SB 330 INTRODUCED BY VAN VALKENBURG, DRISCOLL, WHALEN, ET AL. GENERALLY REVISE WORKERS' COMPENSATION LAWS

- 2/11 INTRODUCED
- 2/11 REFERRED TO LABOR & EMPLOYMENT RELATIONS
- 2/11 FISCAL NOTE REQUESTED
- 2/14 HEARING
- 2/17 FISCAL NOTE RECEIVED DIED IN COMMITTEE

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                                  TAN ACT TO
                                   TO PROVIDE THAT
                                                        OBTAINING
                   UDULENTLY CONSTITUTES THEFT AMENDING SECTIONS
                                          39-71-116,
     2-15-1014,
                 19-12-401, 39-71-104,
                                                       39-71-611,
                                           39-71-503,
     39-71-204,
                   39-71-401.
                                39-71-407,
                                            THROUGH
                                                       39-71-704,
      39-71-612.
                   39-71-614,
                                39-71-701
                               39-71-736, 39-71-737,
                                                       39-71-741.
                   39-71-721,
      39-71-708,
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      39-71-803, 39-71-1004, 39-71-2102, 39-71-2203,
                                                      39-71-2304,
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                            39-71-2907,
                                          39-71-2909, 39-72-102,
                   THROUGH
      39-71-2901
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                               39-72-701,
                                           45-6-301,
                                                       50-16-311.
      39-72-610, 39-72-613,
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      53-9-106, AND 53-9-131, MCA; REPEALING SECTIONS 39-71-309,
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      39-71-410, 39-71-705, 39-71-706,
                                          39-71-709,
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      THROUGH 39-71-1003, 39-71-1005, 39-71-2908, 39-72-611, AND
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      39-72-612, MCA; AND PROVIDING AN APPLICABILITY DATE."
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      BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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           Section 1. Section 2-15-1014, MCA, is amended to read:
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           "2-15-1014. Office of workers' compensation
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      court -- allocation -- appointment -- salary. (1) There is
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      the-office-of a workers' compensation judge court.
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                            allocated to
                                                   department
                                                                of
               court
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                                                         only
                                                                as
                             administrative
                                              purposes
       administration
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l prescribed in 2-15-121.

2 (2) The governor shall appoint the two workers' 3 compensation judge judges, each to serve for a term of 6 years in the same manner provided by Title 3, chapter 1, part 10, for the appointment of supreme or district court judges. A vacancy shall be filled in the same manner as the original appointment. The second judge, to be appointed 7 pursuant to legislative authorization adopted in 1987, shall take office effective January 1, 1988. The governor shall 9 10 designate one of the two appointees as chief judge whose duties, in addition to those set forth in Title 39, chapters 11 71 and 72, include the administration of the office, budget 12 preparation, personnel hiring and management, and court 13 14 administration.

- 15 (3) To be eligible for workers' compensation judge, a
 16 person must:
- 17 (a) have the qualifications necessary for district
 18 court judges found in Article VII, section 9, of the Montana
 19 constitution:
- 20 (b) devote full time to the duties of workers' 21 compensation judge and not engage in the private practice of 22 law.
- 23 (4) The \underline{A} workers' compensation judge is entitled to 24 the same salary and other emoluments as that of a district 25 judge but shall be accorded retirement benefits under the

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public employees' retirement system." 1

2 Section 2. Section 39-71-104, MCA, is amended to read:

"39-71-104. Court to give--liberal--construction--to

4 chapter construe chapter according to terms. Whenever -- this

5 chapter--or--any-part-or-section-thereof-is-interpreted-by-a

6 courty-it-shall-be-liberally-construed-by-such-courty It is

the intent of the legislature that the Workers' Compensation

8 Act be construed according to its terms. The act may not be

liberally construed in favor of any party." 9

10 Section 3. Section 39-71-116, MCA, is amended to read:

"39-71-116. Definitions. Unless the context otherwise

requires, words and phrases employed in this chapter have 12

the following meanings:

- (1) "Average weekly wage" means the mean weekly 14
- 15 earnings of all employees under covered employment, as
- 16 defined and established annually by the Montana department
- 17 of labor and industry. It is established at the nearest
 - whole dollar number and must be adopted by the division of
- 19 workers' compensation prior to July 1 of each year.
 - (2) "Beneficiary" means:
- 21 (a) a surviving wife-or-husband spouse living with or
- 22 legally entitled to be supported by the deceased at the time
- 23 of injury;

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- (b) an unmarried child under the age of 18 years;
- 25 (c) an unmarried child under the age of 25 22 years

- who is a full-time student in an accredited school or is 1 2 enrolled in an accredited apprenticeship program;
- (d) an invalid child over the age of 18 years who is 3 dependent upon the decedent for support at the time of injury;
- (e) a parent who is dependent upon the decedent for 6 support at the time of the injury (however, such a parent is a beneficiary only when no beneficiary, as defined in 8 9 subsections (2)(a) through (2)(d) of this section, exists); 1.0 and
 - (f) a brother or sister under the age of 18 years if dependent upon the decedent for support at the time of the injury (however, such a brother or sister is a beneficiary only until the age of 18 years and only when no beneficiary, as defined in subsections (2)(a) through (2)(e) of this section, exists).
 - (3) "Board of rehabilitation certification" means the nonprofit, independent, fee-structured organization that is a member of the national commission for health certifying agencies and that is established for the purpose of certifying rehabilitation practitioners.
 - f3)(4) "Casual employment" means employment not in the usual course of trade, business, profession, or occupation of the employer. Any-person-hauling-or-assisting-in--hauling of---sugar--beets--or--grains; --in--case--of--emergency; --is

considered-engaged-in-casual-employment+

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- (4)(5) "Child" includes a posthumous child, a dependent stepchild, a child legally adopted prior to the injury, and an illegitimate child legitimized prior to the injury.
- t5†(6) "Division" means the division of workers' compensation of the department of labor and industry provided for in 2-15-1702.
- 9 +6+(7) "Fiscal year" means the period of time between

 10 July 1 and the succeeding June 30.
- 11 (7)--"Husband"-or-"widower"-means-only--a-husband-or
 12 widower--living--with-or-legally-entitled-to-be-supported-by
 13 the-deceased-at-the-time-of-her-injury:
 - (8) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, the industrial insurance account under compensation plan No. 3, or the uninsured employers' fund provided for in part 5 of this chapter.
- (9) "Invalid" means one who is physically or mentallyincapacitated.
- 21 (10) (a) "Normal labor market" means the occupations
 22 for which a claimant may be qualified, consistent with the
 23 claimant's age, education, vocational experience, and
 24 aptitude and compatible with the claimant's physical
 25 condition and limitations as a result of the claimant's

- l injuries.
- 2 (b) As to the geographical area to be considered in
- 3 which the normal labor market exists, the area shall be
- 4 determined by considering:
- 5 (i) the claimant's residence;
- 6 (ii) the location of the claimant's employment at the
- 7 time of injury;
- 8 (iii) the claimant's previous commuting distance to
- 9 work; and
- 10 (iv) a reasonable commuting distance from the place of
- 11 residence to the location of the proposed employment.
- 12 (c) Also considered are the claimant's physical
- 13 limitations as a result of the injury, the cost of such
- 14 commuting, and the wages of prospective employment.
- 15 (10) "Order" means any decision, rule, direction,
- 16 requirement, or standard of the division or any other
- 17 determination arrived at or decision made by the division.
- 18 (±±+)(12) "Payroll", "annual payroll", or "annual
- 19 payroll for the preceding year" means the average annual
- 20 payroll of the employer for the preceding calendar year or,
- 21 if the employer shall not have operated a sufficient or any
- 22 length of time during such calendar year, 12 times the
- 23 average monthly payroll for the current year; provided, that
- 24 an estimate may be made by the division for any employer
- 25 starting in business where no average payrolls are

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available, such estimate to be adjusted by additional payment by the employer or refund by the division, as the case may actually be on December 31 of such current year.

(12)-"Permanent-partial-disability"-means-a-condition resulting-from-injury-as-defined-in-this-chapter-that results-in-the-actual-loss-of-earnings-or-earning-capability less-than-total-that-exists-after-the-injured-worker-is-as far-restored-as-the-permanent-character-of-the-injuries-will permit-Bisability-shall-be-supported-by-a-preponderance--of medical-evidence.

(13)-"Permanent--total--disability"--means--a-condition resulting-from--injury--as--defined--in--this--chapter--that results-in-the-loss-of-actual-earnings-or-earning-capability that--exists--after-the-injured-worker-is-as-far-restored-as the-permanent-character-of--the--injuries--will--permit--and which-results-in-the-worker-having-no-reasonable-prospect-of finding--regular--employment-of-any-kind-in-the-normal-labor market--Disability-shall-be-supported-by-a-preponderance--of medical-evidence-

(14)(13) The term "physician" includes "surgeon" and in either case means one authorized by law to practice his profession in this state.

(15)(14) "The plant of the employer" includes the place of business of a third person while the employer has access to or control over such place of business for the purpose of

1 carrying on his usual trade, business, or occupation.

ti67(15) "Public corporation" means the state or any county, municipal corporation, school district, city, city under commission form of government or special charter, town, or village.

6 (±7)(16) "Reasonably safe place to work" means that the
7 place of employment has been made as free from danger to the
8 life or safety of the employee as the nature of the
9 employment will reasonably permit.

(†8)(17) "Reasonably safe tools and appliances" are such tools and appliances as are adapted to and are reasonably safe for use for the particular purpose for which they are furnished.

(19)-"Temporary--total--disability"--means--a-condition resulting-from-an-injury-as-defined--in--this--chapter--that results--in-total-loss-of-wages-and-exists-until--the-injured worker-is-as-far-restored-as-the-permanent-character-of--the injuries-will-permit--A-worker-shall-be-paid-temporary-total disability---benefits---during---a---reasonable----period--of retraining--Bisability-shall-be-supported-by-a-preponderance of-medical-evidence:

(20)(18) "Wages" means the average gross earnings received by the employee at the time of the injury for the usual hours of employment in a week, and overtime is not to be considered. Sick-leave-benefits-accrued-by-employees-of

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- public-corporations,-as-defined-by-subsection-(16)--of--this

 section,--are--considered--wages. A collective bargaining

 agreement is not the sole factor to be considered in

 determining wages.
- 5 (21)-"Wife"--or-"widow"--means--only--a--wife-or-widow
 6 living-with-or-legally--entitled--to--be--supported--by--the
 7 deceased-at-the-time-of-the-injury:
- Section 4. Section 39-71-118, MCA, is amended to read:

 "39-71-118. Employee, worker, and workman defined. (1)

 The terms "employee", "workman", or "worker" mean:

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(a) each person in this state, including a contractor other than an independent contractor, who is in the service of an employer, as defined by 39-71-117, under any appointment or contract of hire, expressed or implied, oral or written. The terms include aliens and minors, whether lawfully or unlawfully employed, and all of the elected and appointed paid public officers and officers and members of boards of directors of quasi-public or private corporations while rendering actual service for such corporations for pay. Casual employees as defined by 39-71-116(3) are included as employees if they are not otherwise covered by workers' compensation and if an employer has elected to be bound by the provisions of the compensation law for these

- casual employments, as provided in 39-71-401(2). Household
 or domestic service is excluded.
- 3 (b) a recipient of general relief who is performing
 4 work for a county of this state under the provisions of
 5 53-3-303 through 53-3-305 and any juvenile performing work
 6 under authorization of a district court judge in a
 7 delinquency prevention or rehabilitation program;
 - (C) a person receiving on-the-job vocational rehabilitation training or other on-the-job training under a state or federal vocational training program, whether or not under an appointment or contract of hire with an employer as defined in this chapter and whether or not receiving payment from a third party. However, this subsection does not apply to students enrolled in vocational training programs as outlined above while they are on the premises of a public school or community college.
- 17 (d) students enrolled and in attendance in programs of
 18 vocational-technical education approved by the state board
 19 of public education at designated postsecondary
 20 vocational-technical centers; or
- 21 (e) an airman or other person employed as a volunteer 22 under 67-2-105.
- 23 (2) If the employer is a partnership or sole 24 proprietorship, such employer may elect to include as an 25 employee within the provisions of this chapter any member of

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1 such partnership or the owner of the sole proprietorship devoting full time to the partnership or proprietorship 2 3 business. In the event of such election, the employer must 4 serve upon the employer's insurer written notice naming the 5 partners or sole proprietor to be covered, and no partner or sole proprietor shall be deemed an employee within this 7 chapter until such notice has been given. For premium 8 ratemaking and for the determination of weekly wage for 9 weekly compensation benefits, the insurance carrier shall assume a salary or wage of such electing employee to be not 10 11 less than \$900 a month and not more than 1 1/2 times the 12 average weekly wage as defined in this chapter."

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Section 5. Section 39-71-204, MCA, is amended to read:
"39-71-204. Rescission, alteration, or amendment by
division of its orders, decisions, or awards -- limitation
-- effect. (1) Except as provided in subsection (2), the
division shall have continuing jurisdiction over all its
orders, decisions, and awards and may, at any time, upon
notice, and after opportunity to be heard is given to the
parties in interest, rescind, alter, or amend any such
order, decision, or award made by it upon good cause
appearing therefor.

(2) The division or the workers' compensation judge court shall not have power to rescind, alter, or amend any final settlement or award of compensation more than 4 years

after the same has been approved by the division. Rescinding, altering, or amending a final settlement within the 4-year period shall be by agreement between the claimant 3 and the insurer. If the claimant and the insurer cannot 5 agree, the dispute shall be considered a dispute for which the workers' compensation judge court has jurisdiction to make a determination. Except-as-provided-in-39-71-29087-the 7 The division or the workers' compensation judge court shall not have the power to rescind, alter, or amend any order 9 approving a full and final compromise settlement of 10 compensation. 11

(3) Any order, decision, or award rescinding, altering, or amending a prior order, decision, or award shall have the same effect as original orders or awards."

NEW SECTION. Section 6. Filing claim -- obtaining benefits through deception or other fraudulent means -- criminal penalty. (1) A person filing a claim under chapter 71 or 72 of this title, by signing the claim, affirms the information filed is correct to the best of that person's knowledge.

(2) A person may be guilty of theft under 45-6-301 who files or assists in the filing of a false claim for benefits to which the person is not entitled under chapter 71 or 72 of this title. A county attorney may initiate criminal proceedings against the person.

- Section 7. Section 39-71-401, MCA, is amended to read: 1 2 "39-71-401. Employments covered and exempted. (1) Except as provided in subsection (2) of-this 3 4 section, the Workers' Compensation Act applies to all 5 employers as defined in 39-71-117 and to all employees as defined in 39-71-118. An employer who has any employee in 6 7 service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the 8 provisions of compensation plan No. 1, 2, or 3. Every employee whose employer is bound by the Workers' 10 Compensation Act is subject to and bound by the compensation וו plan that has been elected by the employer. 12
- 13 (2) Unless the employer elects coverage for these
 14 employments under this chapter and an insurer allows such an
 15 election, the Workers' Compensation Act does not apply to
 16 any of the following employments:
 - (a) household and domestic employment;

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- 18 (b) casual employment as defined in 39-71-116(3)

 19 except-employment-of-a-volunteer-under-67-2-105;
 - (c) employment of members of an employer's family dwelling in the employer's household;
 - (d) employment of sole proprietors or working members of a partnership other than those who consider themselves or hold themselves out as independent contractors and-who-are not-contracting-for-agricultural-services-to-be-performed-on

- 1 a--farm--or--ranch;--or--for--broker--or--salesman--services
- 2 performed-under-a-license-issued-by-the-board-of-realty
- 3 regulation,-or-for-services-as-a-direct--seller--engaged--in
- 4 the--sale-of-consumer-products-to-customers-primarily-in-the
- 5 home;
- 6 (e) a broker or salesman performing under a license
- 7 issued by the board of realty regulation;
- 8 (f) a direct seller engaged in the sale, primarily in
- 9 the customer's home, of consumer products;
- 10 (e)(g) employment for which a rule of liability for
- injury, occupational disease, or death is provided under the
- 12 laws of the United States;
- 13 tf)(h) any person performing services in return for
- 14 aid or sustenance only, except employment of a volunteer
- 15 under 67-2-105;
- 16 (g)(i) employment with any railroad engaged in
- 17 interstate commerce, except that railroad construction work
- 18 shall be included in and subject to the provisions of this
- 19 chapter;
- 20 th; (j) employment as an official, including a timer,
- 21 referee, or judge, at a school amateur athletic event.
- 22 unless the person is otherwise employed by a school
- 23 district.
- 24 (3) A sole proprietor or working member of a
- 25 partnership who holds himself out or considers himself an

1	independent contractor andwhoisnotcontractingfor
2	${\tt agricultural-services-to-be-performed-on-a-farm-or-ranch}_{\it I}{\tt -or}$
3	for-broker-or-salesman-services-performedunderalicense
4	issued-by-the-board-of-realty-regulation,-or-for-services-as
5	adirect-selier-engaged-in-the-sale-of-consumer-products-to
6	customers-primarily-in-thehomemustelecttobebound
7	personallyandindividuallybytheprovisionsof
8	compensation-plan-No:1;-2;-or-3;-but-he-may-applytothe
9	division-for-an-exemption-from-the-Workers1-Compensation-Act
10	for-himselfThe-application-must-be-made-in-accordance-with
11	the-rules-adopted-by-the-divisionThe-division-may-deny-the
12	applicationonly-if-it-determines-that-the-applicant-is-not
13	an-independent-contractor:-When-an-applicationisapproved
14	bythedivisionyitis-conclusive-as-to-the-status-of-an
15	independent-contractorandprecludestheapplicantfrom
16	obtainingbenefitsunder-this-chapter: is bound personally
17	and individually by the provisions of compensation plan No.
18	1, 2, or 3. However, under rules promulgated by the division
19	and subject to division review, he may elect not to be bound
20	as an employee under this chapter by delivering a written
21	notice to the division and the insurer, if any, on a form
22	provided by the division.
23	(4) (a) A private corporation shall provide coverage

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- division review, an officer of a private corporation may

 elect not to be bound as an employee under this chapter by

 giving a written notice on a form provided by the division.
- 4 The notice must be served in the following manner:
- 5 (i) if the employer has elected to be bound by the 6 provisions of compensation plan No. 1, by delivering the 7 notice to the board of directors of the employer and to the 8 division;
 - (ii) if the employer has elected to be bound by the provisions of compensation plan No. 2 or 3, by delivering the notice to the board of directors of the employer, the division, and the insurer.
- (b) If the employer changes plans or insurers, his previous election not to be bound is not effective. The officer shall again serve notice if he elects not to be bound.
 - (c) The appointment or election of an employee to be an officer of a corporation in order to exclude the employee from coverage under this chapter does not entitle the officer to elect not to be bound as an employee under this chapter. In any case, the officer must sign the notice under oath or affirmation and is subject to the penalties for
- 24 (d) The division shall review an election not to be 25 bound as an employee made by an officer of a private

false swearing under 45-7-202.

for its officers and other employees under the provisions of

compensation plan No. 1, 2, or 3. However, subject to

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corporation to assure that the election complies with this
chapter.

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(4)(5) Each employer shall post a sign in the workplace at the locations where notices to employees are normally posted, informing employees about the employer's current provision of compensation insurance. A workplace is any location where an employee performs any work-related act in the course of employment, regardless of whether the location is temporary or permanent, and includes the place of business or property of a third person while the employer has access to or control over such place of business or property for the purpose of carrying on his usual trade, business, or occupation. The sign will be provided by the division, distributed through insurers or directly by the division, and posted by employers in accordance with rules adopted by the division. An employer who purposely or knowingly fails to post a sign as provided in this subsection is subject to a \$50 fine for each citation."

NEW SECTION. Section 8. Financial incentives to institute safety programs. The state compensation insurance fund, plan No. 3, and private insurers, plan No. 2, may provide financial incentives to an employer who implements a formal safety program. The insurance carrier may provide to an employer a premium discount that reflects the degree of risk diminished by the implemented safety program.

- Section 9. Section 39-71-407, MCA, is amended to read:
 "39-71-407. Liability of insurers. (1) Every insurer
 is liable for the payment of compensation, in the manner and
 to the extent hereinafter provided, to an employee of an
 employer it insures who receives an injury arising out of
 and in the course of his employment or, in the case of his
 death from such injury, to his beneficiaries, if any.
- 8 (2) (a) An insurer is liable for an injury as defined
 9 in 39-71-119 if the claimant establishes that it is more
 10 probable than not that:
 - (i) a claimed injury has occurred; or

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- 12 (ii) a claimed injury aggravated a preexisting condition.
- 14 (b) Proof that it was medically possible that a
 15 claimed injury occurred or that such claimed injury
 16 aggravated a preexisting condition is not sufficient to
 17 establish liability.
- 18 (3) An employee who suffers a compensable injury or
 19 death while traveling is not covered by this chapter except
 20 if:
- 21 (a) the employer furnishes the mode of transportation 22 or the employee receives reimbursement from the employer for 23 costs of travel, gas, oil, or lodging as a part of the 24 employee's benefits or employment agreement; and
- 25 (b) the travel is necessitated by and on behalf of the

- employer as an integral part of or condition of the employment.
- 3 (4) An employee who is under the influence of
- 4 intoxicating beverages or intoxicating drugs and who suffers
- 5 an injury or death otherwise compensable under this chapter
- 6 is not entitled to benefits if the injury or death is caused
- 7 by the intoxication of the employee."
- 8 Section 10. Section 39-71-503, MCA, is amended to 9 read:
- 10 "39-71-503. Administration of fund. (1) The division
- 11 shall administer the fund and shall pay all proper benefits
- 12 to injured employees of uninsured employers.
- 13 (2) Proper-surpluses-and-reserves-shall-be-kept-for
- 14 the-fund. Surpluses and reserves may not be kept for the
- 15 fund. The division shall make payments, as it considers
- 16 appropriate, as funds become available. The payment of
- 17 weekly disability benefits takes preference over the payment
- 18 of medical benefits. No lump-sum payments of future
- 19 projected benefits may be made from the fund.
- 20 (3) The board of investments shall invest the moneys
- 21 of the fund. The cost of administration of the fund shall be
- 22 paid out of the money in the fund."
- 23 Section 11. Section 39-71-611, MCA, is amended to
- 24 read:
- 25 "39-71-611. Costs--and--attorneys' fees

- 1 payable on denial of claim or termination of benefits later
- 2 found compensable. In-the-event If an insurer denies
- 3 liability for a claim for compensation or terminates
- 4 compensation benefits and the claim is later adjudged
- 5 compensable by the workers' compensation judge court or on
- 6 appeal and if it is determined by the workers' compensation
- 7 court that the actions of the insurer in denying liability
- 8 or terminating benefits were unreasonable, the insurer shall
- 9 pay reasonable costs-and attorneys' fees as established by
- 10 the workers' compensation judge court."
- 11 Section 12. Section 39-71-612, MCA, is amended to
- 12 read:

- 13 "39-71-612. Costs-and-attorneys1 Attorney fees that
 - may be assessed against an employer-or insurer by workers'
- 15 compensation judge court. (1) If an employer-or insurer pays
- 16 or tenders submits a written offer of payment of
- 17 compensation under chapter 71 or 72 of this title but
- 18 controversy relates to the amount of compensation due, the
- 19 case is brought before the workers' compensation judge court
- 20 for adjudication of the controversy, and the award granted
- 21 by the judge court is greater than the amount paid or
- 22 tendered offered by the employer-or insurer, a reasonable
- 23 attorney's fee as established by the workers' compensation
- 24 judge court if the case has gone to a hearing may be awarded
- 25 by the judge court in addition to the amount of

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compensation. However, an award of attorney fees may be made
only if the workers' compensation court determines that the
actions of the insurer were unreasonable. A written offer of
payment made 30 days or more before the date of hearing
before the court is considered a valid offer of payment.

- (2)--When-an--attorney's--fee-is--awarded--against--an employer--or-insurer-under-this-section-there-may-be-further assessed-against-the-employer-or-insurer--reasonable--costs; fees;--and--mileage--for--necessary--witnesses--attending--a hearing-on-the-claimant's-behalf;-Both-the-necessity-for-the witness-and-the-reasonableness-of-the-fees-must-be--approved by-the-workers'-compensation-judge;
- (2) A finding of unreasonableness against an insurer made under sections 39-71-611 or 39-71-2907 or this section does not constitute a finding that the insurer has acted in bad faith or violated the unfair trade practices provisions of Title 33, chapter 18."
- NEW SECTION. Section 13. Costs assessed by the workers' compensation court. Reasonable costs must be assessed by the workers' compensation court against an insurer in proceedings before the court if an insurer:
- (1) denies liability for a claim for compensation or terminates compensation benefits and the claim is later adjudged compensable by the court or on appeal; or
- 25 (2) pays or submits an offer of payment of

compensation but controversy relates to the amount of compensation due and the court awards an amount greater than the amount paid or offered by the insurer.

4 Section 14. Section 39-71-614, MCA, is amended to 5 read:

"39-71-614. Calculation of attorney fees. (1) The amount of an attorney's fee assessed against an employer or insurer under 39-71-611 or 39-71-612 must be based exclusively on the time spent by the attorney in representing the claimant on the issues brought before the workers' compensation judge court. The attorney must document the time spent and give the documentation to the judge. The judge shall determine a reasonable attorney fee and assess costs. He is not bound by the documentation submitted to him. The hourly fee the judge applies to the time spent must be based on the attorney's customary and current hourly fee for legal work performed in this state.

(2) This section does not restrict a claimant and an attorney from entering into a contingency fee arrangement under which the attorney receives a percentage of the amount of compensation payments received by the claimant because of the efforts of the attorney. However, an amount equal to any fee and costs assessed against an-employer-or insurer under 39-71-611-or-39-71-612-and this section and (section 13)

39-71-611-or-39-71-612-and this section and [section 13]
must be deducted from the fee an attorney is entitled to

from the claimant under a contingency fee arrangement."

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NEW SECTION. Section 15. Employer may not terminate employee for filing claim -- preference. (1) An employer may not terminate an employee solely on the basis that the employee filed a claim under chapter 72 of this title or this chapter.

work within 2 years from the date of injury and has received a medical release to return to work, the injured employee must be given preference over new hires for any comparable position that becomes vacant within the 2-year period if the position is consistent with the employee's physical condition and vocational abilities.

14 Section 16. Section 39-71-701, MCA, is amended to read:

"39-71-701. Compensation for injuries producing resulting in temporary total disability.

(1) An injured worker is entitled to temporary total disability benefits if, after an injury and as a result of the injury, the worker has a total loss of wages and cannot return to any kind of regular employment in the normal labor market. The benefits must be paid until the injured worker is as far restored as the permanent character of the injuries will permit. The determination of a temporary total disability condition must be supported by a preponderance of

medical evidence.

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(1)(2) Weekly compensation benefits for an injury 2 producing-total resulting in temporary total disability 3 shall be 66 2/3% of the wages received at the time of the injury. The maximum weekly compensation benefits shall may not exceed \$110--beginning-July-1--1973--Beginning-July-1-1974; -the-maximum-weekly--compensation--benefits--shall--not 7 exceed the state's average weekly wage. The weekly benefit established for the injured worker at the time of injury may not be changed by any subsequent adjustment in the state's average weekly wage for future fiscal years. Potal-temporary 11 12 Temporary total disability benefits shall must be paid for the duration of the worker's temporary total disability. 13

(2)(3) In cases where it is determined that periodic disability benefits granted by the Social Security Act are payable because of the injury, the weekly benefits payable under this section are reduced, but not below zero, by an amount equal, as nearly as practical, to one-half the federal periodic benefits for such week, which amount is to be calculated from the date of the disability social security entitlement."

22 Section 17. Section 39-71-702, MCA, is amended to 23 read:

24 "39-71-702. Compensation for injuries producing
25 resulting in continuing total permanent disability. (1) If

an injured worker is no longer temporarily totally disabled 2 yet continues to have a total loss of wages and has no reasonable prospect of finding regular employment of any 3 kind in the normal labor market due to the worker's 5 injuries, the worker is entitled to continuing total disability benefits. The benefits must be paid during the 6 duration of the worker's continuing total disability. The 7 determination of a continuing total disability entitlement 8 9 must be supported by a preponderance of evidence.

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- tit(2) Weekly compensation benefits for an injury producing—total—permanent resulting in continuing total disability shall be 66 2/3% of the wages received at the time of the injury. The maximum weekly compensation benefits shall may not exceed the state's average weekly wage. Total permanent—disability—benefits—shall be—paid—for—the—duration of—the—worker's—total—permanent—disability.
- t27(3) In cases where it is determined that periodic disability benefits granted by the Social Security Act are payable because of the injury, the weekly benefits payable under this section are reduced, but not below zero, by an amount equal, as nearly as practical, to one-half the federal periodic benefits for such week, which amount is to be calculated from the date of the disability social security entitlement.
- 25 (4) If an injured worker is entitled to continuing

- total disability benefits for 104 weeks, a cost-of-living

 adjustment must be made to the worker's weekly benefit

 payments at the next succeeding July 1 after 104 weeks of

 continuing total disability benefits have been paid. A
- cost-of-living adjustment must be made each July 1
 thereafter. However, an injured worker may not receive more
- 7 than 10 cost-of-living adjustments. The cost-of-living
- 8 adjustment is the percentage increase, if any, in the
- 9 increase in the state's average weekly wage over the state's
- 10 average weekly wage of the previous year, or 3%, whichever
- ll is less."

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- 12 Section 18. Section 39-71-703, MCA, is amended to 13 read:
- 14 "39-71-703. Compensation for injuries cansing resulting in permanent partial disability. (1)--Weekly 15 16 compensation---benefits---for---injury---producing---partial disability--shall-be-66-2/3%-of-the-actual-diminution-in-the 17 18 worker's-earning-capacity-measured-in-dollars;-subject-to--a 19 maximum--weekly-compensation-of-one-half-the-state's-average 20 weekly-wage:
 - (2)--The-compensation-shail-be-paid-during--the--period of-disability7-not-exceeding7-however7-500-weeks-in-cases-of partial--disability7---However7--compensation--for--partial disability-resulting-from-the--loss--of--or--injury--to--any member--shall--not--be-payable-for-a-greater-number-of-weeks

1	than	- i s-	apec	ified-in-	39-71-70	5-for-the	-ło	ss-ofthe-	-member
2	(1)	Ιf	an	ınjured	worker	suffers	а	permanent	partial

disability as a result of an injury and the worker is no

4 longer entitled to temporary total disability or continuing

total disability benefits, the worker is entitled to an

6 award for permanent partial disability.

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(2) A permanent partial disability condition is:

- 8 (a) a condition for which an initial determination has
 9 been established by a physician that the injured worker
 10 suffers from a medically determined impairment; or
- 11 (b) a permanent physical condition that impairs the 12 injured worker's ability to work.
- 13 (3) An impairment rating must be rendered using the
 14 Guides to the Evaluation of Permanent Impairment of the
 15 American medical association, 2nd edition, copyright 1984.
- 16 If an impairment rating is rendered, it must be expressed as
- 17 a percentage of the impairment of the whole person.
- 18 (4) An injured worker who is entitled to an award for
- 19 permanent partial disability must receive a wage loss award
- 20 or an indemnity award.
- 21 (a) The following procedure must be used for a wage 22 loss award:
- 23 (i) If an injured worker demonstrates an actual wage
 24 loss as a result of an injury or that the worker would have
 25 an actual wage loss if the worker had to compete in the

1	normal	labor	marke	t, the	worker	is ent	itled t	o an	amount
2	based	on 6	6 2/3%	of t	he was	ge loss,	subject	to a	maximum
3	weekly	benef	it of	50% of	the sta	ate's av	erage we	ekly v	vage.

- (ii) The wage loss benefits must be paid during the duration of the wage loss, subject to a maximum of 350 weeks.
- 7 (b) The following procedure must be used for an 8 indemnity award:
- 9 (i) If an injured worker who suffers from a medical impairment cannot establish a wage loss or elects not to 1.0 11 take wage loss benefits but can establish by a preponderance 12 of the evidence that the worker's ability to engage in gainful employment is diminished or may reasonably be 14 expected to be diminished in the future, the injured worker 15 is entitled to an indemnity award. The award must be based 16 on a percentage of disability. The percentage must be multiplied by 350 weeks to determine the number of weeks 17 18 granted as an indemnity award.
- 19 <u>(ii) Weekly compensation benefits for a permanent</u>
 20 partial indemnity award are 66 2/3% of the wages received at
 21 the time of injury, subject to a maximum weekly benefit of
 22 50% of the state's average weekly wage.
- 23 (iii) The percentage of permanent partial disability
 24 caused by any single accident or injury must be computed to
 25 cover the permanent partial disability caused by that

particular injury only, and benefits for successive injuries must be adjusted as provided in 39-71-738.

- (iv) Factors to be considered in determining an indemnity award include the worker's medical impairment rating, physical condition, age, education, work history, continuing pain, actual wage loss, loss of potential future earnings, and any other relevant factor affecting the worker's ability to engage in gainful employment. The granting of a medical impairment rating does not establish any automatic entitlement to an award based on such rating or any requirement for payment of an award based on such rating.
- (5) The weekly benefit amount established for an injured worker may not be changed by a subsequent adjustment in the state's average weekly wage for future fiscal years.
- (6) An injured worker may receive a wage loss award and also receive an indemnity award under subsection (4), but in no case may an injured worker receive more than 350 weeks of permanent partial disability for an injury."
- 20 Section 19. Section 39-71-704, MCA, is amended to read:
- 22 "39-71-704. Payment of medical, hospital, and related 23 services. (1) In addition to the compensation provided by 24 this chapter and as an additional benefit separate and apart 25 from compensation, the following shall be furnished:

- (a) After the happening of the injury, the insurer shall furnish, without limitation as to length of time or dollar amount, reasonable services by a physician or surgeon, reasonable hospital services and medicines when needed, and such other treatment as may be approved by the division for the injuries sustained.
- 7 (b) The insurer shall replace or repair prescription 8 eyeglasses, prescription contact lenses, prescription 9 hearing aids, and dentures that are damaged or lost as a 10 result of an injury, as defined in 39-71-119, arising out of 11 and in the course of employment.
 - (2) A relative value fee schedule for medical, chiropractic, and paramedical services provided for in this chapter, excluding hospital services, shall be established annually by the workers' compensation division and become effective in January of each year. The maximum fee schedule must be adopted as a relative value fee schedule of medical, chiropractic, and paramedical services, with unit values to indicate the relative relationship within each grouping of specialties. Medical fees must be based on the median fees as billed to the state compensation insurance fund during the year preceding the adoption of the schedule. The division shall adopt rules establishing relative unit values, groups of specialties, the procedures insurers must use to pay for services under the schedule, and the method

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- of determining the median of billed medical fees. These
 rules shall be modeled on the 1974 revision of the 1969
 California Relative Value Studies.
- 4 (3) The division shall establish all rates for
 5 hospital fees and charges necessary for the treatment of an
 6 injured worker. Approved rates are in effect for a period of
 7 12 months from the date of approval. The rates must reflect
 8 the variances in hospital size and available services. The
 9 division shall coordinate this ratesetting function with
 10 other state agencies that have similar responsibility."
- 11 Section 20. Section 39-71-708, MCA, is amended to read:

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- "39-71-708. Compensation for disfigurement. (1) The division may award proper and equitable indemnity benefits for serious face, head, or neck disfigurement, not to exceed \$2,500, in addition to any other indemnity benefits payable under 39-71-705;-39-71-706;-or 39-71-707.
- (2) No payment under this section shall be in lieu of the separate benefit of medical and hospital services and of any benefits paid under 39-71-701 for temporary total disability."
- NEW SECTION. Section 21. Benefits not due while claimant is incarcerated. A claimant is not entitled to and may not receive any compensation disability benefits, including temporary total, permanent partial, or continuing

- total benefits, while the claimant is incarcerated by any qovernmental entity after conviction of a felony.
- 3 Section 22. Section 39-71-721, MCA, is amended to 4 read:
- 139-71-721. Compensation for injury causing death. (1)
 15 If an injured employee dies and the injury was the proximate
 16 cause of such death, then the beneficiary of the deceased.
 17 Beneficiary of the deceased.
 18 as-the-case-may-be, is entitled to the same compensation as
 19 though the death occurred immediately following the injury.
 10 but-the-period-during-which-the-death-benefit-is-paid-shall
 11 beneficiary-the-period-during-or-for-which-compensation
 12 was-paid-for-the-injury.
 - (2) To beneficiaries as defined in subsections (2)(a) through (2)(d) of 39-71-116, weekly compensation benefits for an injury causing death are computed-at 66 2/3% of the decedent's wages. The maximum weekly compensation benefits benefit may not exceed the state's average weekly wage. The minimum weekly compensation for-death benefit is 50% of the state's average weekly wage, but in no event may it exceed the decedent's actual wages at the time of his death. The established weekly benefit may not be changed by a subsequent adjustment in the state's average weekly wage for future fiscal years.
- 24 (3) To beneficiaries as defined in subsections (2)(e) 25 and (2)(f) of 39-71-116, weekly benefits must be paid to the

- extent of the dependency at the time of the injury, subject 1 2 to a maximum of 66 2/3% of the decedent's wages. The maximum weekly compensation may not exceed the state's average weekly wage. The established weekly benefit may not be changed by a subsequent adjustment in the state's average weekly wage for future fiscal years.
 - (4) If the decedent leaves no beneficiary as defined in 39-71-116(2), a lump-sum payment of \$3.000 must be paid to the decedent's surviving parent or parents.

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- (5) If any beneficiary of a deceased employee dies, the right of such beneficiary to compensation under this chapter ceases. Death benefits must be paid to a widow-or widower--for--life--or surviving spouse for 500 weeks subsequent to the date of the employee's death, or until the surviving spouse's remarriage, and--in--the--event--of remarriage; -2-years -- benefits-must-be-paid-in-a-lump-sum--to the -- widow-or-widower: whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in subsections (2)(b) through (2)(d) of 39-71-116.
- 21 (6) In all cases, benefits must be paid to beneficiaries, as defined in 39-71-116(2)." 22
- 23 Section 23. Section 39-71-736, MCA, is amended to 24 read:
- "39-71-736. Compensation -- from what date paid. (1) 25

- No compensation may be paid for the first 5--days 6 days' 1
- loss of wages due to an injury. If-loss-of-wages-continues
- for-more-than-5-days7-compensation-shall-be--paid--from--the
- date--of-injury: Compensation must be paid starting with the
- 7th day of wage loss. However, separate benefits of medical 5
- and hospital services shall be furnished from the date of
- injury.
- (2) For the purpose of this section, an injured worker 8
- is not considered to have a wage loss if the worker is
- receiving sick leave benefits, except that each day for
- which the worker receives sick leave benefits counts | 1 day 11
- 12 toward the 6-day waiting period."
- Section 24. Section 39-71-737, MCA, is amended to 13
- 14 read:

- "39-71-737. Compensation to run consecutively --15
- exceptions. (1) Compensation shall run consecutively and not 16
- concurrently, and payment shall not be made for two classes 17
- of disability over the same period except that indemnity 18
- benefits under 39-71-705-through 39-71-707 and 39-71-708 and 19
- total disability benefits may 20 temporary
- concurrently. However, subject to the provisions of 21
- 22 39-71-741, this section does not prevent:
- 23 (a) the payment of a lump-sum advance settlement
- against projected future permanent partial indemnity 24
- benefits while a claimant is receiving temporary total

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disability benefits; or

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- 2 (b) a settlement of a combination of different classes 3 of disability benefits into a lump sum or into a combination 4 of periodic and lump-sum payments.
 - (2) A controversy between a claimant and an insurer regarding a settlement authorized under this section is a dispute for which the workers' compensation judge court has jurisdiction to make a determination."
- 9 Section 25. Section 39-71-741, MCA, is amended to read:

"39-71-741. Compromise settlements and lump-sum payments -- division approval required. (1) The biweekly payments provided for in this chapter may be converted. in whole or in part, into a lump-sum payment. Regardless-of-the date--of--the--injury--or--of--a-prior-lump-sum-payment--a A lump-sum conversion of permanent -- total -- biweekly future projected continuing total disability payments awarded or paid after-April-157-19857-must-equal-the-estimated--present value-of-the-total-unpaid-permanent-total-biweekly-payments; assuming--interest--at--7%--per--year;--compounded-annually; unless-the-conversion-improves-the--financial--condition--of the--worker--or--his--beneficiary--as-provided-in-subsection is-the-remaining-life-expectancy--of--the--claimant--or--the claimant-s--beneficiary,--the-remaining-life-expectancy-must

- be-determined--by--using--the--most--recent--table--of--life expectancy--in--years--as--published--by--the--United-States 2 national-center-for-health-statistics; must be discounted 4 based on the discount figure adopted by the division for the fiscal year in which the lump sum is awarded or paid. The 6 discount figure must be adopted by the division, rounded to the nearest whole number, and based on the average rate for 7 8 United States 10-year treasury bills in the previous 9 calendar year. A conversion of continuing total disability 1.0 benefits must be based on the weekly benefit rate 11 established for the injured worker immediately after the injury, and may not take into consideration any 1.2 1.3 cost-of-living adjustments as provided for in 39-71-702. A lump-sum conversion of permanent partial disability benefits 14 may not be discounted. 15
 - only be made upon the written application petition of the injured worker or the worker's beneficiary, and with the concurrence of the insurer, and approval of the concurrence of the insurer, and approval of the amount of the lump-sum-payment and the advisability of the conversion.

 A conversion must be in the claimant's best interest. It is presumed that biweekly payments are in the best interests interest of the worker or his beneficiary. The approval or award of a lump-sum conversion by the division or the

workers' compensation judge-must-be-the-exception;-not-the
rule, and court may be given granted only if the worker or
his beneficiary demonstrates that his-ability-to-sustain
himself-financially-is-more-probable-with-a it is in the
injured worker's best interest to allow a whole or partial
lump-sum conversion. than-with-the-biweekly-payments-and-his
other-available-resourcesThe-following-proceduremustbe
usedby-the-division-and-the-workerscompensation-judge-in
determining-whether-a-lump-sum-conversion-of-permanent-total
biweekly-payments-will-be-approved-or-awarded: A conversion
of future benefits into a lump sum is not considered in a
claimant's best interest unless the claimant is able to
demonstrate:

- 14 (a) that the lump sum is reasonably necessary to meet
 15 the claimant's pressing financial needs;
 - (b) that the lump sum is necessary to fund an approved rehabilitation plan if the rehabilitation plan provides a reasonable reentry into gainful employment for the claimant; or
 - (c) the parties agree to the payment of the lump sum.

 If the parties agree, the division may disapprove the lump-sum payment only if it finds that a lump-sum payment would clearly be detrimental to the claimant.
- 24 (a) -- The--difference--between--the--present--discounted
 25 value--of--a--lump--sum-and-the-future-value-of-the-biweekly

payments--cannot--be--the--only--grounds--for--approving--or awarding-a-lump-sum-conversion:

(b)--A--lump-sum-conversion-that-improves-the-financial condition-of-the-worker-or-his-beneficiary-over--what--would have--been--reasonably--expected--had--the--worker--not-been injured-or-died-can-be--approved--or--awarded--only--if--the lump-sum--conversion-is-limited-to-the-purchase-price-to-the insurer-of-an-annuity-that-would-yield-an--amount--equal--to the-biweekly-benefits-payable-over-the-estimated-duration-of the--compensation-period--The-worker-or-his-beneficiary-must demonstrate-the-financial-condition--that--would--have--been reasonably--expected,--taking--into--consideration--his-age, education,-work-experience,-and-probable-job-promotions--and pay-increases.

(c)--If--the--existing--delinquent-or-outstanding-debts are-used-as-grounds-for-s-lump-sum-conversion;-the-worker-or his-beneficiary-must-demonstrate-through-a--debt--management plan--that--a--lump--sum--for--that--purpose-is-necessary-to sustain-himself-financially;

(d)--If-a-business-venture-is-used--as--grounds--for--a lump-sum--conversion,--the--worker--or--his-beneficiary-must demonstrate-through-a-business-plan-that-a-lump-sum-for-that purpose-is-necessary-to-sustain--himself--financially----The business--plan--must--at--least--show-the-feasibility-of-the business--given-the-market-conditions-in-the-intended-market

areay-and-the-cash-that--will--be--available--to--him--on--a
biweekly--basis--after--start-up--costs--and--other-business
expenses-are-considered-throughout-the-expected-life-of--the
venture-

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(3)--If--the--division--finds--that--an-application-for lump-sum-conversion--does--not--adequately--demonstrate--the ability--of-the-worker-or-his-beneficiary-to-sustain-himself financially;--the--division--may--order;--at--the--insurer's expense;---financial;--medical;--vocational--rehabilitation; educational;--or--other--evaluative--studies--to---determine whether-a-lump-sum-conversion-is-in-the-best-interest-of-the worker-or-his-beneficiary;

(4)(3) The division has full power, authority, and jurisdiction to allow and approve compromises of claims under this chapter. All settlements and compromises of compensation provided in this chapter are void without the approval of the division. However, the division may not unreasonably withhold approval. Any settlement of a claim that includes the conversion of future benefits into a lump sum must meet the requirements of subsection (2). Approval of the division must be in writing. The division shall directly notify every claimant of any division order approving or denying a claimant's settlement or compromise of a claim. If the division does not act upon a petition for settlement within 30 days from the date it receives the

petition, the petition is considered approved.

tegarding the conversion of biweekly payments into a lump sum, is-considered—a—dispute and the rejection by the division of an agreement between a claimant and an insurer for a conversion of biweekly payments into a lump sum, are disputes for which the workers' compensation judge court has jurisdiction to make a determination."

9 Section 26. Section 39-71-803, MCA, is amended to read:

"39-71-803. Occupational deafness distinguished from traumatic loss of hearing. Occupational deafness as herein provided is distinguished from traumatic loss of hearing which is governed by the specific-loss-schedule-provided-for in-39-71-705 provisions of 39-71-703 concerning permanent partial disability."

17 Section 27. Section 39-71-1004, MCA, is amended to 18 read:

"39-71-1004. Industrial accident rehabilitation account. (1) The-payments-provided-in-39-71-1003-shall Payment for the vocational rehabilitation benefits provided by the department of social and rehabilitation services under [sections 29 and 30] must be made from the industrial accident rehabilitation account in the state special revenue fund. Payments to the account shall be made on or before

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July 1 of each year as follows:

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- (a) by each employer operating under the provisions of plan No. 1 of the Workers' Compensation Act, an amount to be assessed by the division, not exceeding 1% of the compensation paid to the employer's injured employees in Montana for the preceding fiscal year;
- (b) by each insurer insuring employers under the provisions of plan No. 2 of the Workers' Compensation Act, an amount to be assessed by the division, not exceeding 1% of the compensation paid to injured employees of its insured in Montana during the preceding fiscal year;
- (c) by the division, an amount to be determined by the division, not exceeding 1% of the compensation paid to injured employees in Montana from the industrial insurance expendable trust fund and the occupational disease expendable trust fund for the preceding fiscal year.
- (2) Separate accounts of the amounts collected and disbursements made from the industrial accident rehabilitation account in the state special revenue fund shall be kept for each of the plans. If in any fiscal year the amount collected from the employers under any plan exceeds the amount of payments for employees of the employers under such plan, the assessment against the employers under such plan for the following year shall be reduced.

- (3) The payments herein provided for shall be made to the division, which shall credit the sums paid to the industrial accident rehabilitation account which shall be in the custody of the state treasurer. Disbursements from the account shall be made after approval by the department of social and rehabilitation services and upon audit and approval by the department of administration.
- (4) No part of the funds allocated or contributed as herein provided and contemplated shall be used in payment of administrative expenses of the division or department of social and rehabilitation services."
- NEW SECTION. Section 28. Required rehabilitation. (1)
 The division may, in accordance with this part, require a
 claimant to pursue a rehabilitation program in order to
 continue receiving workers' compensation benefits.
- 16 (2) A rehabilitation program is a prescribed program
 17 of goods and services for the purpose of assisting an
 18 injured worker return to work.
- 19 (3) The rehabilitation program must allow for the
 20 claimant's limitations and the availability of work within
 21 the normal labor market. Priorities for the return of the
 22 injured worker to work must be determined by selecting the
 23 first appropriate action in the following sequence:
 - (a) a return to the same position of employment;
 - (b) a return to a modified position of employment;

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- 1 (c) employment in a related occupation considered 2 appropriate and suited to the worker's education and 3 marketable skill levels;
- 4 (d) rehabilitation in an on-the-job training program;
- (e) rehabilitation in a short-term retraining program(less than 24 months);
- 7 (f) rehabilitation in a long-term retraining program 8 (48-month maximum); or
- 9 (q) self-employment.

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- 10 (4) Once the claimant has been restored to a normal labor market pursuant to any of these priorities, the worker's need to engage in a rehabilitation program ceases and the worker must be awarded benefits, if any, pursuant to 14 39-71-703.
 - NEW SECTION. Section 29. Referral of disabled workers for rehabilitation services. (1) Rehabilitation services may be requested by the injured worker, the insurer, or the division. The division shall then require the insurer to designate a rehabilitation provider.
 - (2) The division shall notify the department of social and rehabilitation services of an injured worker who, in the opinion of the division, requires vocational rehabilitation services as provided in Title 53, chapter 7. The department of social and rehabilitation services, in providing vocational rehabilitation services to the injured worker,

- shall consult with the rehabilitation provider designated by the insurer, if other than the department.
- 3 (3) Rehabilitation services provided under this part
 4 must be delivered by a rehabilitation counselor certified by
 5 the board for rehabilitation certification, by a vocational
 6 rehabilitation counselor employed by the department of
 7 social and rehabilitation services, or by both.
- 8 (4) An injured worker served by the department of social and rehabilitation services shall receive vocational rehabilitation services in accordance with Title 53, chapter 7, parts 1 and 2, and may receive only the vocational rehabilitation services authorized in those parts. The department of social and rehabilitation services shall process each case in a reasonably timely manner.
 - (5) The appeal process before the board of social and rehabilitation appeals provided in 53-7-106 is the exclusive remedy for any person aggrieved in the receipt of services from the department of social and rehabilitation services under this part. Appeal may be made to the district court from a decision of the board under Title 2, chapter 4, part 7.
- 22 <u>NEW SECTION.</u> Section 30. Documentation of 23 rehabilitation determination to the division. (1) If an 24 insurer's designated rehabilitation provider determines that 25 all appropriate rehabilitation services have been provided

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to the injured worker in accordance with [section 28(3)],
the insurer shall document that determination to the
division.

- (2) If the department of social and rehabilitation services determines that all appropriate rehabilitation services have been provided to the injured worker in accordance with [section 28(3)], the department shall document that determination to the division.
- 9 <u>NEW SECTION.</u> Section 31. Biweekly benefits under 10 rehabilitation plan -- eligibility -- disputes. (1) An 11 injured worker referred for rehabilitation by the division 12 must be paid temporary total disabil. benefits if the 13 injured worker participates:
 - (a) in a rehabilitation program approved in writing by the insurer's designated rehabilitation provider; or
 - (b) through the department of social and rehabilitation services in vocational rehabilitation provided under an individualized written rehabilitation plan designed in accordance with [section 28].
 - (2) If a dispute exists concerning the need for or sufficiency of a rehabilitation program, the division shall, upon request of the injured worker or the insurer, review the matter. After consultation with the department of social and rehabilitation services and the designated rehabilitation provider, the division may direct the

- claimant to participate in the rehabilitation program or direct such other action as the division considers appropriate. The determination of the division must be in writing and be supported by the division's reasoning and the basis for its decision. The division's determination must take place within 30 days of the request.
 - program is available and appropriate for a claimant receiving workers' compensation benefits, the division shall require the claimant to participate in the program. If a claimant refuses to participate in the program, the issue regarding the availability and appropriateness of the program must be brought before the workers' compensation court. Weekly benefits must continue pending a decision by the court as to the availability and appropriateness of the program. If the court determines that the program is available and appropriate and if the claimant continues to refuse to participate in the program, weekly benefits may be terminated.
 - (4) (a) If the court determines that a claimant unreasonably refused to participate, the insurer must be given credit for all benefits paid against future compensation payments during the period when the claimant unreasonably refused to participate in the prescribed rehabilitation program.

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- 1 (b) If the court finds in favor of the claimant, the 2 court may award reasonable attorney fees and costs to the 3 claimant.
- NEW SECTION. Section 32. Sharing case information.

 10 The department of social and rehabilitation services, the insurer's designated rehabilitation provider, and the division shall provide to one another case information as necessary to carry out the purpose of this part.
- 9 (2) The division shall make an injured worker's 10 records available to the injured worker and the worker's 11 insurer upon request.
- 12 Section 33. Section 39-71-2102, MCA, is amended to read:

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- "39-71-2102. Proof of solvency to be filed. (1) Every employer who has elected to be bound by compensation plan No. 1 shall file proof of his solvency within the time and in the form as may be prescribed by the rules or orders of the division.
- (2) The division shall require an employer who elects to be bound by compensation plan No. 1 to provide a security deposit. The security deposit may be a surety bond, a quaranty of the parent company (self-insured in this state), or excess insurance. The security deposit must be the greater of \$250,000 or an average of benefits incurred by the employer for the past 3 calendar years."

- Section 34. Section 39-71-2203, MCA, is amended to read:
- 3 "39-71-2203. Content of policies -- policies subject to approval, change, or revision by division. (1) All policies insuring the payment of compensation under this chapter must contain a clause to the effect that, as between the employee and the insurer, the notice to or knowledge of the occurrence of the injury on the part of the insured shall be deemed notice or knowledge, as the case may be, on 10 the part of the insurer; that jurisdiction of the insured 11 for the purpose of this chapter shall be jurisdiction of the 12 insurer; and that the insurer shall in all things be bound 13 by and subject to the awards, orders, judgments, or decrees 14 rendered against such insured.
 - (2) No such policy shall be issued unless it contains the agreement of the insurer that it will promptly pay to the person entitled to compensation all the installments of compensation or other payments in this chapter provided for and that the obligation shall not be affected by any default of the insured after the injury or by any default in the giving of any notice required by such policy or by this chapter or otherwise. Such agreement shall be construed to be a direct promise by the insured to the person entitled to compensation.
- 25 (3) (a) Every policy or contract insuring against

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- liability for compensation under compensation plan No. 2
 must contain a clause to the effect that the insurer shall
 be directly and primarily liable to and will pay directly to
 the employee or in case of death to his beneficiaries or
 major or minor dependents, the compensation, if any, for
 which the employer is liable.
 - (b) An employer may make direct benefit payments to an injured worker if the worker participates in a deductible plan with an insurer.

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- 10 (4) Every such policy shall at all times be subject to
 11 approval, change, or revision by the division and shall
 12 contain the clauses, agreements, and promises required by
 13 this chapter."
- Section 35. Section 39-71-2304, MCA, is amended to read:
 - "39-71-2304. Determination of rates and classifications by division. (1) The division is hereby given full power and authority to determine premium rates and classifications as in its judgment and experience and as a member of a rating organization as is otherwise provided for in this chapter may be necessary or expedient, provided that no change in the classification or rates prescribed shall be effective until 30 days after the date of the order making such change.
 - (2) The industrial insurance program shall be neither

- more nor less than self-supporting. Employments affected by the provisions hereof shall be divided by the division, as a 2 member of a rating organization, into classes, whose rates 3 may be readjusted at such times as the division as a member 4 of such rating organization may actuarially determine. 5 Separate accounts shall be kept of the amounts collected and 7 expended in each class for actuarially determining rates, but for payment of compensation and dividends, industrial insurance expendable trust fund shall be one and 10 indivisible.
 - organization shall determine the hazards of the different classes of occupations or industries and fix the premiums therefor at the lowest rate consistent with maintenance of an actuarially sound industrial insurance fund and the creation of actuarially sound surplus and reserves, and for such purpose may adopt a system of schedule rating in such a manner as to take account of the peculiar hazard of each risk and shall utilize the experience and information afforded to it as a member of such rating organization.
 - (4) In addition, compensation plan No. 3 shall use an experience rating system for employers enrolled under it.

 This system shall reward employers with a better than average safety record, penalize employers with a worse than average safety record, and may provide for premium volume

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- (5) The division in fixing rates shall provide for the expenses of administering the industrial insurance expendable trust fund allowed by law, the disbursements on account of injuries and deaths of employees in each class, an actuarially sound catastrophe reserve, reserves actuarially determined to meet anticipated and unexpected losses, and such other reserves and surplus as may be determined by the division as a member of such rating organization. The amounts of such reserves and surplus shall be as determined from time to time by the division to be adequate but not excessive for the purposes intended.
- (6) The division may provide employers with a program of deductible policies if in the division's discretion a program is warranted. If a policyholder fails to honor the provisions of the plan, the division shall assume liability. The division may determine the composition of the plan according to the risk assumed for individual policyholders."

 Section 36. Section 39-71-2901, MCA, is amended to read:
- "39-71-2901. Location of office —— general powers. (1)
 The principal office of the workers' compensation judge
 court shall be in the city of Helena.
- 24 (2) The chief workers' compensation judge shall 25 establish procedures for the allocation of the case load

- 1 between the judges.
- ? (3) The workers' compensation court has power to:
- 3 (a) preserve and enforce order in its immediate
- 4 presence;
- 5 (b) provide for the orderly conduct of proceedings
- 6 before it or its officers;
- 7 (c) compel obedience to its judgments, orders, and
- 8 process in the same manner and by the same procedures as in
- 9 civil actions in district court;
- 10 (d) compel the attendance of persons to testify; and
- 11 (e) punish for contempt in the same manner and by the
- 12 same procedures as in district court."
- Section 37. Section 39-71-2902, MCA, is amended to
- 14 read:
- 15 "39-71-2902. Operating expenses. The workers'
- 16 compensation judge court may employ such employees as may be
- 17 required to carry out the duties under this part. All
- 18 expenditures of the workers' compensation judge court,
- including but not limited to salaries, traveling expenses,
- 20 office rent, office equipment, and supplies, shall be paid
- 21 out of the workers' compensation administration fund."
- 22 Section 38. Section 39-71-2903, MCA, is amended to
- 23 read:
- 24 "39-71-2903. Administrative procedure act, common law,
- 25 and rules of evidence applicable -- judge-not court bound by

- rules of evidence. All proceedings and hearings before the
 workers' compensation judge court shall be in accordance
 with the appropriate provisions of the Montana
 Administrative Procedure Act. However,—the The workers'
 compensation judge court is not bound by common law and
 statutory rules of evidence."
- 7 Section 39. Section 39-71-2904, MCA, is amended to 8 read:

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- "39-71-2904. Direct appeal to supreme court. Notwithstanding 2-4-701 through 2-4-704, an appeal from a final decision of the workers' compensation judge court shall be filed directly with the supreme court of Montana in the manner provided by law for appeals from the district court in civil cases."
- Section 40. Section 39-71-2905, MCA, is amended to read:
- 17 "39-71-2905. Petition to workers' compensation judge court. (1) A claimant or an insurer who has a dispute 18 concerning any benefits under chapter 71 or 72 of this title 19 may, after following the procedure provided in subsection 20 (2), petition the workers' compensation judge court for a 21 22 determination of the dispute. Jurisdiction does not extend to disputes under [section 10]. The judge court, after a 23 24 hearing, shall make a determination of the dispute in accordance with the law as set forth in chapter 71 or 72 of 25

- this title. If the dispute relates to benefits due a claimant under chapter 71 or 72, the judge court shall fix and determine any benefits to be paid and specify the manner of payment. The workers' compensation judge court has exclusive jurisdiction to make determinations concerning disputes under chapter chapters 71 and 72, except as provided in 39-71-516 and [subsection (5) of section 29].

 The penalties and assessments allowed against an insurer under chapter chapters 71 and 72 are the exclusive penalties and assessments that can be assessed against an insurer for
- 12 (2) (a) Before a claimant or an insurer may petition

 13 the court for resolution of a dispute, the petitioner shall

 14 attempt to resolve the dispute by providing the other party

 15 with a written demand requesting resolution of the dispute.

 16 The demand must include:

disputes arising under chapter chapters 71 and 72.

- 17 (i) a complete explanation of the dispute;
- 18 <u>(ii) copies of documents or other information</u>

 19 <u>supporting the position taken by the party claiming the</u>

 20 dispute; and
- 21 (iii) a suggested resolution of the dispute.
- 22 (b) The party receiving the demand described in 23 subsection (2)(a) has 20 days from the date of receipt to 24 propose a resolution. If, within 20 days from the date of
- 25 receipt of the demand, no agreement resolving the dispute is

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1 entered into, the party claiming the dispute may file a
2 petition with the workers' compensation court.

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(3) A party may move to dismiss a petition if it contends that the petitioner has not complied with subsection (2)(a). A ruling on the motion must be based on documentary evidence submitted to the court by the parties."

Section 41. Section 39-71-2906 MCA, is amended to

7 Section 41. Section 39-71-2906, MCA, is amended to 8 read:

"39-71-2906. Nominal disability awards. The judge court may grant nominal disability awards in cases where it is found that an accident has occurred in the course and scope of employment but no disability has resulted therefrom."

Section 42. Section 39-71-2907, MCA, is amended to read:

"39-71-2907. Increase in award for unreasonable delay or refusal to pay. When payment of compensation has been unreasonably delayed or refused by an insurer, either prior or subsequent to the issuance of an order by the workers' compensation judge court granting a claimant compensation benefits, the full amount of the compensation benefits due a claimant, between the time compensation benefits were delayed or refused and the date of the order granting a claimant compensation benefits, may be increased by the workers' compensation judge court by 20%. The question of

1 unreasonable delay or refusal shall be determined by the

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2 workers' compensation judge court, and such a finding

3 constitutes good cause to rescind, alter, or amend any

4 order, decision, or award previously made in the cause for

5 the purpose of making the increase provided herein."

6 Section 43. Section 39-71-2909, MCA, is amended to read:

"39-71-2909. Authority to review. diminish. increase awards -- limitation. The judge court may, upon the petition of a claimant or an insurer that the disability of 10 11 the claimant has changed, review, diminish, or increase, in 12 accordance with the law on benefits as set forth in chapter 13 71 of this title, any benefits previously awarded by the judge court or benefits received by a claimant through 14 15 settlement agreements. However, the judge court may not 16 change any final settlement or award of compensation more 17 than 4 years after the settlement has been approved by the division or any order approving a full and final compromise 18 19 settlement of compensation."

NEW SECTION. Section 44. Filing fee. A claimant or an insurer who files a petition for hearing under chapter 71 or 72 shall pay a filing fee of \$25. A party required to file a notice of appearance of counsel as provided by court procedural rules shall pay an appearance fee of \$25. The fees collected under this section must be deposited monthly

in the fund collected by the division under 39-71-201. The 2 court procedural rules must provide for the method of 3 payment. The money collected under this section is a cost 4 recoverable under [section 13].

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- NEW SECTION. Section 45. Signing petitions. pleadings, motions, and other papers -- sanctions. (1) Every petition, pleading, motion, or other paper of a party appearing before the court and represented by an attorney 8 must be signed by at least one attorney of record in his individual name. The signer's address also must be stated.
- (2) A party who is not represented by an attorney 11 12 shall sign his petition, pleading, motion, or other paper and state his address. 13
- 14 (3) The signature of an attorney or party constitutes a certificate by him that: 15
- 16 (a) he has read the petition, pleading, motion, or 17 other paper;
- 18 (b) to the best of his knowledge, information, and belief formed after reasonable inquiry, it is well grounded 19 20 in fact;
- 21 (c) it is warranted by existing law or a good faith argument for the extension, modification, or reversal of 22 existing law; and 23
- 24 (d) it is not interposed for any improper purpose, such as to harass or to cause unnecessary delay or needless 25

increase in the cost of litigation.

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(4) If a petition, pleading, motion, or other paper is 3 not signed, it must be stricken unless it is signed promptly after the omission is called to the attention of the petitioner, pleader, or movant.

(5) If a petition, pleading, motion, or other paper is

Section 46. Section 45-6-301, MCA, is amended to read:

- signed in violation of this section, the court, upon motion or upon its own initiative, shall impose an appropriate sanction upon the person who signed it, a represented party. or both. The sanction may include an order to pay to the 10 other party or parties the amount of the reasonable expenses 11 12 incurred because of the filing of the petition, pleading, motion, or other paper, including reasonable attorney fees. 13
- "45-6-301. Theft. (1) A person commits the offense of 15 theft when he purposely or knowingly obtains or exerts 16 17 unauthorized control over property of the owner and:
- 18 (a) has the purpose of depriving the owner of the 19 property;
- (b) purposely or knowingly uses, conceals, or abandons 20 21 the property in such manner as to deprive the owner of the 22 property; or
- 23 (c) uses, conceals, or abandons the property knowing 24 such use, concealment, or abandonment probably will deprive the owner of the property. 25

(2) A person commits the offense of theft when he purposely or knowingly obtains by threat or deception control over property of the owner and:

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- (a) has the purpose of depriving the owner of the 4 property:
 - (b) purposely or knowingly uses, conceals, or abandons the property in such manner as to deprive the owner of the property: or
- (c) uses, conceals, or abandons the property knowing 9 such use, concealment, or abandonment probably will deprive 10 the owner of the property. 11
 - (3) A person commits the offense of theft when he purposely or knowingly obtains control over stolen property knowing the property to have been stolen by another and:
- (a) has the purpose of depriving the owner of the 16 property;
- (b) purposely or knowingly uses, conceals, or abandons 17 the property in such manner as to deprive the owner of the 18 property; or 19
- (c) uses, conceals, or abandons the property knowing 20 such use, concealment, or abandonment probably will deprive 21 the owner of the property. 22
- (4) A person commits the offense of theft when he 23 purposely or knowingly obtains or exerts unauthorized 24 25 control over any part of any public assistance provided

- under Title 53 by a state or county agency, regardless of the original source of assistance, by means of:
- (a) a knowingly false statement, representation, or 3 impersonation; or 4
- (b) a fraudulent scheme or device.
- (5) A person commits the offense of theft when he purposely or knowingly obtains or exerts unauthorized control over any part of any benefits provided under Title
- 9 39, chapters 71 and 72, by means of:
- 1.0 (a) a knowingly false statement, representation, or 11 impersonation; or
- (b) deception or other fraudulent action. 12
- 13 (5)(6) A person convicted of the offense of theft of property not exceeding \$300 in value shall be fined not to 14 15 exceed \$500 or be imprisoned in the county jail for any term 16 not to exceed 6 months, or both. A person convicted of the 17 offense of theft of property exceeding \$300 in value or 18 theft of any commonly domesticated hoofed animal shall be 19 fined not to exceed \$50,000 or be imprisoned in the state 20 prison for any term not to exceed 10 years, or both.
- 21 (6)(7) Amounts involved in thefts committed pursuant 22 to a common scheme or the same transaction, whether from the 23 same person or several persons, may be aggregated in 24 determining the value of the property."
- Section 47. Section 39-72-102, MCA, is amended to 25

1 read:

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- 2 "39-72-102. Definitions. As used in this chapter, 3 unless the context requires otherwise, the following definitions apply: Δ
- (1) "Beneficiary" is as defined in 39-71-116(2). 5
 - (2) "Child" is as defined in 39-71-116+4+.
- (3) "Disablement" means the event of becoming 7 8 physically incapacitated by reason of an occupational disease from performing work in the normal labor market. 9 10 Silicosis, when complicated active pulmonary tuberculosis, is presumed to be total disablement. 11 "Disability", "total disability", and "totally disabled" are 12
- synonymous with "disablement", but they have no reference to 1.3
- 14 "partial permanent disability".
- 15 (4) "Division" is as defined in 39-71-116+5.
- (5) "Employee" is as defined in 39-71-118. 1.6
- (6) "Employer" is as defined in 39-71-117. 17
- (7)--"Husband"-is-as-defined-in-39-71-116(7)-18
- (8)(7) "Independent contractor" is as defined in 19 39-71-120. 20
- (9)(8) "Insurer" is as defined in 39-71-116(8). 21
- $\{10\}(9)$ "Invalid" is as defined in 39-71-116(9). 22
- tit(10) "Occupational disease" means all diseases 23
- arising out of or contracted from and in the course of 24
- employment. 25

- (11) "Order" is as defined in 39-71-116(10). 1
- (13)(12) "Pneumoconiosis" means a chronic dust disease
- of the lungs arising out of employment in coal mines and
- anthracosis, coal workers' pneumoconiosis.
 - silicosis, or anthracosilicosis arising out of
- employment.

includes

- f±4)(13) "Silicosis" means a chronic disease of the 7
- lungs caused by the prolonged inhalation of silicon dioxide
- (SiO2) and characterized by small discrete nodules of
- fibrous tissue similarly disseminated throughout both lungs 10
- causing the characteristic x-ray pattern and by other 11
- 12 variable clinical manifestations.
- (14) "Wages" is as defined in 39-71-116(20). 13
- 14 (16)-Wife"-is-as-defined-in-39-71-116+21+-
- (15) "Year" is as defined in 39-71-116(6)-and15
- 16 39-71-116(22) 39-71-116(7) and (19)."
- Section 48. Section 39-72-610, MCA, is amended to 17
- 18 read:
- 19 "39-72-610. Report of and examinations conducted by
- medical panel. (1) At a hearing held before the-division-or 20
- 21 the workers' compensation judge court, there is a rebuttable
- presumption that the report of the medical panel and any 22
- medical examination reports by members of the medical panel 23
- 24 are correct.
- 25 (2) The claimant or the insurer may present additional

- medical information in order to rebut the medical examination report of a panel member or a panel report."
- 3 Section 49. Section 39-72-613, MCA, is amended to 4 read:

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the insurer.

- "39-72-613. Costs and attorney fees. (1) If an insurer requests that a hearing be held before the division court and the claim is determined compensable by the division court after the hearing and-the-insurer-does-not-appeal--the division's--decision--to--the--workers'--compensation-judge, reasonable costs and attorney fees, as determined by the division court, shall be paid to the claimant's attorney by
- (2) If an insurer appeals a decision of the--division 13 14 to the workers' compensation judge-or-from-the-judge court 15 to the supreme court and the claim is determined 16 compensable, reasonable costs and attorney fees, as determined by the workers' compensation judge court, shall 17 be paid to the claimant's attorney by the insurer for 18 19 proceedings before the division, the workers' compensation 20 judge court, and the supreme court.
- 21 (3) The fee awarded must be calculated as provided in 22 39-71-614."
- Section 50. Section 39-72-701, MCA, is amended to read:
- 25 "39-72-701. Compensation for total disability or death

- due to occupational disease other than pneumoconiosis. (1)
 The compensation to which an employee temporarily totally
- 3 disabled or permanently continuingly totally disabled by an
- 4 occupational disease other than pneumoconiosis, or the
- 5 beneficiaries and dependents of the employee in the case of
- 6 death caused by an occupational disease other than
- 7 pneumoconiosis, are entitled under this chapter shall be the
- 8 same payments which are payable to an injured employee, and
- 9 such payments shall be made for the same period of time as
- 10 is provided in cases of temporary total disability,
- ll permanent continuing total disability, and in cases of
- 12 injuries causing death under the Workers' Compensation Act.
- 13 (2) In cases where it is determined that periodic 14 disability benefits granted by the Social Security Act are
- payable because of the disease, the weekly benefits payable
- 16 under this section are reduced, but not below zero, by an

amount equal as nearly as practical to one-half the federal

- 18 periodic benefits for such week, which amount is to be
- 19 calculated from the date of the disability social security
- 20 entitlement."
- 21 Section 51. Section 19-12-401, MCA, is amended to
- 22 read:

- 23 "19-12-401. Eligibility for pension benefits. In order
- 24 to qualify for participation in the volunteer firefighters'
- 25 pension plan under 19-12-404, a volunteer firefighter must

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meet each of the following requirements:

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- (1) (a) To qualify for full participation, he must have completed a total of at least 20 years' service as an active volunteer firefighter and as an active member of a qualified volunteer fire company.
 - (b) If a firefighter is prevented from completing at least 20 years' service by dissolution or discontinuance of his volunteer fire company, personal relocation due to transfer or loss of employment, personal disability, or any other factor beyond his reasonable control, he may qualify for partial participation if he has completed at least 10 years' service. In that event, he is eligible for only a proportion of the benefits specified in 19-12-404, determined by multiplying the benefits by a fraction, the numerator of which is the number of years of active service completed and the denominator of which is 20.
 - (c) The years of active service are cumulative and need not be continuous. The service need not be acquired with one single fire company but may be a total of separate periods of active service with different fire companies in different fire districts.
 - (d) Effective March 1, 1965, the annual period of service for the purpose of this chapter is the fiscal year.

 No fractional part of any year may count toward the service requirement, and to receive credit for any particular year,

- a volunteer firefighter must serve with one particular volunteer fire company throughout that entire fiscal year.
- 3 (2) (a) Except as provided in subsection (2)(b), he 4 must have attained the age of 55, but he need not be an 5 active volunteer firefighter or an active member of any 6 volunteer fire company when he reaches that age.
 - (b) An active member of a volunteer fire company whose duty-related injury results in a permanent, continuing total disability as defined in 39-71-116(13) 39-71-702 is eligible to receive a partial pension regardless of his age calculated as follows:
- 12 (i) for a member with less than 10 years of service, a 13 pension calculated as provided in subsection (1)(b) in which 14 the numerator equals 10; or
- 15 (ii) for a member with 10 years or more of service, a 16 pension calculated as provided in subsection (1)(b).
 - (3) During each of the years for which he claims credit under subsection (1), he must have completed a minimum of 30 hours of instruction in matters pertaining to firefighting under a program formulated and supervised by the chief or foreman of his volunteer fire company.
- 22 (4) Effective July 1, 1965, no volunteer firefighter 23 may receive credit for any year of membership in a volunteer 24 fire company unless, throughout the year:
- 25 (a) the company maintained firefighting equipment in

serviceable condition of a value of \$2,500 or more; and

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- (b) the company or the fire district served by it was rated in class 5, 6, 7, 8, 9, or 10 by the board of fire underwriters for the purpose of fire insurance premium rates.
- 6 (5) He must have ceased to be an active member of any volunteer fire company, and if he applies for and receives pension benefits hereunder, he will not thereafter be eligible to become an active member of any volunteer fire company."
- 11 Section 52. Section 50-16-311, MCA, is amended to read: 1.2
 - "50-16-311. When consent is required to release or transfer confidential health care information. (1) Except as provided in subsection (2) or as otherwise specifically provided by law or the Montana Rules of Civil Procedure, confidential health care information relating to a person may not be released or transferred without the written consent of the person or his authorized representative.
- (2) Consent is not required for release or transfer of 20 21 confidential health care information:
- 22 (a) to a physician, dentist, or other medical person 23 for diagnosis or treatment of an individual in a medical or 24 dental emergency;
 - (b) to a peer review committee if the information

- concerns matters within the scope of the licensed professional practice of the committee members;
 - (c) to qualified persons for the purpose of conducting scientific research, management audits, financial audits, program evaluations, or similar studies. However, qualified persons may not directly or indirectly identify an individual patient in a research report, audit, or evaluation or disclose a patient's identity in any manner.
- (d) to a health care provider:

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- 10 (i) as may be reasonably necessary to provide health care services to the individual about whom the information 11 12 relates; or
- (ii) in the administration of the office, practice, or 13 operation in connection with the providing of health care 3.4 services to the individual about whom the information 15 relates; 16
 - (e) to an employer as may be reasonably necessary in the administration of a group insurance plan or to a workers' compensation insurer, the division of workers' compensation, or the workers' compensation judge court, as is necessary in the administration of Title 39, chapters 71 and 72:
- 23 (f) when a person's insurance coverage obligates more 24 than one insurer with respect to a claim or benefit;
- 25 (g) to a state insurance department for the purpose of

reviewing an insurance claim or complaint made to such department by an insured or his authorized representative or by a beneficiary or his authorized representative of a deceased insured:

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- (h) to a law enforcement officer about the general physical condition of a person being treated in a health care facility if such person was injured on a public roadway or was injured by the possible criminal act of another;
- 9 (i) to the news media about the general physical 10 condition of an injured person being treated in a health 11 care facility, provided the existence of the hospitalization 12 is publicly known.
- 13 (3) For the purpose of this section, the term "general physical condition" is limited to a description of the condition as "satisfactory", "serious", or "critical"."
- Section 53. Section 53-9-106, MCA, is amended to read:
 "53-9-106. Attorneys' fees. (1) The division may grant
 attorneys' fees to attorneys for representing claimants
 before the division. Any attorney's fee granted by the
 division shall be in addition to compensation awarded the
 claimant under this part.
- 22 (2) The division may regulate the amount of the 23 attorney's fee in any claim under this part when an attorney 24 is representing a claimant.
- 25 (3) In cases under this part that go before the

- workers' compensation judge court, the judge may grant, in addition to compensation benefits granted, attorneys' fees to attorneys for representing claimants before the judge.
- 4 (4) In no claim or case may attorney fees in excess of 5% of the amount paid to a claimant or on his behalf be paid directly or indirectly to a claimant's attorney."
- Section 54. Section 53-9-131, MCA, is amended to read: 7 "53-9-131. Appeals. (1) After the division has made 8 final determination concerning any matter relating to a claim, if the claimant disputes 10 the division's determination, he may appeal to the workers' compensation 11 judge court for review. The judge, after a hearing, shall 12 make a final determination concerning the dispute and issue 13 an appropriate order affirming or modifying the division's 14 15 determination.
- 16 (2) All proceedings and hearings before the workers'
 17 compensation judge court shall be in accordance with the
 18 appropriate provisions of the Montana Administrative
 19 Procedure Act. However,—the-workers—compensation—judge—is
 20 not-bound-by-common-law-and-statutory-rules-of-evidence.

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(3) Notwithstanding Title 2, chapter 4, part 7, an appeal from a final decision of the workers' compensation judge court shall be filed directly with the supreme court of Montana in the manner provided by law for appeals from the district court in civil cases."

1 NEW SECTION. Section 55. Repealer. Sections
2 39-71-309, 39-71-410, 39-71-705, 39-71-706, 39-71-709,
3 39-71-1001 through 39-71-1003, 39-71-1005, 39-71-2908,
4 39-72-611, and 39-72-612, MCA, are repealed.

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NEW SECTION. Section 56. Extension of authority. Any existing authority of the division of workers' compensation to make rules on the subject of the provisions of this act is extended to the provisions of this act.

NEW SECTION. Section 57. Codification instructions.

(1) Sections 6 and 8 are intended to be codified as an integral part of Title 39, chapter 71, part 3, and the provisions of Title 39, chapter 71, part 3, apply to sections 6 and 8.

(2) Sections 13, 15, and 21 are intended to be codified as an integral part of Title 39, chapter 71, part 6, and the provisions of Title 39, chapter 71, part 6, apply to sections 13, 15, and 21.

(3) Sections 28 through 32 are intended to be codified as an integral part of Title 39, chapter 71, part 10, and the provisions of Title 39, chapter 71, part 10, apply to sections 28 through 32.

(4) Sections 44 and 45 are intended to be codified as an integral part of Title 39, chapter 71, part 29, and the provisions of Title 39, chapter 71, part 29, apply to sections 44 and 45.

NEW SECTION. Section 58. Saving clause. This act does not affect rights and duties that matured or penalties that were incurred before the effective date of this act.

NEW SECTION. Section 59. Severability. If a part of this act is invalid, all valid parts that are severable from the invalid part remain in effect. If a part of this act is invalid in one or more of its applications, the part remains in effect in all valid applications that are severable from the invalid applications.

NEW SECTION. Section 60. Applicability. This act applies to injuries occurring on and after October 1, 1987.

-End-

STATE OF MONTANA - FISCAL NOTE

Form BD-15

In compliance with a written request, there is hereby submitted a Fiscal Note for SB330, as introduced.

DESCRIPTION OF PROPOSED LEGISLATION:

An act to generally revise the Workers' Compensation Laws; to provide that obtaining benefits fraudulently constitutes theft.

Workers' Compensation Court

ASSUMPTIONS: (Operations Impact)

- 1. Additional judge will be appointed as of 1/1/88.
- 2. Current hearings officer/attorney position will be eliminated.
- 3. Operating costs for judge position will be no more than for current hearing officer/attorney.

FISCAL IMPACT: (Operational Costs)

Expenditures:		FY88			FY89	
	Current Law	Proposed Law	<u>Difference</u>	Current Law	Proposed Law	Difference
FTE	8.00	8.00	-0-	8.00	8.00	-0-
Personal Services	\$224,559	\$222,672	(\$1,887)	\$224,359	\$247,207	\$ 22,848
Operations	119,713	119,713	-0-	110,767	110,767	-0-
Equipment	800	800	-0-	800	800	-0-
TOTAL	\$345,072	\$343,185	(\$1,887)	\$335,926	\$358, 774	\$ 22,848
Source of Funding: (Revenue: W.C. State	Earmarked Reven	ue)			• ·	
Insurance Fund	\$345,072	\$346,959	\$1,887	\$335,926	\$346,274	\$ 10,348
Filing & Appearance	e					
Fee						
500/yr @ \$25 each	<u>-0-</u>	12,500	12,500	<u> </u>	12,500	12,500
TOTAL	\$345,072	\$359,459	\$14,387	\$335,926	\$358,774	\$ 22,848

DAVID L. HUNTER BUDGET DIRECTOR

Office of Budget and Program Planning

FRED VAN VALKENBURG, PRIMARY SPONSOR

Fiscal Note for SB330, as introduced.

SB 330

Fiscal Note Request, SB330, as introduced. Form BD-15 Page 2

Revision of the Workers! Compensation Laws ASSUMPTIONS:

Α.

Trust Fund Impact:

- Policyholder mix will remain constant. 1.
- The State Fund's market share will remain unchanged. 2.
- 3. The proposed benefit payment system will not create an incentive for current policyholders to seek coverage from private carriers.
- 4. Demands on benefits, wage compensation and medical expenses, will remain at current levels.
- Obligation for the unfunded liability will be recovered in 10 years. 5.
- 6. The obligation for the liability created by the Stelling/Buckman decisions will be recovered in 10 years.
- Number of average weeks on permanent partial payouts do not exceed 300 weeks, cost savings will vary 7. from 14% to 17%.

В. Uninsured Employers Fund Impact:

- Benefits will be paid out according to amounts available in the fund.
- Projections of revenue into fund cannot be made. Therefore, projections of expenditures from the fund 2. cannot be made.

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A. State Compensation Insurance Fund

> Estimated 1987 premium income (includes 1/1/87 adjustment).

> > Amount required to reach adequate rate base.

Estimated premium needed to maintain current system.

2. Estimated premium required to maintain proposed system.

> Estimated premium reductions % reduction from adequate base.

\$ 76,662,000

11,862,000

\$ 64,800,000

FY 87

\$ 63,629,000 \$ 65,929,000

Range Low(-----)High

(13,033,000)(10,733,000).17001 .1400

Form BD-15
Page 3

- 3. Obligations to be Funded
 - a. Unfunded liability \$81 million annually for 10 years.

\$ 12,344,000

Stelling/Buckman decision
 \$25 Million - annually
 for 10 years.

3,800,000

Annual recovery of recognized

\$ 16,144,000

Net Premium Increase

\$ 3,111,000 to \$ 5,411,000

B. Uninsured Employers Fund

The purpose of the reform is to allow the Division to pay benefits on a cash available basis. Current law requires the Division to maintain surpluses and reserves in the Fund. Funding sources remain the same.

EFFECT ON COUNTY OR OTHER LOCAL REVENUE OR EXPENDITURES:

TRUST FUND ONLY. Rate reductions will depend on the organization's accident experience and the insurer's ability to offer premium decreases.

LONG-RANGE EFFECTS OF PROPOSED LEGISLATION:

TRUST FUND ONLY. The reform should make a significant contribution toward minimizing litigation, providing more emphasis on the most seriously injured worker, and instituting a return-to-work rehabilitation program.

TECHNICAL OR MECHANICAL DEFECTS IN PROPOSED LEGISLATION OR CONFLICTS WITH EXISTING LEGISLATION: None.