORY Section 166, Chapter 208, O.S.L.
 11 2013 (85A O.S. Supp. 2018, Section 123), is amended to read as
 12 follows:
 - Section 123. A. Any form, claim, answer or report to be filed by any person with the Workers' Compensation Commission pursuant to this act shall contain or be verified by a written declaration that, to the best of the knowledge of the filing party, such form, claim, answer or report is true and made under the penalty of perjury.
 - B. Notwithstanding subsection A of this section, submission of any report by Electronic Data Interchange pursuant to the requirements of Section 101 of this title is sufficient ipso facto to establish that the trading partner making the filing declares to the best of his or her knowledge that any information contained in the report is true and made under the penalty of perjury.

1 SECTION 31. AMENDATORY Section 167, Chapter 208, O.S.L. 2013, as amended by Section 7, Chapter 169, O.S.L. 2014 (85A O.S. Supp. 2018, Section 124), is amended to read as follows: Section 124. A. 1. All unexpended funds, assets, property, and records, personnel and any outstanding financial obligations and encumbrances of the Workers' Compensation Court before February 1, 2014, are hereby shall be deemed transferred to the Workers' Compensation Commission at such time as the Legislature no longer appropriates funding to the Court independent of funding for the Commission for the purpose of maintaining such assets or records. The personnel transferred shall retain leave, sick and annual time earned and any retirement and longevity benefits which have accrued during their employment with the state. The salaries of employees who are transferred shall not be reduced as a direct and immediate result of the transfer. There shall be no reduction-in-force as a result of the transfer. 17 Any unexpended funds, including interest thereon, held by the State Treasurer in an interest-bearing division special account maintained by the Workers' Compensation Court before February 1, 2014, from which a self-insured employer's workers' compensation

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employer for any reason, including insolvency, shall be transferred

expended by the Commission only for the purpose of paying workers'

obligations are paid following nonpayment by the self-insured

to the Workers' Compensation Commission. Such funds shall be

compensation obligations of the self-insured employer, and costs related to the administration of such obligations, to the extent of the availability of such funds.

- B. 1. All unexpended funds, assets, property, and records and any outstanding financial obligations and encumbrances of the Workers' Compensation Self-insurance Guaranty Fund Board before February 1, 2014, are hereby transferred to the Self-insurance Guaranty Fund Board created in the Administrative Workers' Compensation Act.
- 2. Any unexpended funds, including interest thereon, held by the State Treasurer in the Workers' Compensation Self-insurance Guaranty Fund before February 1, 2014, shall be transferred to the Self-insurance Guaranty Fund Board created by the Administrative Workers' Compensation Act. Such funds shall be expended by the Board only as authorized in the Administrative Workers' Compensation Act.
- 3. Any claim existing or action or proceeding pending by, against or before the Workers' Compensation Self-insurance Guaranty Fund Board when the Board ceased existence may be continued as if the Self-insurance Guaranty Fund Board was not created, or the Self-insurance Guaranty Fund Board may be substituted in the matter. The Self-insurance Guaranty Fund Board shall be responsible and liable for all liabilities and obligations of the Workers' Compensation Self-insurance Guaranty Fund Board.

C. All property and records of the Physician Advisory Committee before February 1, 2014, are hereby transferred to the Physician Advisory Committee created in the Administrative Workers' Compensation Act.

- D. All property and records of the Advisory Council on Workers' Compensation before February 1, 2014, are hereby transferred to the Advisory Council on Workers' Compensation created in the Administrative Workers' Compensation Act.
- E. All unexpended funds, assets, property, records, personnel and any outstanding financial obligations and encumbrances of the Multiple Injury Trust Fund before February 1, 2014, are hereby transferred to the Multiple Injury Trust Fund created in the Administrative Workers' Compensation Act. The personnel transferred shall retain leave, sick and annual time earned and any retirement and longevity benefits which have accrued during their employment with the state. The salaries of employees who are transferred shall not be reduced as a direct and immediate result of the transfer. There shall be no reduction-in-force as a result of the transfer.
- F. The Director of the Office of Management and Enterprise Services is hereby directed to coordinate the transfer of funds, allotments, purchase orders, outstanding financial obligations or encumbrances provided for in subsections A and E of this section, and the transfer of funds, outstanding financial obligations or encumbrances provided for in subsection B of this section.

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1 SECTION 32. AMENDATORY Section 121, Chapter 208, O.S.L.
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- 2 | 2013 (85A O.S. Supp. 2018, Section 300), is amended to read as
- 3 | follows:
- 4 Section 300. Sections $\frac{121}{300}$ through $\frac{149}{328}$ of this $\frac{11}{300}$ section $\frac{11}{300}$ through $\frac{11}{300}$ of this $\frac{11}{300}$
- 5 | shall be known and may be cited as the "Workers' Compensation
- 6 Arbitration Act".
- 7 SECTION 33. AMENDATORY Section 125, Chapter 208, O.S.L.
- 8 | 2013 (85A O.S. Supp. 2018, Section 304), is amended to read as
- 9 follows:
- 10 Section 304. A. Except as otherwise provided in subsections B
- 11 and C of this section and in the laws of this state outside of this
- 12 act, a party to an agreement to arbitrate or to an arbitration
- 13 proceeding may waive, or the parties may vary the effect of, the
- 14 requirements of this act to the extent permitted by law.
- B. Before a controversy arises that is subject to an agreement
- 16 | to arbitrate, a party to the agreement may not:
- 1. Waive or agree to vary the effect of the requirements of
- 18 subsection A of Section $\frac{126}{120}$ 305, subsection A of Section $\frac{127}{120}$ 306,
- 19 Section $\frac{128}{307}$, subsection A or B of Section $\frac{138}{317}$, Section $\frac{147}{317}$
- 20 | 326 or Section 149 328 of this act title;
- 21 2. Agree to unreasonably restrict the right to notice of the
- 22 | initiation of an arbitration proceeding under Section 130 309 of
- 23 | this act title;

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3. Agree to unreasonably restrict the right to disclosure of any facts by an arbitrator under Section $\frac{133}{312}$ of this $\frac{133}$

- 4. Waive the right of a party to an agreement to arbitrate to be represented by a lawyer at any proceeding or hearing under Section $\frac{137}{316}$ of this $\frac{137}{316}$ or
- 5. Agree to conduct arbitration proceedings outside of this state.
 - C. A party to an agreement to arbitrate or to an arbitration proceeding may not waive, or the parties may not vary the effect of, the requirements of this section or subsection A or C of Section 124 304, Sections 128, 135 and 139 307, 314 and 318, subsection D or E of Section 141 320, Sections 143, 144 and 145 322, 323 and 324, or subsection A or B of Section 146 325 of this act title.
- SECTION 34. AMENDATORY Section 126, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Section 305), is amended to read as follows:
 - Section 305. A. Except as otherwise provided in Section 150

 107 of this act title, an application for judicial relief under this act shall be made by application and motion to the Workers'

 Compensation Commission and heard in the manner provided by law or rule of the Commission for making and hearing motions.
 - B. Unless a civil action involving the agreement to arbitrate is pending, notice of an initial application and motion to the Commission under this act shall be served in the manner provided by

- 1 law for the service of a summons in the filing of a civil action.
- 2 Otherwise, notice of the motion shall be given in the manner
- 3 | provided by law or rule of court for serving motions in pending
- 4 cases.
- 5 SECTION 35. AMENDATORY Section 133, Chapter 208, O.S.L.
- 6 2013 (85A O.S. Supp. 2018, Section 312), is amended to read as
- 7 follows:
- 8 | Section 312. A. Before accepting appointment, an individual
- 9 | who is requested to serve as an arbitrator, after making a
- 10 reasonable inquiry, shall disclose to the parties to the arbitration
- 11 | agreement, the parties to the arbitration proceeding, and any other
- 12 | arbitrators any known facts that a reasonable person would consider
- 13 likely to affect the impartiality of the arbitrator in the
- 14 | arbitration proceeding, including but not limited to:
- 15 1. A financial or personal interest in the outcome of the
- 16 | arbitration proceeding; and
- 2. An existing or past relationship with any of the parties to
- 18 | the agreement to arbitrate or the arbitration proceeding, their
- 19 | counsel or representatives, a witness, or another arbitrator.
- B. An arbitrator has a continuing obligation to disclose to the
- 21 parties to the arbitration agreement, the arbitration proceeding,
- 22 and to any other arbitrators any facts that the arbitrator learns
- 23 after accepting appointment which a reasonable person would consider
- 24 likely to affect the impartiality of the arbitrator.

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C. If an arbitrator discloses a conflict under subsection A or B of this section, any party to the arbitration agreement or the arbitration proceeding may have the arbitrator removed by filing a notice of conflict with the <u>Workers' Compensation</u> Commission. If a notice of conflict is not filed within ten (10) days of disclosure of the conflict, the parties waive their rights to have any order or award entered vacated under Section 144 323 of this act title.
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8 SECTION 36. AMENDATORY Section 134, Chapter 208, O.S.L.

2013 (85A O.S. Supp. 2018, Section 313), is amended to read as

10 follows:

Section 313. If there is more than one arbitrator, the powers of an arbitrator shall be exercised by a majority of the arbitrators, but all of them shall conduct the hearing under Section 136 315 of this act title.

SECTION 37. AMENDATORY Section 135, Chapter 208, O.S.L.

2013 (85A O.S. Supp. 2018, Section 314), is amended to read as

17 | follows:

Section 314. A. Arbitrators and arbitration organizations providing services under this act are immune from civil liability to the same extent as a judge of a court of this state acting in a judicial capacity.

B. The immunity afforded by this section supplements any immunity under other law.

C. The failure of an arbitrator to make a disclosure required by Section $\frac{133}{312}$ of this $\frac{110}{312}$ shall not cause any loss of immunity under this section.

- D. An arbitrator or representative of an arbitration organization is not competent to testify in a judicial, administrative, or similar proceeding and may not be required to produce records as to any statement, conduct, decision, or ruling occurring during the arbitration proceeding, to the same extent as a judge of a court of this state acting in a judicial capacity. This subsection shall not apply to:
- 1. The extent necessary to determine the claim of an arbitrator, arbitration organization, or representative of the arbitration organization against a party to the arbitration proceeding; or
- 2. A hearing on an application and motion to vacate an award under paragraphs 1 or 2 of subsection A of Section 144 323 of this act title if the movant establishes prima facie that a ground for vacating the award exists.
- E. If a person commences a civil action against an arbitrator, arbitration organization, or representative of an arbitration organization arising from the services of the arbitrator, organization, or representative or if a person seeks to compel an arbitrator or a representative of an arbitration organization to testify or produce records in violation of subsection D of this

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1 | section, and the court decides that the arbitrator, arbitration
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- 2 organization, or representative of an arbitration organization is
- 3 | immune from civil liability or that the arbitrator or representative
- 4 of the organization is not competent to testify, the court shall
- 5 | award to the arbitrator, organization, or representative reasonable
- 6 attorney fees and other reasonable expenses of litigation.
- 7 SECTION 38. AMENDATORY Section 137, Chapter 208, O.S.L.
- 8 | 2013 (85A O.S. Supp. 2018, Section 316), is amended to read as
- 9 follows:
- 10 Section 316. A. A party to an arbitration proceeding may be
- 11 | represented by a lawyer.
- B. Each party shall be responsible for payment of his or her
- 13 legal fees incurred during arbitration, except as provided for in
- 14 | Section 142 321 of this act title.
- 15 C. The employee's attorney may not recover legal fees in excess
- 16 of the limits described in Section 82 of this act title.
- SECTION 39. AMENDATORY Section 139, Chapter 208, O.S.L.
- 18 | 2013 (85A O.S. Supp. 2018, Section 318), is amended to read as
- 19 follows:
- Section 318. If an arbitrator makes a pre-award ruling in favor
- 21 of a party, the party may request the arbitrator to incorporate the
- 22 | ruling into an award under Section 140 319 of this act title. A
- 23 prevailing party may make an application and motion to the
- 24 | Commission for an expedited judgment to confirm the award under

- 1 | Section $\frac{143}{322}$ of this $\frac{1}{322}$ of this $\frac{1}{3222}$ of this $\frac{1}{3222}$ of this $\frac{1}{3222}$ of this $\frac{1}{3222}$ of this $\frac{1}{3$
- 2 | Compensation Commission shall summarily decide the motion. The
- 3 | Commission shall issue a judgment to confirm the award unless the
- 4 | court Commission vacates, modifies, or corrects the award under
- 5 | Section 144 or 145 323 or 324 of this act title.
- 6 SECTION 40. AMENDATORY Section 141, Chapter 208, O.S.L.
- 7 | 2013 (85A O.S. Supp. 2018, Section 320), is amended to read as
- 8 follows:
- 9 Section 320. A. On motion by a party to an arbitration
- 10 proceeding, the arbitrator may modify or correct an award:
- 1. On a ground stated in paragraph 1 or 3 of subsection A of
- 12 | Section 145 324 of this act title;
- 2. Because the arbitrator has not made a final and definite
- 14 award upon a claim submitted by the parties to the arbitration
- 15 proceeding; or
- 16 3. To clarify the award.
- 17 B. A motion under subsection A of this section shall be made
- 18 | and notice given to all parties within twenty (20) days after the
- 19 award is issued to the parties.
- 20 C. A party to the arbitration proceeding shall give notice of
- 21 any objection to the motion within ten (10) days after receipt of
- 22 | the motion.
- D. If a motion to the Workers' Compensation Commission is
- pending under Section 144 or 145 323 or 324 of this act title, the

- 1 Commission may submit the claim to the arbitrator to consider 2 whether to modify or correct the award:
 - 1. On a ground stated in paragraph 1 or 3 of subsection A of Section $\frac{145}{324}$ of this $\frac{1}{324}$ of
 - 2. Because the arbitrator has not made a final and definite award upon a claim submitted by the parties to the arbitration proceeding; or
 - 3. To clarify the award.

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- E. An award modified or corrected under this section is subject to Sections 143, 144 and 145 322, 323 and 324 of this act title.
- 11 SECTION 41. AMENDATORY Section 142, Chapter 208, O.S.L.
- 12 | 2013 (85A O.S. Supp. 2018, Section 321), is amended to read as 13 | follows:
- Section 321. A. An arbitrator may award benefits set forth in Sections 45, 46, 47 and 51 of this act title.
 - B. An arbitrator may award reasonable attorney fees and other reasonable expenses of arbitration if the arbitrator finds that a party was not acting in good faith throughout the arbitration.
 - C. As to all remedies other than those authorized by subsections A and B of this section, an arbitrator may order such remedies as the arbitrator considers just and appropriate under the circumstances of the arbitration proceeding. The fact that such a remedy could not or would not be granted by the <u>Workers'</u>

 Compensation Commission is not a ground for refusing to confirm an

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award under Section 143 322 of this act title or for vacating an award under Section 144 323 of this act title.
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- D. An arbitrator's expenses and fees, together with other expenses, shall be paid by the employer.
- E. If an arbitrator awards relief under subsection A of this section, the arbitrator shall specify in the award the basis in fact justifying and the basis in law authorizing the award.
- 8 SECTION 42. AMENDATORY Section 143, Chapter 208, O.S.L.
- 9 2013 (85A O.S. Supp. 2018, Section 322), is amended to read as
- 10 | follows:

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- Section 322. After a party to an arbitration proceeding receives notice of an award, the party may make an application and motion to the Workers' Compensation Commission for a judgment confirming the award at which time the Commission shall issue a confirming judgment unless the award is modified or corrected under Section 141 or 145 320 or 324 of this act title or is vacated under
- 18 SECTION 43. AMENDATORY Section 144, Chapter 208, O.S.L.
- 19 2013 (85A O.S. Supp. 2018, Section 323), is amended to read as

Section 144 323 of this act title.

20 follows:

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- Section 323. A. On an application and motion to the court by a
- 22 party to an arbitration proceeding, the <u>Workers' Compensation</u>
- 23 Commission shall vacate an award made in the arbitration proceeding

24 | if:

2. There was:

- a. evident partiality by an arbitrator appointed as a neutral arbitrator,
- b. corruption by an arbitrator, or
- c. misconduct by an arbitrator prejudicing the rights of a party to the arbitration proceeding;
- 3. An arbitrator refused to postpone the hearing upon showing of sufficient cause for postponement, refused to consider evidence material to the controversy, or otherwise conducted the hearing contrary to Section 136 315 of this act title, so as to prejudice substantially the rights of a party to the arbitration proceeding;
 - 4. An arbitrator exceeded his or her powers under this act;
- 5. The arbitration was conducted without proper notice of the initiation of an arbitration as required in Section $\frac{130}{309}$ of this act title so as to prejudice substantially the rights of a party to the arbitration proceeding; or
- 6. It is determined that an arbitrator did not disclose a conflict under Section $\frac{133}{312}$ of this $\frac{133}{312}$ of $\frac{133}{312}$ of this $\frac{133}{312$
- B. An application and motion under this section shall be filed within thirty (30) days after the movant receives notice of the award or within thirty (30) days after the movant receives notice of a modified or corrected award, unless the movant alleges that the

award was procured by corruption, fraud, or other undue means, in

which case the motion shall be made within ninety (90) days after

the ground is known or by the exercise of reasonable care would have

been known by the movant.

- 5 C. If the Commission vacates an award it may order a rehearing. If the award is vacated on a ground stated in paragraph 1, 2 or 6 of 6 7 subsection A of this section, the rehearing shall be before a new arbitrator. If the award is vacated on a ground stated in paragraph 3, 4 or 5 of subsection A of this section, the rehearing may be before the arbitrator who made the award or the arbitrator's 10 11 The arbitrator shall render the decision in the 12 rehearing within the same time as that provided in subsection B of 13 Section $\frac{140}{100}$ 319 of this $\frac{100}{100}$ act title for an award.
- D. If the Commission denies a motion to vacate an award, it shall confirm the award unless a motion to modify or correct the award is pending.
- SECTION 44. AMENDATORY Section 148, Chapter 208, O.S.L.
- 18 | 2013 (85A O.S. Supp. 2018, Section 327), is amended to read as
- 19 follows:

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- Section 327. A. A party may appeal the following actions to
 the district court as provided in Section 149 328 of this act title:
- 22 | 1. An order denying a motion to compel arbitration;
- 23 2. An order granting a motion to stay arbitration;
 - 3. An order confirming or denying confirmation of an award;

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1 4. An order modifying or correcting an award;
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- 5. An order vacating an award without directing a rehearing; or
- 3 6. A final judgment entered under the Workers' Compensation 4 Arbitration Act.
- 5 SECTION 45. AMENDATORY Section 169, Chapter 208, O.S.L.
- 6 2013 (85A O.S. Supp. 2018, Section 400), is amended to read as
- 7 follows:

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9 renamed the Workers' Compensation Court of Existing Claims for the
10 purpose of hearing disputes relating to claims that arise before

Section 400. A. The Workers' Compensation Court shall be

- 11 February 1, 2014. The Court shall consist of the existing judges
- 12 | for the remainder of his or her term. Each judge of the Court shall
- 13 | continue to serve as the appointment to a designated numbered
- 14 position on the Court. The positions shall be numbered one through
- 15 ten. The terms of the judges by position number shall expire on the
- 16 | following dates:
- 17 Position 1 shall expire 7-1-14.
- Position 2 shall expire 7-1-14.
- 19 Position 3 shall expire 7-1-14.
- 20 Position 4 shall expire 7-1-20.
- Position 5 shall expire 7-1-20.
- 22 Position 6 shall expire 7-1-16.
- Position 7 shall expire 7-1-16.
- Position 8 shall expire 7-1-20.

Position 9 shall expire 7-1-20.

Position 10 shall expire 7-1-14.

Provided, judges who are serving unexpired terms on the Workers' Compensation Court on the effective date of this section shall serve on the Court created by this section until their respective terms expire as provided in this act. Thereafter, each position shall be dissolved. After a judge serves this term, such judge shall be eligible to reapply for an administrative law judge with the Workers' Compensation Commission.

When a vacancy on the Court occurs or is certain to occur, the Workers' Compensation Commission shall assign administrative law judges from the Commission to assist in the duties of the Workers' Compensation Court of Existing Claims.

- B. A judge may be removed for cause by the Court on the Judiciary prior to the expiration of his or her term.
- C. Each judge shall receive a salary equal to that paid to a district judge of this state, and shall devote full time to his or her duties and shall not engage in the private practice of law during the term in office.
- D. The Court shall operate by the rules adopted by the Workers' Compensation Court prior to the effective date of this act.
- E. The Court is hereby designated and confirmed as a court of record, with respect to any matter within the limits of its jurisdiction, and within such limits the judges thereof shall

possess the powers and prerogatives of the judges of the other courts of record of this state, including the power to punish for contempt those persons who disobey a subpoena, or refuse to be sworn or to answer as a witness, when lawfully ordered to do so.

- F. The principal office of the Court shall be situated in the City of Oklahoma City in quarters assigned by the Office of Management and Enterprise Services. The Court may hold hearings in any city of this state.
- G. All county commissioners and presiding district judges of this state shall make quarters available for the conducting of hearings by a judge of the Court upon request by the Court.
- H. Judges of the Workers' Compensation Court of Existing Claims may punish for direct contempt pursuant to Sections 565, 565.1 and 566 of Title 21 of the Oklahoma Statutes.
- I. The Court shall be vested with jurisdiction over all claims filed pursuant to the Workers' Compensation Code. All claims so filed shall be heard by the judge sitting without a jury. The Court shall have full power and authority to determine all questions in relation to payment of claims for compensation under the provisions of the Workers' Compensation Code. The Court, upon application of either party, shall order a hearing. Upon a hearing, either party may present evidence and be represented by counsel. The decision of the Court shall be final as to all questions of fact and law; provided, the decision of the Court may be appealed to the

Commission. The decision of the Court shall be issued within sixty (60) days following the submission of the case by the parties. The power and jurisdiction of the Court over each case shall be continuing and it may, from time to time, make such modifications or changes with respect to former findings or orders relating thereto if, in its opinion, it may be justified.

J. Any appeal of an order by the Workers' Compensation Court of Existing Claims shall be heard by the Commission en banc. The Commission shall review the decision using an abuse of discretion standard of review. Orders by the Commission may be appealed in accordance with Section 78 of this act.

K. To protect the integrity of the transition from the Workers' Compensation Court to the administrative system created by this act, and to protect all rights and privileges of parties to claims adjudicated by the Workers' Compensation Court, the Commission shall retain all remedies and responsibilities of the Workers' Compensation Court for as long as cases involving claims for compensation accruing before the effective date of this act but filed thereafter or which were pending before or adjudicated by the Workers' Compensation Court shall remain open.

L. K. For an injury occurring before the effective date of this act February 1, 2014, all benefits and procedures to obtain benefits shall be determined by the workers' compensation law of this state in effect on the date of the injury. Administrative law judges of

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   the Commission shall enforce all final orders of the Workers'
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   Compensation Court in a manner to secure for all parties the due
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   process and equal protection quarantees of the Constitution of the
   State of Oklahoma.
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M. L. All accrued rights and penalties incurred pursuant to a final order of the Workers' Compensation Court shall be preserved. Administrative law judges of the Commission shall be authorized to issue orders and conduct legal proceedings to enforce all such accrued rights and penalties incurred. No accrued right, penalty incurred, or proceeding begun by virtue of a statute repealed by this act shall be abrogated by the terms of this act.

12 SECTION 46. REPEALER Sections 15, 25 and 57, Chapter 13 208, O.S.L. 2013 (85A O.S. Supp. 2018, Sections 15, 25 and 57), are 14 hereby repealed.

Sections 107, 108, 109, 110, as SECTION 47. REPEALER amended by Section 4, Chapter 390, O.S.L. 2015, 111, 112, as amended by Section 5, Chapter 390, O.S.L. 2015, 113, 114, 115, 116, 117, 118, as amended by Section 6, Chapter 390, O.S.L. 2015, 119 and 120, Chapter 208, O.S.L. 2013 (85A O.S. Supp. 2018, Sections 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212 and 213), are hereby repealed.

SECTION 48. This act shall become effective July 1, 2019.

SECTION 49. It being immediately necessary for the preservation of the public peace, health or safety, an emergency is hereby

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declared to exist, by reason whereof this act shall take effect and
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    be in full force from and after its passage and approval.
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