
HOUSE BILL 1456

State of Washington

53rd Legislature

1993 Regular Session

By Representatives King, G. Cole, Lisk, R. Johnson, Horn, Foreman, Sheahan and Chandler

Read first time 01/29/93. Referred to Committee on Commerce & Labor.

1 AN ACT Relating to self-insured employers; and amending RCW
2 51.32.055.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 51.32.055 and 1988 c 161 s 13 are each amended to read
5 as follows:

6 (1) One purpose of this title is to restore the injured worker as
7 ((near)) nearly as possible to the condition of self-support as an
8 able-bodied worker. Benefits for permanent disability shall be
9 determined under the director's supervision only after the injured
10 worker's condition becomes fixed.

11 (2) All determinations of permanent disabilities shall be made by
12 the department. Either the worker, employer, or self-insurer may make
13 a request or ((such)) the inquiry may be initiated by the director on
14 his or her own motion. ((Such)) Determinations shall be required in
15 every instance where permanent disability is likely to be present. All
16 medical reports and other pertinent information in the possession of or
17 under the control of the employer or self-insurer shall be forwarded to
18 the director with ((such)) the request((s)).

1 (3) A request for determination of permanent disability shall be
2 examined by the department and an order shall issue in accordance with
3 RCW 51.52.050.

4 (4) The department may require that the worker present himself or
5 herself for a special medical examination by a physician(~~(s)~~) or
6 physicians(~~(s)~~) selected by the department, and the department may
7 require that the worker present himself or herself for a personal
8 interview. (~~In such event~~) The costs of (~~such~~) the examination or
9 interview, including payment of any reasonable travel expenses, shall
10 be paid by the department or self-insurer, as the case may be.

11 (5) The director may establish a medical bureau within the
12 department to perform medical examinations under this section.
13 Physicians hired or retained for this purpose shall be grounded in
14 industrial medicine and in the assessment of industrial physical
15 impairment. Self-insurers shall bear a proportionate share of the cost
16 of (~~such~~) the medical bureau in a manner to be determined by the
17 department.

18 (6) Where a dispute arises from the handling of any claim(~~s prior~~
19 to) before the condition of the injured worker (~~becoming~~) becomes
20 fixed, the worker, employer, or self-insurer may request the department
21 to resolve the dispute or the director may initiate an inquiry on his
22 or her own motion. In (~~such~~) these cases, the department shall
23 proceed as provided in this section and an order shall issue in
24 accordance with RCW 51.52.050.

25 (7)(a) (~~In the case of~~) If a claim(~~s~~) (i) is accepted by a
26 self-insurer(~~s~~) after June 30, 1986, (~~and before July 1, 1990,~~
27 which) (ii) involves only medical treatment (~~and~~) or the payment of
28 temporary disability compensation under RCW 51.32.090 (~~and which~~),
29 (iii) at the time medical treatment is concluded (~~do~~) does not
30 involve permanent disability, (~~if the claim~~) and (iv) is one with
31 respect to which the department has not intervened under subsection (6)
32 of this section, and the injured worker has returned to work with the
33 self-insured employer of record, (~~such~~) the claim(~~s~~) may be closed
34 by the self-insurer, subject to reporting of claims to the department
35 in a manner prescribed by department rules adopted under chapter 34.05
36 RCW.

37 (b) All determinations of permanent disability for claims accepted
38 by self-insurers after June 30, 1986, and before July 1, 1990, shall be

1 made by the self-insured section of the department under subsections
2 (1) through (4) of this section.

3 (c) Upon closure of a claim~~((s))~~ under (a) of this subsection, the
4 self-insurer shall enter a written order, communicated to the worker
5 and the department self-insurance section, which contains the following
6 statement clearly set forth in bold face type: "This order constitutes
7 notification that your claim is being closed with medical benefits and
8 temporary disability compensation only as provided, and with the
9 condition you have returned to work with the self-insured employer. If
10 for any reason you disagree with the conditions or duration of your
11 return to work or the medical benefits or the temporary disability
12 compensation that has been provided, you may protest in writing to the
13 department of labor and industries, self-insurance section, within
14 sixty days of the date you received this order." ~~((In the event))~~ If
15 the department receives such a protest, the self-insurer's closure
16 order shall be held in abeyance. The department shall review the claim
17 closure action and enter a determinative order as provided for in RCW
18 51.52.050.

19 (d) If within two years of claim closure the department determines
20 that the self-insurer has made payment of benefits because of clerical
21 error, mistake of identity, or innocent misrepresentation~~((r))~~ or the
22 department discovers a violation of the conditions of claim closure,
23 the department may require the self-insurer to correct the benefits
24 paid or payable. This paragraph ~~((shall))~~ does not limit in any way
25 the application of RCW 51.32.240.

26 ~~((In the case of))~~ If a claim~~((s))~~ (a) is accepted by a self-
27 insurer~~((s))~~ after June 30, 1990, ~~((which))~~ (b) involves only medical
28 treatment ~~((and which do))~~, (c) does not involve payment of temporary
29 disability compensation under RCW 51.32.090, and ~~((which))~~ (d) at the
30 time medical treatment is concluded ~~((do))~~ does not involve permanent
31 disability, ~~((such))~~ the claim~~((s))~~ may be closed by the self-
32 insurer~~((s))~~, subject to reporting of claims to the department in a
33 manner prescribed by department rules ~~((promulgated pursuant to))~~
34 adopted under chapter 34.05 RCW. Upon ~~((such))~~ closure of a claim, the
35 self-insurer~~((s))~~ shall enter a written order, communicated to the
36 worker, which contains the following statement clearly set forth in
37 bold-face type: "This order constitutes notification that your claim
38 is being closed with medical benefits only, as provided. If for any
39 reason you disagree with this closure, you may protest in writing to

1 the Department of Labor and Industries, Olympia, within 60 days of the
2 date you received this order. The department will then review your
3 claim and enter a further determinative order." (~~In the event~~) If
4 the department receives such a protest, it shall review the claim and
5 enter a further determinative order as provided for in RCW 51.52.050.

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