

Worker's Compensation Advisory Council
Management Proposals
May 27, 2015

1. Reduce the statute of limitations for injuries from twelve (12) years to three (3) years, excepting those injuries caused by exposure to a toxic or hazardous substance. The intention here is to prohibit this obligation from being shifted to the barred claims fund. The claims would simply be denied.
2. Apportionment of permanent disability shall be based on causation. Thus, any physician who prepares a report on the issue of permanent disability shall address the issue of causation of the permanent disability, including a determination of the approximate percentage of permanent disability caused by the direct result of the work-related injury and the percentage attributable to other factors both before and after the injury (including prior injuries). An employee who claims an injury shall, upon request, disclose all previous permanent disabilities or physical impairments.
3. Eliminate the minimum permanent partial disability ratings from the administrative code where certain treatments have made it such that outcomes may result in no permanent disability (e.g., meniscal surgery, joint replacement surgery, etc.). Further, require that all PPD determinations be re-evaluated every three (3) years.
4. Medications dispensed outside of a licensed pharmacy to a workers' compensation claimant may be reimbursed for a period no greater than 15 days from the date of injury. Refills of medications dispensed within 15 days from the date of injury will not be reimbursed. The rate of reimbursement and dispensing fee shall be subject to existing pharmacy fee schedules.
5. (102.425(3)(a)1). The average wholesale price of the prescription drug as of the date on which the prescription drug is dispensed, as quoted in the Drug Topics Red Book, published by Medical Economics Company, Inc. or its successor in a nationally recognized pricing resource.
6. Allow medical providers to charge a fixed rate of \$10 for electronic format for all medical records made in each request. Final medical reports shall be provided timely and at a rate no more than \$100.00.
7. Wage escalation should be eliminated. Disability earning to be based on actual earnings at the time of the injury.
8. For injured workers receiving indemnity benefits, there shall be a rebuttable presumption that when an individual applies for and receives Social Security retirement benefits that they are no longer in the available for work and therefore no further disability payments are payable.
9. There shall be no death benefit in PTD claims when the death is unrelated to the occupational injury or illness.

10. There shall be no recovery of indemnity benefits when the employee violates the company's drug and/or alcohol policy. For clarity of intent, adoption of this provision should be accompanied by the repeal of the 15 percent reduction for employee misconduct. Someone who has violated the drug and/or alcohol policy is presumed to have deviated from employment and thus wage replacement should be denied.
11. TTD will be denied when an employee is released to light duty work and is subsequently terminated for good cause (see UI standards).
12. The hearing test most proximate to the date of employee removal from a "noisy work area" as defined by OSHA standards, whether before or after such date and whether the employee is removed by reassignment, quit, termination, or retirement, shall be used to establish any loss of hearing claim.
13. Medical cost containment to include a Medical Cost Containment Council, Technology Platform, Data Collection and Price Negotiation, Directed Care and Data Resource, Discount Resolution Panel, Treatment Guidelines and Utilization Review Panel, and Enforcement.
14. Management reserves the right to add, modify, and delete proposals. Management also reserves the right to ask that the Council reconvene to consider additional proposals, if any.