1	H.425
2	Introduced by Representative Greshin of Warren
3	Referred to Committee on
4	Date:
5	Subject: Labor; employer's liability and workers' compensation
6	Statement of purpose of bill as introduced: This bill proposes to make changes
7	to the workers' compensation statutes.
8	An act relating to workers' compensation
9	It is hereby enacted by the General Assembly of the State of Vermont:
10	Sec. 1. 21 V.S.A. § 640 is amended to read:
11	§ 640. MEDICAL BENEFITS; ASSISTIVE DEVICES; HOME AND
12	AUTOMOBILE MODIFICATIONS
13	* * *
14	(d) The liability of the employer to pay for medical, surgical, hospital, and
15	nursing services and supplies, prescription drugs, and durable medical
16	equipment provided to the injured employee under this section shall not exceed
17	the maximum fee for a particular service, prescription drug, or durable medical
18	equipment as provided by a schedule of fees and rates prepared by the

 $\underline{\text{commissioner}}\,\underline{\text{Commissioner}}.\,\,\text{The reimbursement rate for services and}$

supplies in the fee schedule shall include consideration of medical necessity,

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clinical efficacy, cost-effectiveness, and safety, and those services and supplies		
shall be provided on a nondiscriminatory basis consistent with workers'		
compensation and health care law. The commissioner Commissioner shall		
authorize reimbursement at a rate higher than the scheduled rate if the		
employee demonstrates to the commissioner's Commissioner's satisfaction		
that reasonable and necessary treatment, prescription drugs, or durable medical		
equipment is not available at the scheduled rate. An employer shall establish		
direct billing and payment procedures and notification procedures as necessary		
for coverage of medically-necessary prescription medications for chronic		
conditions of injured employees, in accordance with rules adopted by the		
commissioner Commissioner. The employer shall not be liable to pay for		
drugs or treatments which are not approved by the Food and Drug		
Administration. The Department shall not authorize the use of drugs or		
treatments that are not approved by the Food and Drug Administration.		
* * *		
Sec. 2. 21 V.S.A. § 640b is amended to read:		
§ 640b. REQUEST FOR PREAUTHORIZATION TO DETERMINE IF		
PROPOSED TREATMENT IS NECESSARY		
(a) Within 14 21 days of receiving a request for preauthorization for a		
proposed medical treatment and <u>all relevant</u> medical evidence supporting the		
requested treatment, a workers' compensation insurer shall:		

(3) notify the health care provider, the injured worker, and the department Department that the insurer has scheduled an examination of the employee or ordered a medical record review pursuant to section 655 of this title. Based on the examination or review, the insurer shall authorize or deny the treatment and notify the department Department and the injured worker of the decision within 45 50 days of a request for preauthorization. The emmissioner Commissioner may in his or her sole discretion grant a 10-day extension to the insurer to authorize or deny treatment, and such an extension shall not be subject to appeal.

* * *

(b) If the insurer fails to authorize or deny the treatment pursuant to subsection (a) of this section within 14 21 days of receiving a request, the claimant or health care provider may request that the department Department issue an order authorizing treatment. After receipt of the request, the department Department shall issue an interim order within five days after notice to the insurer, and five days in which to respond, absent evidence that the entire claim is disputed. Upon request of a party, the commissioner Commissioner shall notify the parties that the treatment has been authorized by operation of law.

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Sec. 3. 21 V.S.A. § 643a is amended to read:

§ 643a. DISCONTINUANCE OF BENEFITS

Unless an injured worker has successfully returned to work, an employer shall notify both the emmissioner Commissioner and the employee prior to terminating benefits under either section 642 or 646 of this title. The notice of intention to discontinue payments shall be filed on forms prescribed by the eommissioner and shall include the date of the proposed discontinuance, the reasons for it, and, if the employee has been out of work for 90 days, a verification that the employer offered vocational rehabilitation screening and services as required under this chapter. All relevant evidence, including evidence that does not support discontinuance in the possession of the employer not already filed, shall be filed with the notice The employer shall file evidence that is relevant to the discontinuance with the notice of discontinuance. The liability for the payments shall continue for seven days after the notice is received by the commissioner and the employee. Those payments shall be made without prejudice to the employer and may be deducted from any amounts due pursuant to section 648 of this title if the commissioner Commissioner determines that the discontinuance is warranted or if otherwise ordered by the commissioner Commissioner. Every notice shall be reviewed by the commissioner to determine the sufficiency of the basis for the proposed discontinuance. If, after review of all

the evidence in the file, the commissioner Commissioner finds that a			
preponderance of all the evidence in the file does not reasonably support the			
proposed discontinuance, the commissioner Commissioner shall order that			
payments continue until a hearing is held and a decision is rendered. Prior to a			
formal hearing, an injured worker may request reinstatement of benefits by			
providing additional new evidence to the department Department that			
establishes that a preponderance of all evidence now supports the claim. If the			
commissioner's Commissioner's decision, after a hearing, is that the employee			
was not entitled to any or all benefits paid between the discontinuance and the			
final decision, upon request of the employer, the commissioner <u>Commissioner</u>			
may order that the employee repay all benefits to which the employee was not			
entitled. The employer may enforce a repayment order in any court of law			
having jurisdiction.			
Sec. 4. 21 V.S.A. § 648 is amended to read:			
§ 648. PERMANENT PARTIAL DISABILITY BENEFITS			
* * *			
(b) Any determination of the existence and degree of permanent partial			
impairment shall be made only in accordance with the whole person			

determinations as set out in the fifth sixth or subsequent edition of the

American Medical Association Guides to the Evaluation of Permanent

Impairment. In order to utilize any subsequent edition of the American

Medical Association Guides to the Evaluation of Permanent Impairment or any
other appropriate guides to the evaluation of permanent impairment, the
commissioner Commissioner, in consultation with the department of labor
advisory council Department of Labor Advisory Council, shall adopt a rule.
The commissioner Commissioner shall adopt a supplementary schedule for
injuries that are not rated by the impairment guide authorized for use by the
department Department to determine permanent disability.
* * *
Sec. 5. 21 V.S.A. § 655 is amended to read:
§ 655. PROCEDURE IN OBTAINING COMPENSATION; MEDICAL
EXAMINATION; VIDEO AND AUDIO RECORDING
After an injury and during the period of disability, if so requested by his or
her employer, or ordered by the commissioner <u>Commissioner</u> , the employee
shall submit to examination, at reasonable times and places, by a duly licensed
physician or surgeon designated and paid by the employer. The employer may
designate an alternative physician or surgeon in order to avoid unnecessary
<u>delay.</u> The employee may make a video or audio recording of any examination
performed by the insurer's physician or surgeon or have a licensed health care
provider designated and paid by the employee present at the examination. The
employer may make an audio recording of the examination. The right of the

employee to record the examination shall not be construed to deny to the

1	employer's physician the right to visit the injured employee at all reasonable
2	times and under all reasonable conditions during total disability. If an
3	employee refuses to submit to or in any way obstructs the examination, the
4	employee's right to prosecute any proceeding under the provisions of this
5	chapter shall be suspended until the refusal or obstruction ceases, and
6	compensation shall not be payable for the period which the refusal or
7	obstruction continues.
8	Sec. 6. 21 V.S.A. § 663b is added to read:
9	<u>§ 663b. FRAUD</u>
10	(a) Claims of fraud submitted by an employer shall be investigated by the
11	Commissioner, and the Commissioner shall make a decision on the claim
12	within 30 days of receipt of the claim. A party may appeal the decision of the
13	Commissioner.
14	(b) An employee found to have committed fraud in order to receive
15	compensation under this chapter shall be ordered to repay all compensation
16	received. The employer shall not be charged for these payments when the
17	employer's experience rating is determined.
18	Sec. 7. EFFECTIVE DATE
19	This act shall take effect on July 1, 2013.