1 llen & 2 BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY 3 4 A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE WORKERS' COMPENSATION ACT 5 6 AND THE OCCUPATIONAL DISEASE ACT OF MONTANA; ADDING DEFINITIONS: EXEMPTING 7 CORPORATE OFFICERS AND MANAGERS OF LIMITED LIABILITY COMPANIES FROM COVERAGE UNLESS THE EMPLOYER ELECTS TO COVER THE OFFICER OR MANAGER AND THE INSURER ALLOWS THE 8 9 ELECTION; CLARIFYING PROHIBITIONS REGARDING MEDICAL PROVIDER SELF-REFERRAL; AUTHORIZING THE DEPARTMENT OF LABOR AND INDUSTRY TO CONDUCT HEARINGS AND APPEALS BY TELEPHONE 10 OR VIDEOCONFERENCE: CLARIFYING THE STATUS OF LIMITED LIABILITY COMPANIES: CLARIFYING THE 11 LIABILITY OF AN EMPLOYER WHO CONTRACTS WORK OUT; CLARIFYING THE DEPARTMENT'S 12 RESPONSIBILITY IN APPROVING THE GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE: 13 REQUIRING THE INVESTMENT INCOME OF THE UNINSURED EMPLOYERS' FUND TO BE DEPOSITED IN 14 15 THE FUND: REMOVING THE LIMIT ON AN UNINSURED EMPLOYER'S LIABILITY FOR CLAIMS: INCREASING THE AUTHORITY TO FILE CEASE AND DESIST ORDERS TO INCLUDE PERSONS, BUSINESSES, AND 16 ENTITIES THAT HAVE CONTRACTED WITH UNINSURED EMPLOYERS AND PROVIDING FOR PENALTIES; 17 PROVIDING A DISTRICT COURT WITH THE OPTION TO REQUEST THE WORKERS' COMPENSATION 18 JUDGE TO DETERMINE THE AMOUNT OF RECOVERABLE DAMAGES DUE TO AN INJURED UNINSURED 19 WORKER: REMOVING THE REFERENCES TO WAGE SUPPLEMENT; REQUIRING THE BOARD OF 20 INVESTMENTS TO INVEST CERTAIN MONEY IN THE SUBSEQUENT INJURY FUND AND REQUIRING THE 21 INVESTMENT INCOME TO BE DEPOSITED IN THE FUND; REDUCING THE TIME PERIOD ALLOWED FOR 22 23 A PARTY TO RESPOND TO A WORKERS' COMPENSATION MEDIATOR'S RECOMMENDATION; REVISING THE MEDICAL PANEL PROCESS: AMENDING SECTIONS 39-71-116, 39-71-117, 39-71-118, 39-71-315, 24 39-71-318, 39-71-401, 39-71-405, 39-71-432, 39-71-433, 39-71-503, 39-71-504, 39-71-507, 25

27 39-71-2411, 39-71-2905, 39-72-601, 39-72-602, AND 39-72-612, MCA; AND PROVIDING EFFECTIVE

39-71-516, 39-71-710, 39-71-721, 39-71-723, 39-71-737, 39-71-902, 39-71-1108, 39-71-2103,

28 DATES AND APPLICABILITY DATES."

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30 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:



Section 1. Section 39-71-116, MCA, is amended to read: 1 2 "39-71-116. Definitions. Unless the context otherwise requires, words and phrases employed in 3 this chapter have the following meanings: 4 (1) "Administer and pay" includes all actions by the state fund under the Workers' Compensation 5 Act and the Occupational Disease Act of Montana necessary to: (a) the investigation, review, and settlement of claims; 6 7 (b) payment of benefits; 8 (c) setting of reserves; 9 (d) furnishing of services and facilities; and 10 (e) utilization use of actuarial, audit, accounting, vocational rehabilitation, and legal services. 11 (2) "Aid or sustenance" means any public or private subsidy made to provide a means of support, 12 maintenance, or subsistence for the recipient. (2)(3) "Average weekly wage" means the mean weekly earnings of all employees under covered 13 14 employment, as defined and established annually by the Montana department of labor and industry. It is 15 established at the nearest whole dollar number and must be adopted by the department prior to July 1 of 16 each year. 17 (3)(4) "Beneficiary" means: 18 (a) a surviving spouse living with or legally entitled to be supported by the deceased at the time 19 of injury; 20 (b) an unmarried child under the age of 18 years; (c) an unmarried child under the age of 22 years who is a full-time student in an accredited school 21 22 or is enrolled in an accredited apprenticeship program; 23 (d) an invalid child over the age of 18 years who is dependent upon the decedent for support at 24 the time of injury; 25

- (e) a parent who is dependent upon the decedent for support at the time of the injury if a beneficiary, as defined in subsections (3)(a) (4)(a) through (3)(d) (4)(d), does not exist; 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 but only until the age of 18 years and only when a beneficiary, as defined in subsections (3)(a) (4)(a) through (3)(b) (4)(e), does not exist.
 - (4)(5) "Casual employment" means employment not in the usual course of trade, business,



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profession, or occupation of the employer.

(5)(6) "Child" includes a posthumous child, a dependent stepchild, and a child legally adopted prior to the injury.

(6)(7) "Construction industry" means the major group of general contractors and operative builders, heavy construction (other than building construction) contractors, and special trade contractors, listed in major groups 15 through 17 in the 1987 Standard Industrial Classification Manual. The term does not include office workers, design professionals, salespersons, estimators, or any other related employment that is not directly involved on a regular basis in the provision of physical labor at a construction or renovation site.

- (7)(8) "Days" means calendar days, unless otherwise specified.
- 11 (8)(9) "Department" means the department of labor and industry.
 - (9)(10) "Disability" means a condition in which a worker's ability to engage in gainful employment is diminished as a result of physical restrictions resulting from an injury. The restrictions may be combined with factors, such as the worker's age, education, work history, and other factors that affect the worker's ability to engage in gainful employment. Disability does not mean a purely medical condition.
 - (10)(11) "Fiscal year" means the period of time between July 1 and the succeeding June 30.
 - (12) "Household or domestic employment" means employment of persons other than members of the household for the purpose of tending to the aid and comfort of the employer or members of the employer's family, including but not limited to housecleaning and yard work, but does not include employment beyond the scope of normal household or domestic duties, such as home health care or domiciliary care.
 - (11)(13) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, or the state fund under compensation plan No. 3.
- 24 (12)(14) "Invalid" means one who is physically or mentally incapacitated.
- 25 (15) "Limited liability company" is as defined in 35-8-102.
 - (13)(16) "Maintenance care" means treatment designed to provide the optimum state of health while minimizing recurrence of the clinical status.
 - (14)(17) "Medical stability", "maximum healing", or "maximum medical healing" means a point in the healing process when further material improvement would not be reasonably expected from primary medical treatment.



(15)(18) "Order" means any decision, rule, direction, requirement, or standard of the department or any other determination arrived at or decision made by the department.

(16)(19) "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.

(17)(20) "Payroll", "annual payroll", or "annual payroll for the preceding year" means the average annual payroll of the employer for the preceding calendar year or, if the employer has not operated a sufficient or any length of time during the calendar year, 12 times the average monthly payroll for the current year. However, an estimate may be made by the department for any employer starting in business if average payrolls are not available. This estimate must be adjusted by additional payment by the employer or refund by the department, as the case may actually be, on December 31 of the current year. An employer's payroll must be computed by calculating all wages, as defined in 39-71-123, that are paid by an employer.

(18)(21) "Permanent partial disability" means a condition, after a worker has reached maximum medical healing, in which a worker:

- (a) has a medically determined physical restriction as a result of an injury as defined in 39-71-119; and
- (b) is able to return to work in some capacity, but the physical restriction impairs the worker's ability to work.

(19)(22) "Permanent total disability" means a condition resulting from injury as defined in this chapter, after a worker reaches maximum medical healing, in which a worker does not have a reasonable prospect of physically performing regular employment. Regular employment means work on a recurring basis performed for remuneration in a trade, business, profession, or other occupation in this state. Lack of immediate job openings is not a factor to be considered in determining if a worker is permanently totally disabled.

(20)(23) The "plant of the employer" includes the place of business of a third person while the employer has access to or control over the place of business for the purpose of carrying on the employer's usual trade, business, or occupation.

(21)(24) "Primary medical services" means treatment prescribed by a treating physician, for conditions resulting from the injury, necessary for achieving medical stability.

(22)(25) "Public corporation" means the state or any county, municipal corporation, school district,



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city, city under a commission form of government or special charter, town, or village.

(23)(26) "Reasonably safe place to work" means that the place of employment has been made as free from danger to the life or safety of the employee as the nature of the employment will reasonably permit.

(24)(27) "Reasonably safe tools and appliances" are tools and appliances as that are adapted to and that are reasonably safe for use for the particular purpose for which they are furnished.

(25)(28) "Secondary medical services" means those medical services or appliances that are considered not medically necessary for medical stability. The services and appliances include but are not limited to spas or hot tubs, work hardening, physical restoration programs and other restoration programs designed to address disability and not impairment, or equipment offered by individuals, clinics, groups, hospitals, or rehabilitation facilities.

(29) "Sole proprietor" means the person who has the exclusive legal right or title to or ownership of a business enterprise.

(26)(30) "Temporary partial disability" means a condition resulting from an injury, as defined in 39-71-119, in which a worker, prior to maximum healing:

- (a) is temporarily unable to return to the position held at the time of injury because of a medically determined physical restriction;
 - (b) returns to work in a modified or alternative employment; and
- 19 (c) suffers a partial wage loss.

(27)(31) "Temporary service contractor" means any a person, firm, association, or corporation conducting business that employs individuals directly for the purpose of furnishing the services of those individuals on a part-time or temporary basis to others.

(28)(32) "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 reaches maximum medical healing.

(29)(33) "Temporary worker" means a worker whose services are furnished to another on a part-time or temporary basis to substitute for a permanent employee on leave or to meet an emergency or short-term workload.

(30)(34) "Treating physician" means a person who is primarily responsible for the treatment of a worker's compensable injury and is:



- (a) a physician licensed by the state of Montana under Title 37, chapter 3, and has admitting privileges to practice in one or more hospitals, if any, in the area where the physician is located;
 - (b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
- (c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if there is not a physician, as defined in subsection (30)(a) (34)(a), in the area where the physician assistant-certified is located;
 - (d) an osteopath licensed by the state of Montana under Title 37, chapter 5; or
 - (e) a dentist licensed by the state of Montana under Title 37, chapter 4.
- 9 (31)(35) "Year", unless otherwise specified, means calendar year."

- Section 2. Section 39-71-117, MCA, is amended to read:
- 12 "39-71-117. Employer defined. (1) "Employer" means:
 - (a) the state and each county, city and county, city school district, <u>and</u> irrigation district, all other districts established by law, and all public corporations and quasi-public corporations and public agencies therein and every <u>each</u> person, every <u>each</u> prime contractor, and every <u>each</u> firm, voluntary association, <u>limited liability company</u>, and private corporation, including any public service corporation and including an independent contractor who has any person in service under any appointment or contract of hire, expressed or implied, oral or written, and the legal representative of any deceased employer or the receiver or trustee thereof:
 - (b) any association, corporation, <u>limited liability company</u>, or organization that seeks permission and meets the requirements set by the department by rule for a group of individual employers to operate as self-insured under plan No. 1 of this chapter; and
 - (c) any nonprofit association, limited liability company, or corporation or other entity funded in whole or in part by federal, state, or local government funds that places community service participants, as defined in 39-71-118(1)(f), with nonprofit organizations or associations or federal, state, or local government entities.
 - (2) A temporary service contractor is the employer of a temporary worker for premium and loss experience purposes.
 - (3) An employer defined in subsection (1) who <u>utilizes</u> <u>uses</u> the services of a worker furnished by another person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a



temporary service contractor, is presumed to be the employer for workers' compensation premium and loss experience purposes for work performed by the worker. The presumption may be rebutted by substantial credible evidence of the following:

- (a) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another retains control over all aspects of the work performed by the worker, both at the inception of employment and during all phases of the work; and
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another has obtained workers' compensation insurance for the worker in Montana both at the inception of employment and during all phases of the work performed.
- (4) Notwithstanding the provisions of subsection (3), an interstate or intrastate common or contract motor carrier doing business in this state who <u>utilizes</u> <u>uses</u> drivers in this state is considered the employer, is liable for workers' compensation premiums, and is subject to loss experience rating in this state unless:
- (a) the driver in this state is certified as an independent contractor as provided in 39-71-401(3);
 - (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation furnishing drivers in this state to a motor carrier has obtained workers' compensation insurance on the drivers in Montana both at the inception of employment and during all phases of the work performed."

21 Section 3. Sec

Section 3. Section 39-71-118, MCA, is amended to read:

"39-71-118. Employee, worker, and volunteer firefighter defined. (1) The terms term "employee" or "worker" means:

(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, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, 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 employment is excluded.
- (b) any juvenile performing work under authorization of a district court judge in a 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 in this subsection, while they are on the premises of a public school or community college.
- (d) students enrolled and in attendance in programs of vocational-technical education at designated vocational-technical centers;
 - (e) an aircrew member or other person employed as a volunteer under 67-2-105;
- (f) a person, other than a juvenile as defined in subsection (1)(b), performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in this chapter, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (f):
- (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
- (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
 - (g) an inmate working in a federally certified prison industries program authorized under 53-1-301.
 - (2) The terms defined in subsection (1) do not include a person who is:
- (a) participating in recreational activity and who at the time is relieved of and is not performing prescribed duties, regardless of whether the person is using, by discount or otherwise, a pass, ticket, permit, device, or other emolument of employment; or
- (b) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities.



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1	(3) The term "volunteer firefighter" means a firefighter who is an enrolled and active member of
2	a fire company organized and funded by a county, a rural fire district, or a fire service area.
3	(4) (a) If the employer is a partnership, or sole proprietorship proprietor, or a member-managed
4	limited liability company, the employer may elect to include as an employee within the provisions of this

limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership, or the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, or proprietorship, or limited liability company business.

(b) In the event of an election, the employer must serve upon the employer's insurer written notice naming the partners, or sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, or sole proprietor, or member is not considered an employee within this chapter until notice has been given.

- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of weekly wage for weekly compensation benefits, the electing employer may elect not less than \$900 a month and not more than 1½ times the average weekly wage, as defined in this chapter.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect not



1	less than \$200 a week and not more than 1 ½ times the average weekly wage, as defined in this chapter.
2	(5)(6) The trustees of a rural fire district, a county governing body providing rural fire protection,
3	or the county commissioners or trustees for a fire service area may elect to include as an employee within
4	the provisions of this chapter any volunteer firefighter. A volunteer firefighter who receives workers'
5	compensation coverage under this section may not receive disability benefits under Title 19, chapter 17.
6	(6)(7) An employee or worker in this state whose services are furnished by a person, association,
7	contractor, firm, limited liability company, or corporation, other than a temporary service contractor, to an
8	employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer.
9	This presumption may be rebutted as provided in 39-71-117(3).
10	(7)(8) For purposes of this section, an "employee or worker in this state" means:
11	(a) a resident of Montana who is employed by an employer and whose employment duties are
12	primarily carried out or controlled within this state;
13	(b) a nonresident of Montana whose principal employment duties are conducted within this state
14	on a regular basis for an employer;
15	(c) a nonresident employee of an employer from another state engaged in the construction industry,
16	as defined in 39-71-116, within this state; or
17	(d) a nonresident of Montana who does not meet the requirements of subsection (7)(b) (8)(b) and
18	whose employer elects coverage with an insurer that allows an election for an employer whose:
19	(i) nonresident employees are hired in Montana;
20	(ii) nonresident employees' wages are paid in Montana;
21	(iii) nonresident employees are supervised in Montana; and
22	(iv) business records are maintained in Montana.
23	(8)(9) An insurer may require coverage for all nonresident employees of a Montana employer who
24	do not meet the requirements of subsection $\frac{7}{b}$ $\frac{8}{b}$ or $\frac{7}{d}$ $\frac{8}{d}$ as a condition of approving the
25	election under subsection (7)(d) <u>(8)(d)</u> ."
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27	Section 4. Section 39-71-315, MCA, is amended to read:
28	"39-71-315. Prohibited actions penalty. (1) The following actions by a medical provider
29	constitute violations and are subject to the penalty in subsection (2):



(a) failing to document, under oath, the provision of the services or treatment for which

compensation is	claimed	under d	chapter	72 c	or this	chapter:	or
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- (b) referring a worker for treatment or diagnosis of an injury or illness that is compensable under chapter 72 or this chapter to a facility owned wholly or in part by the provider, unless the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist.
- (2) A person who violates this section may be assessed a penalty of not less than \$200 or more than \$500 for each offense. The department shall assess and collect the penalty.
- (3) Subsection (1)(b) does not apply to medical services provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

- Section 5. Section 39-71-318, MCA, is amended to read:
- "39-71-318. Hearings -- rules of evidence -- conduct. (1) The statutory and common law common-law rules of evidence do not apply to a hearing before the department under this chapter.
 - (2) A hearing under this chapter may be conducted by telephone or by videoconference."

- Section 6. Section 39-71-401, MCA, is amended to read:
- "39-71-401. Employments covered and employments exempted. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers, as defined in 39-71-117, and to all employees, as defined in 39-71-118. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.
- (2) Unless the employer elects coverage for these employments under this chapter and an insurer allows such an election, the Workers' Compensation Act does not apply to any of the following employments:
 - (a) household and domestic employment;
- (b) casual employment as defined in 39-71-116;
- (c) employment of a dependent member of an employer's family for whom an exemption may beclaimed by the employer under the federal Internal Revenue Code;



(d) employment of sole proprietors, ex working members of a partnership, or working members of
a member-managed limited liability company, except as provided in subsection (3);

- (e) employment of a broker or salesman performing under a license issued by the board of realty regulation;
- 5 (f) employment of a direct seller engaged in the sale of consumer products, primarily in the 6 customer's home;
 - (g) employment for which a rule of liability for injury, occupational disease, or death is provided under the laws of the United States;
 - (h) employment of any <u>a</u> person performing services in return for aid or sustenance only, except employment of a volunteer under 67-2-105;
 - (i) employment with any <u>a</u> railroad engaged in interstate commerce, except that railroad construction work is included in and subject to the provisions of this chapter;
 - (j) employment as an official, including a timer, referee, or judge, at a school amateur athletic event, unless the person is otherwise employed by a school district;
 - (k) any employment of a person performing services as a newspaper carrier or free-lance correspondent if the person performing the services or a parent or guardian of the person performing the services in the case of a minor has acknowledged in writing that the person performing the services and the services are not covered. As used in this subsection, "free-lance correspondent" is a person who submits articles or photographs for publication and is paid by the article or by the photograph. As used in this subsection, "newspaper carrier":
 - (i) is a person who provides a newspaper with the service of delivering newspapers singly or in bundles; but
 - (ii) does not include an employee of the paper who, incidentally to the employee's main duties, carries or delivers papers.
 - (I) cosmetologist's services and barber's services as defined in 39-51-204(1)(I);
 - (m) a person who is employed by an enrolled tribal member who operates or an association, business, corporation, or other entity that is at least 51% owned by an enrolled tribal member or members, whose business is conducted solely within the exterior boundaries of an Indian reservation;
 - (n) an officer of a quasi-public or a private corporation or manager of a manager-managed limited liability company who qualifies under one or more of the following provisions:



(i) the officer or manager is engaged in the ordinary duties of a worker for the corporation or the limited liability company and does not receive any pay from the corporation or the limited liability company for performance of the duties;

- (ii) the officer or manager is engaged primarily in household employment for the corporation or the limited liability company;
- (iii) the officer or manager owns 20% or more of the number of shares of stock in the corporation or owns 20% or more of the limited liability company; or
- (iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother, or sister of a corporate officer who owns 20% or more of the number of shares of stock in the corporation or who owns 20% or more of the limited liability company.
- (3) (a) A sole proprietor, er a working member of a partnership, or a working member of a member-managed limited liability company who represents to the public that the person is an independent contractor shall elect to be bound personally and individually by the provisions of compensation plan No.

 1, 2, or 3 but may apply to the department for an exemption from the Workers' Compensation Act.
- (b) The application must be made in accordance with the rules adopted by the department. The department may deny the application only if it determines that the applicant is not an independent contractor.
- (c) When an application is approved by the department, it is conclusive as to the status of an independent contractor and precludes the applicant from obtaining benefits under this chapter.
- (d) When an election of an exemption is approved by the department, the election remains effective and the independent contractor retains the status as an independent contractor until the independent contractor notifies the department of any change in status and provides a description of present work status.
- (e) If the department denies the application for exemption, the applicant may contest the denial by petitioning for review of the decision by an appeals referee in the manner provided for in 39-51-1109. An applicant dissatisfied with the decision of the appeals referee may appeal the decision in accordance with the procedure established in 39-51-2403 and 39-51-2404.
- (4) (a) A private corporation or a manager-managed limited liability company shall provide coverage for its efficers and other employees under the provisions of compensation plan No. 1, 2, or 3. However, pursuant to rules the department promulgates and subject in all cases to approval by the department, an



may elect not to be bound as an employee under this chapter coverage for its corporate officers or managers, who are otherwise exempt under subsection (2), by giving a written notice, on a form provided by the department, served in the following manner:

- (i) if the employer has elected to be bound by the provisions of compensation plan No. 1, by delivering the notice to the board of directors of the <u>corporation or to the management organization of the</u> manager-managed limited liability <u>company employer and to the department</u>; or
- (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 <u>corporation or to the management organization of the manager-managed limited liability company employer, to the department, and to the insurer.</u>
- (b) If the employer changes plans or insurers, the <u>officer's employer's</u> previous election is not effective and the <u>officer employer</u> shall again serve notice <u>as provided to its insurer and to its board of directors or the management organization of the manager-managed limited liability company if the <u>officer employer</u> elects not to be bound.</u>

the left of a partner in a partner in a partner in or a manager of a limited liability company for the purpose of excluding exempting the employee from coverage under this chapter does not entitle the officer, partner, member, or manager to elect not to be bound as an employee under this chapter. In any case, the officer shall sign the notice required by subsection (4)(a) under eath or affirmation and is subject to the penalties for falce swearing under 45-7-202 if the officer falsifies the notice to exemption from coverage.

(6) 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 the place of business or property for the purpose of carrying on the employer's usual trade, business, or occupation. The sign must be provided by the department, distributed through insurers or directly by the department, and posted by employers in accordance with rules adopted by the department. 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."

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Section 7.	Section	39-71-405	MCA is	amended t	to read:

"39-71-405. Liability of employer who contracts work out. (1) An employer who contracts with an independent contractor to have work performed of a kind which that is a regular or a recurrent part of the work of the trade, business, occupation, or profession of such the employer is liable for the payment of benefits under this chapter to the employees of the contractor or the subcontractor if the contractor or subcontractor has not properly complied with the coverage requirements of the Worker's Workers' Compensation Act. Any An insurer who becomes liable for payment of benefits may recover the amount of benefits paid and to be paid and necessary expenses from the contractor or subcontractor primarily liable therein.

- (2) Where When an employer contracts to have any work to be done by a contractor, other than an independent contractor, and the work se contracted to be done is a part or process in the trade or business of the employer, then the employer is liable to pay all benefits under this chapter to the same extent as if the work were done without the intervention of the contractor, and the work se contracted to be done shall may not be construed to be casual employment. Where When an employer contracts work to be done as specified in this subsection, the contractor and the contractor's employees shall come under that plan of compensation adopted by the employer.
- (3) Where When an employer contracts any work to be done, wholly or in part for the employer, by an independent contractor, where when the work so contracted to be done is casual employment as to such the employer, then the contractor shall become is the employer for the purposes of this chapter."

Section 8. Section 39-71-432, MCA, is amended to read:

- "39-71-432. Definitions. As used in 39-71-433, the following definitions apply:
- (1) "Business entity" means a business enterprise owned by a single person, corporation, organization, business trust, trust, partnership, <u>limited liability company</u>, joint venture, association, or other business entity.
- (2) "Group" means two or more business entities that join together with the approval of the department to purchase individual workers' compensation insurance policies covering each business entity that is part of a group."

Section 9. Section 39-71-433, MCA, is amended to read:



"39-71-433. Group purchase of workers' compensation insurance. (1) On receiving approval of the department, two or more business entities may join together to form a group to purchase individual workers' compensation insurance policies covering each member of the group.

- (2) To be eligible to join a <u>new group that is forming</u>, the department shall determine that a business entity is engaged in a business pursuit that is the same as or similar to the business pursuits of the other entities participating in the group.
- (3) The department shall establish a certification program for groups organized under this section and shall issue to eligible business entities certificates of approval that authorize formation and maintenance of a group.
- (4) The department by rule shall adopt forms, criteria, and procedures for the issuance of certificates of approval to groups under this section.
- (5) A group certified under this section may add additional members without approval from the department if the additional members meet the specific criteria identified in the original application and any modifications to the criteria, as approved by the department.
- (5)(6) A group certified under this section may purchase individual workers' compensation insurance policies covering each member of the group from any insurer authorized to write workers' compensation insurance in this state, except that the state fund, as defined in 39-71-2312, has the right to refuse coverage of a group and its plan of operation but cannot refuse coverage to an individual employer. Under an individual policy, the group is entitled to a premium or volume discount that would be applicable to a policy of the combined premium amount of the individual policies.
- (6)(7) A group shall apportion any discount or policyholder dividend received on workers' compensation insurance coverage among the members of the group according to a formula adopted in the plan of operation for the group.
- (7)(8) A group shall adopt a plan of operation that must include the composition and selection of a governing board, the methods for administering the group, the eligibility requirements to join the group, and guidelines for the workers' compensation insurance coverage obtained by the group, including the payment of premiums, the distribution of discounts, and the method for providing risk management. A group shall file a copy of its plan of operation with the department."

Section 10. Section 39-71-503, MCA, is amended to read:



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"39-71-503. Administration of fund appropriation. (1) The department shall administer the fun
and shall pay all proper benefits to injured employees of uninsured employers.

- payments as that it considers appropriate as funds become available from time to time. The payment of weekly disability benefits takes preference over the payment of medical benefits. No lump sum Lump-sum payments of future projected benefits, including impairment awards, may not be made from the fund. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of the money in the fund.
- (3) The amounts necessary for the payment of benefits from this fund are statutorily appropriated, as provided in 17-7-502, from this fund."

Section 11. Section 39-71-504, MCA, is amended to read:

- "39-71-504. Funding of fund -- option for agreement between department and injured employee.

 The fund is funded in the following manner:
- (1) The department may require that the uninsured employer pay to the fund a penalty of either up to double the premium amount the employer would have paid on the payroll of the employer's workers in this state if the employer had been enrolled with compensation plan No. 3 or \$200, whichever is greater. In determining the premium amount for the calculation of the penalty under this subsection, the department shall make an assessment on how much premium would have been paid on the employer's past 3-year payroll for periods within the 3 years when the employer was uninsured. An assessment for payroll paid by the uninsured employer for any time prior to July 1, 1977, may not be made.
- (2) (a) The fund shall receive from an uninsured employer an amount equal to all benefits paid or to be paid from the fund to an injured employee of the uninsured employer. However, the uninsured employer's liability under this subsection (2)(a) may not exceed \$50,000.
- (b) The dollar limitation does not apply to an uninsured employer's liability to an injured employee or the employee's beneficiaries under 39 71 509 or 39 71 515.
- (3) The department may determine that the \$1,000 assessments that are charged against an insurer in each case of an industrial death under 39-71-902(1) shall must be paid to the uninsured employers' fund rather than the subsequent injury fund.
 - (4) The department may enter into an agreement with the injured employee or the employee's



beneficiaries to assign to the employee or the beneficiaries all or part of the funds received by the department from the uninsured employer pursuant to subsection (2)(a) (2)."

1

Section 12. Section 39-71-507, MCA, is amended to read:

"39-71-507. Department to order uninsured employer to cease operations -- noncompliance with order a misdemeanor -- coordination of remedies. (1) When the department discovers an uninsured employer, it shall order him the employer to cease operations until he the employer has elected to be bound by a compensation plan.

(2) When the department discovers a person, business, or other entity functioning as a prime contractor that has subcontracted for the services of an uninsured employer, it may order the person, business, or other entity functioning as a prime contractor to cease all operations until the uninsured employer has elected to be bound by a compensation plan.

(2)(3) An employer who does not comply with the department's order to cease operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action.

(4) A person, business, or other entity functioning as a prime contractor that does not comply with the department's order to cease all operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action. In addition, the department may assess a penalty against the person, business, or other entity functioning as a prime contractor of not more than \$1,000 per day for each day of violation.

(3)(5) The department may institute and maintain in the name of the state, through the attorney general or the county attorney of the county in which the violation occurs, an action for an injunction order or other civil remedy in district court to enforce its order to cease operations.

(4)(6) The remedies provided in 39-71-506 and subsections (2) and (3) (3) through (5) of this section are not mutually exclusive and may be pursued concurrently."

Section 13. Section 39-71-516, MCA, is amended to read:



"39-71-516. District court venue and jurisdiction for independent cause of action. An injured employee or an employee's beneficiaries pursuing an independent cause of action pursuant to 39-71-515 must shall bring such the action in the district court in the district where the claimant resides or where the alleged violation occurred. The court may grant such interim relief as that it considers appropriate, including but not limited to injunctive relief, attachment, or receivership. The court may request the workers' compensation judge to determine the amount of recoverable damages due to the employee."

Section 14. Section 39-71-710, MCA, is amended to read:

"39-71-710. Termination of benefits upon retirement. (1) If a claimant is receiving disability or rehabilitation compensation benefits and the claimant receives social security retirement benefits or is eligible to receive full social security retirement benefits, the claimant is considered to be retired. When the claimant is considered retired, the liability of the insurer is ended for payment of wage supplement, permanent total disability, and rehabilitation compensation benefits. However, the insurer remains liable for temporary total disability benefits, any impairment award, and medical benefits.

(2) If a claimant who is eligible to receive social security retirement benefits and is gainfully employed suffers a work-related injury, the insurer retains liability for temporary total disability benefits, any impairment award, and medical benefits."

Section 15. Section 39-71-721, MCA, is amended to read:

"39-71-721. Compensation for injury causing death -- limitation. (1) (a) If an injured employee dies and the injury was the proximate cause of such death, then the beneficiary of the deceased is entitled to the same compensation as though the death occurred immediately following the injury. A beneficiary's eligibility for benefits commences after the date of death, and the benefit level is established as set forth in subsection (2).

- (b) The insurer is entitled to recover any overpayments or compensation paid in a lump sum to a worker prior to death but not yet recouped. The insurer shall recover such the payments from the beneficiary's biweekly payments as provided in 39-71-741(5).
- (2) To beneficiaries as defined in 39-71-116(3)(4)(4)(4) through (3)(d) (4)(d), weekly compensation benefits for an injury causing death are 66 2/3% of the decedent's wages. The maximum weekly compensation benefit may not exceed the state's average weekly wage at the time of injury. The minimum



weekly compensation 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.

- (3) To beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), weekly benefits must be paid to the extent of the dependency at the time of the injury, subject 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 at the time of injury.
- (4) If the decedent leaves no beneficiary as defined in 39-71-116, a lump-sum payment of \$3,000 must be paid to the decedent's surviving parent or parents.
- (5) If any beneficiary of a deceased employee dies, the right of such the beneficiary to compensation under this chapter ceases. Death benefits must be paid to a surviving spouse for 500 weeks subsequent to the date of the deceased employee's death or until the spouse's remarriage, whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in 39-71-116(3)(b) (4)(b) through (3)(d) (4)(d).
 - (6) In all cases, benefits must be paid to beneficiaries, as defined in 39 71-116.
 - (7) Benefits paid under this section may not be adjusted for cost of living as provided in 39-71-702.
- (8) Notwithstanding subsections (2) and (3), beginning July 1, 1987, through June 30, 1991, the maximum weekly compensation benefits for injury eausing death may not exceed the state's average weekly wage of \$299 established July 1, 1986. Beginning July 1, 1987, through June 30, 1991, the minimum weekly compensation for injury causing death shall be \$149.50, which is 50% of the state's average weekly wage established July 1, 1986, but in no event may it exceed the decedent's actual wages at the time of death."

21 .

Section 16. Section 39-71-723, MCA, is amended to read:

"39-71-723. How compensation to be divided among beneficiaries. Compensation due to beneficiaries ehall must be paid to the surviving spouse, if any, or if none, then divided equally among or for the benefit of the children. In cases where in which beneficiaries are a surviving spouse and stepchildren of such the spouse, the compensation shall must be divided equally among all beneficiaries. Compensation due to beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), where when there is more than one, shall must be divided equitably among them, and the question of dependency and amount thereof shall be is a question of fact for determination by the department."



Section 17. Section 39-71-737, MCA, is amended to read:

"39-71-737. Compensation to run consecutively -- exceptions. Compensation shall must run consecutively and not concurrently, and payment shall may not be made for two classes of disability over the same period, except that impairment awards and auxiliary rehabilitation benefits may be paid concurrently with other classes of benefits, and wage supplement and partial rehabilitation benefits may be paid concurrently."

Section 18. Section 39-71-902, MCA, is amended to read:

"39-71-902. Fund to receive payment from insurer for each death under chapter -- assessment of insurers. (1) In every each case of the death of an employee under this chapter, the insurer shall pay to the fund the sum of \$1,000. In addition, the department may assess every each insurer an amount not to exceed 5% of the compensation paid in Montana in the preceding fiscal year. The assessment must be transmitted annually to the subsequent injury fund by the employer or insurer. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of money in the fund.

(2) When, in the judgment of the department, the amount of money in the subsequent injury fund is such that there is a surplus above and beyond projected liabilities and administrative costs, the department may at its discretion suspend or reduce further collection of assessments for a period of time determined by the department."

Section 19. Section 39-71-1108, MCA, is amended to read:

"39-71-1108. Physician self-referral prohibition. (1) Unless authorized by the insurer, a treating physician may not refer a claimant to a health care facility at which the physician does not directly provide care or services when the physician has an investment interest in the facility, unless there is a demonstrated need in the community for the facility and alternative financing is not available. The insurer or the claimant is not liable for charges incurred in violation of this section.

(2) Subsection (1) does not apply to care or services provided directly to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."



Section 20. Section 39-71-2103, MCA, is amended to read:

"39-71-2103. Employer permitted to carry on business and settle directly with employee -individual liability. (1) If such the employer making such the election shall be is found by the department
and the Montana self-insurers guaranty fund to have the requisite financial ability to pay the compensation
and benefits in this chapter previded for, then the department, with the concurrence of the guaranty fund,
shall grant to the employer permission to carry on his business for the fiscal year within which such the
election is made and such proof filed, or the remaining portion of such the fiscal year, and to make such
payments directly to his the employees as they may become entitled to receive the same payments.

(2) Each individual employer in an association, corporation, <u>limited liability company</u>, or organization of employers given permission by the department to operate as self-insured under plan No. 1 of this chapter is jointly and severally liable for all obligations incurred by the association, corporation, <u>limited liability company</u>, or organization under this chapter. An association, corporation, <u>limited liability company</u>, or organization of employers given permission to operate as self-insured <u>must shall</u> maintain excess liability coverage in amounts and under <u>such</u> conditions as provided by rules of the department."

Section 21. Section 39-71-2411, MCA, is amended to read:

"39-71-2411. Mediation procedure. (1) Except as otherwise provided, a claimant or an insurer having a dispute relating to benefits under chapter 71 or 72 of this title may petition the department for mediation of the dispute.

- (2) A party may take part in mediation proceedings with or without representation.
- (3) The mediator shall review the department file for the case and may receive any additional documentation or argument either party submits.
- (4) The mediator shall request that each party offer argument summarizing the party's position.

 A party's argument must fully present the party's case. The argument is not limited by the rules of evidence.
- (5) After the parties have presented all their information and argument to the mediator, he the mediator shall recommend a solution to the parties within a reasonable time to be established by rule.
- (6) A party shall notify the mediator within 45 20 days of the mailing of his the mediator's report whether the party accepts the mediator's recommendation. If either party does not accept the mediator's recommendation, the party may petition the workers' compensation court for resolution of the dispute.



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- (7) (a) If a mediator determines that either party failed to cooperate in the mediation process, the mediator shall prepare a written report setting forth the determination and the grounds for the determination. The report must be mailed to the parties and to the workers' compensation court. Unless a party disputes the determination as set forth in subsection (7)(c), the parties shall repeat the mediation process, but only one time.
- (b) A mediator may determine that a party has failed to cooperate in the mediation process only if the party failed to:
- (i) supply information or offer a summary of the party's position as reasonably requested by the mediator;
 - (ii) attend scheduled mediation conferences unless excused by the mediator; or
 - (iii) listen to and review the information and position offered by the opposing party.
- (c) If a party disputes a mediator's determination that the party failed to cooperate in the mediation process, the party may file a petition with the workers' compensation court. Upon receipt of a petition, the court shall summon the parties and the mediator to determine by oral discussion whether the mediator's determination of noncooperation is supportable. If the court finds that the mediator's determination is supportable, the court may order the parties to attempt a second time to mediate their dispute."

Section 22. Section 39-71-2905, MCA, is amended to read:

"39-71-2905. Petition to workers' compensation judge. A claimant or an insurer who has a dispute concerning any benefits under chapter 71 of this title may petition the workers' compensation judge for a determination of the dispute after satisfying dispute resolution requirements otherwise provided in this chapter. In addition, the district court that has jurisdiction over a pending action under 39-71-515 may request the workers' compensation judge to determine the amount of recoverable damages due to the employee. The judge, after a hearing, shall make a determination of the dispute in accordance with the law as set forth in chapter 71 of this title. If the dispute relates to benefits due to a claimant under chapter 71, the judge shall fix and determine any benefits to be paid and specify the manner of payment. After parties have satisfied dispute resolution requirements provided elsewhere in this chapter, the workers' compensation judge has exclusive jurisdiction to make determinations concerning disputes under chapter 71, except as provided in 39-71-317 and 39-71-516. The penalties and assessments allowed against an insurer under chapter 71 are the exclusive penalties and assessments that can be assessed by the workers'



compensation judge against an insurer for disputes arising under chapter 71."

Section 23. Section 39-72-601, MCA, is amended to read:

"39-72-601. Medical panel. (1) The department shall develop a list of physicians to serve on the occupational disease medical panel. The list may include physicians nominated by the board of medical examiners. A physician on the panel must be certified by his the physician's specialty board or be eligible for certification in the specialty area appropriate to the claimant's condition in relation to this chapter.

(2) The department shall select a panel physician to examine a claimant, as required. The department shall appoint, as required, one member of the panel to be the chairman a physician as the presiding officer."

Section 24. Section 39-72-602, MCA, is amended to read:

"39-72-602. Insurer may accept liability -- procedure for medical examination when insurer has not accepted liability. (1) An insurer may accept liability for a claim under this chapter based on information submitted to it by a claimant.

- (2) In order to determine the compensability of claims under this chapter when an insurer has not accepted liability, the following procedure must be followed:
- (a) The department shall direct the claimant to a member of the medical panel for an examination. The panel member shall conduct an examination to determine whether the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department.
- (b) Either the claimant or the insurer may, within 20 days after the receipt of the report by the first panel member, request that the claimant be examined by a second panel member. If a second examination is requested, the department shall direct the claimant to a second panel member who shall conduct an examination to determine whether he believes the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department. When a second examination has been requested, the reports of the examinations shall be submitted to three members of the medical panel for review. A The medical panel member or the panel may, in order to assist the panel member or the panel in reaching reach a conclusion, consult with the claimant's attending physician. The reports from the two examining physicians must be sent by the



department to the presiding officer of the panel. The three panel members presiding officer shall issue a report concerning the claimant's physical condition and whether the claimant is suffering from an occupational disease.

- (c) (i) If a second examination is not requested, the department shall issue its order determining whether the claimant is entitled to occupational disease benefits based on the report of the first examining physician.
- (ii) If a second examination is requested, the department shall issue its order based on the report of the three members of the medical panel presiding officer.
- (d) For the purpose of reviewing the reports of the examinations and issuing the report under subsection (2)(b), the three members of the medical panel shall be the two members of the panel who examined the elaimant and the panel chairman. If the panel chairman presiding officer has examined the claimant, the panel chairman department shall appoint another member of the medical panel to be the third member presiding officer."

Section 25. Section 39-72-612, MCA, is amended to read:

"39-72-612. Hearing and appeal to workers' compensation judge. (1) Within 20 days after the department has issued its order of determination as to whether the claimant is entitled to benefits under this chapter, a party may request a hearing. In order to perfect an appeal to the workers' compensation judge, the appealing party shall request a hearing before the department. The department shall grant a hearing, and the which may be conducted by telephone or by videoconference. The department's final determination may not be issued until after the hearing.

- (2) Appeals from a final determination of the department must be made to the workers' compensation judge within 30 days after the department has issued its final determination. The judge, after a hearing held pursuant to 39-71-2903 and 39-71-2904, shall make a final determination concerning the claimant's claim. The judge may overrule the department only on the basis that the department's determination is:
 - (a) in violation of constitutional or statutory provisions;
- (b) in excess of the statutory authority of the agency;
- 29 (c) made upon unlawful procedure;
 - (d) affected by other error of law;



1	(e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole
2	record; or
3	(f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise
4	of discretion."
5	
6	NEW SECTION. Section 26. Saving clause. [This act] does not affect rights and duties that
7	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
8	act].
9	
10	NEW SECTION. Section 27. Severability. If a part of [this act] is invalid, all valid parts that are
11	severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its
12	applications, the part remains in effect in all valid applications that are severable from the invalid
13	applications.
14	
15	NEW SECTION. Section 28. Applicability. (1) [Section 10] applies retroactively, within the
16	meaning of 1-2-109, to all occurrences beginning after October 1, 1977.
17	(2) [Section 18] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning
18	after October 1, 1973.
19	(3) [Sections 5 and 25] apply to hearings or appeals requested on or after [the effective date of
20	this act].
21	
22	NEW SECTION. Section 29. Effective dates. (1) [Sections 5, 13, 22, and 25 through 28 and this
23	section] are effective on passage and approval.
24	(2) [Sections 1 through 4, 6 through 12, 14 through 21, 23, and 24] are effective October 1,
25	1995.
26	-END-

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for HB0200, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act generally revising the workers' compensation act and the occupational disease act; adding definitions; exempting corporate officers and managers of limited liability companies from coverage unless the employer elects to cover the officer or manager and the insurer allows the election; clarifying prohibitions regarding medical provider selfreferral; authorizing the Department of Labor and Industry to conduct hearings and appeals by telephone or video conference; clarifying the status of limited liability companies; clarifying the liability of an employer who contracts work out; clarifying the department's responsibility in approving the group purchase of workers' compensation insurance; requiring the investment income of the uninsured employers' fund to be deposited in the fund; removing the limit on an uninsured employer's liability for claims; increasing the authority to file cease and desist orders to include persons, businesses, and entities that have contracted with uninsured employers and providing for penalties; providing a district court with the option to request the workers' compensation judge to determine the amount of recoverable damages due to an injured uninsured worker; removing the references to wage supplement; requiring the board of investments to invest certain money in the subsequent injury fund and requiring the investment income to be deposited in the fund; reducing the time period allowed for a party to respond to a workers' compensation mediator's recommendation; revising the medical panel process.

ASSUMPTIONS:

State Compensation Insurance Fund (State Fund):

- 1. "Aid or sustenance" is not considered wages.
- Quasi-public, private corporations and manager-managed limited liability companies must elect coverage for corporate officers or managers, at a minimum election of \$200.00 per week.
- 3. The State Fund can not determine the number of quasi-public, private corporations and manager-managed limited liability companies that would elect coverage.
- 4. Currently, quasi-public, private corporations and manager-managed limited liability companies must reject coverage for corporate officers or managers.
- 5. Coverage would extend to the subcontractor of an independent contractor or to subcontractors of subcontractors.
- 6. The department may issue an order to a prime contractor to cease all operations if a direct subcontractor with whom the prime contracted is uninsured. The department does not have the same authority with regard to subcontractors of subcontractors. The incentive for insuring coverage compliance is lost beyond the immediate subcontractor of a prime contractor. This exposes the State Fund to additional liability under 39-71-405.
- 7. Since the actual number of quasi-public, private corporations and manager-managed limited liability companies insured by the State Fund is unknown, it has been assumed that 1/2 of the State Fund policyholders are one of these types of entities.
- 8. The State Fund will be required to modify its computer system at an estimated cost of \$35,700.

(Continued)

DAVE LEWIS, BUDGET DIRECTOR DATE

Office of Budget and Program Planning

ELLEN BERGMAN, PRIMARY SPONSOR

DATE

Fiscal Note for HB0200, as introduced

HB 200

Fiscal Note Request, <u>HB0200</u>, <u>as introduced</u> Page 2 (continued)

- 9. State Fund will be required to redesign and purchase many internal/external policy forms at an estimated cost of \$27,260. This does not include labor cost.
- 10. The total fiscal impact of this bill to revenues and benefit payments can not be determined.

Montana Board of Investments:

11. This act requires that the Montana Board of Investments invest the "uninsured employees" fund and the "subsequent injury" fund and deposit the investment earnings in the respective accounts in accordance with current practice. Therefore, there is no fiscal impact.

Department of Labor and Industry:

- 12. There is no fiscal impact with the passage of this legislation.
- 13. Presently, the department conducts telephone hearings; however, a recent Supreme Court decision may change that practice. Failure to enact the legislation authorizing telephone hearings could result in increased expenditures for reimbursement of hearings officers travel expenses and automation costs.
- 14. If in-person hearings are necessary, an additional 0.59 FTE hearings officer would be required and the total cost to the program would be \$69,301 in FY96 and \$50,861 in FY97.

FISCAL IMPACT:

State Fund

	FY96	FY97
Expenditures:	<u>Difference</u>	Difference
Operating Expenses	62,960	10,000
Funding:		
Insurance Fund (06)	62,960	10,000

1	HOUSE BILL NO. 200
2	INTRODUCED BY BERGMAN, HIBBARD, BENEDICT, BARTLETT, COCCHIARELLA
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY

A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE WORKERS' COMPENSATION ACT 5 AND THE OCCUPATIONAL DISEASE ACT OF MONTANA; ADDING DEFINITIONS; EXEMPTING 6 CORPORATE OFFICERS AND MANAGERS OF LIMITED LIABILITY COMPANIES FROM COVERAGE UNLESS 7 THE EMPLOYER ELECTS TO COVER THE OFFICER OR MANAGER AND THE INSURER ALLOWS THE 8 ELECTION: CLARIFYING PROHIBITIONS REGARDING MEDICAL PROVIDER SELF-REFERRAL: AUTHORIZING 9 10 THE DEPARTMENT OF LABOR AND INDUSTRY TO CONDUCT HEARINGS AND APPEALS BY TELEPHONE OR VIDEOCONFERENCE: CLARIFYING THE STATUS OF LIMITED LIABILITY COMPANIES; CLARIFYING THE 11 LIABILITY OF AN EMPLOYER WHO CONTRACTS WORK OUT; CLARIFYING THE DEPARTMENT'S 12 RESPONSIBILITY IN APPROVING THE GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE; 13 REQUIRING THE INVESTMENT INCOME OF THE UNINSURED EMPLOYERS' FUND TO BE DEPOSITED IN 14 THE FUND: REMOVING THE LIMIT ON AN UNINSURED EMPLOYER'S LIABILITY FOR CLAIMS: INCREASING 15 THE AUTHORITY TO FILE CEASE AND DESIST ORDERS TO INCLUDE PERSONS, BUSINESSES, AND 16 ENTITIES THAT HAVE CONTRACTED WITH UNINSURED EMPLOYERS AND PROVIDING FOR PENALTIES: 17 PROVIDING A DISTRICT COURT WITH THE OPTION TO REQUEST THE WORKERS' COMPENSATION 18 JUDGE TO DETERMINE THE AMOUNT OF RECOVERABLE DAMAGES DUE TO AN INJURED UNINSURED. 19 WORKER: REMOVING THE REFERENCES TO WAGE SUPPLEMENT; REQUIRING THE BOARD OF 20 21 INVESTMENTS TO INVEST CERTAIN MONEY IN THE SUBSEQUENT INJURY FUND AND REQUIRING THE 22 INVESTMENT INCOME TO BE DEPOSITED IN THE FUND; REDUCING THE TIME PERIOD ALLOWED FOR 23 A PARTY TO RESPOND TO A WORKERS' COMPENSATION MEDIATOR'S RECOMMENDATION; REVISING THE MEDICAL PANEL PROCESS; AMENDING SECTIONS 39-71-116, 39-71-117, 39-71-118, 39-71-315, 24 39-71-318, 39-71-401, 39-71-405, 39-71-432, 39-71-433, 39-71-503, 39-71-504, 39-71-507, 25 39-71-516, 39-71-710, 39-71-721, 39-71-723, 39-71-737, 39-71-902, 39-71-1108, 39-71-2103, 26 27 39-71-2411, 39-71-2905, 39-72-601, 39-72-602, AND 39-72-612, MCA; AND PROVIDING EFFECTIVE 28 DATES AND APPLICABILITY DATES."

29 30

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:



1	Section 1. Section 39-71-116, MCA, is amended to read:
2	"39-71-116. Definitions. Unless the context otherwise requires, words and phrases employed in
3	this chapter have the following meanings:
4	(1) "Administer and pay" includes all actions by the state fund under the Workers' Compensation
5	Act and the Occupational Disease Act of Montana necessary to:
6	(a) the investigation, review, and settlement of claims;
7	(b) payment of benefits;
8	(c) setting of reserves;
9	(d) furnishing of services and facilities; and
10	(e) utilization use of actuarial, audit, accounting, vocational rehabilitation, and legal services.
11	(2) "Aid or sustenance" means any public or private subsidy made to provide a means of support,
12	maintenance, or subsistence for the recipient.
13	(2)(3) "Average weekly wage" means the mean weekly earnings of all employees under covered
14	employment, as defined and established annually by the Montana department of labor and industry. It is
15	established at the nearest whole dollar number and must be adopted by the department prior to July 1 of
16	each year.
17	(3)(4) "Beneficiary" means:
18	(a) a surviving spouse living with or legally entitled to be supported by the deceased at the time
19	of injury;
20	(b) an unmarried child under the age of 18 years;
21	(c) an unmarried child under the age of 22 years who is a full-time student in an accredited school
22	or is enrolled in an accredited apprenticeship program;
23	(d) an invalid child over the age of 18 years who is dependent upon the decedent for support at
24	the time of injury;
25	(e) a parent who is dependent upon the decedent for support at the time of the injury if a
26	beneficiary, as defined in subsections $\frac{(3)(a)}{(4)(a)}$ through $\frac{(3)(d)}{(4)(d)}$, does not exist; and
27	(f) a brother or sister under the age of 18 years if dependent upon the decedent for support at the
28	time of the injury but only until the age of 18 years and only when a beneficiary, as defined in subsections
29	$\frac{(3)(a)}{(4)(a)}$ through $\frac{(3)(e)}{(4)(e)}$, does not exist.
30	(4)(5) "Casual employment" means employment not in the usual course of trade, business,



1	profession,	or	occupation	of	the	employ	∕er.
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- (5)(6) "Child" includes a posthumous child, a dependent stepchild, and a child legally adopted prior to the injury.
- (6)(7) "Construction industry" means the major group of general contractors and operative builders, heavy construction (other than building construction) contractors, and special trade contractors, listed in major groups 15 through 17 in the 1987 Standard Industrial Classification Manual. The term does not include office workers, design professionals, salespersons, estimators, or any other related employment that is not directly involved on a regular basis in the provision of physical labor at a construction or renovation site.
- 10 (7)(8) "Days" means calendar days, unless otherwise specified.
- 11 (8)(9) "Department" means the department of labor and industry.
 - (9)(10) "Disability" means a condition in which a worker's ability to engage in gainful employment is diminished as a result of physical restrictions resulting from an injury. The restrictions may be combined with factors, such as the worker's age, education, work history, and other factors that affect the worker's ability to engage in gainful employment. Disability does not mean a purely medical condition.
 - (10)(11) "Fiscal year" means the period of time between July 1 and the succeeding June 30.
 - (12) "Household or domestic employment" means employment of persons other than members of the household for the purpose of tending to the aid and comfort of the employer or members of the employer's family, including but not limited to housecleaning and yard work, but does not include employment beyond the scope of normal household or domestic duties, such as home health care or domiciliary care.
 - (11)(13) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, or the state fund under compensation plan No. 3.
- 24 (12)(14) "Invalid" means one who is physically or mentally incapacitated.
- 25 (15) "Limited liability company" is as defined in 35-8-102.
 - (13)(16) "Maintenance care" means treatment designed to provide the optimum state of health while minimizing recurrence of the clinical status.
 - (14)(17) "Medical stability", "maximum healing", or "maximum medical healing" means a point in the healing process when further material improvement would not be reasonably expected from primary medical treatment.



4	(15) (18)	"Order"	means	any	decision,	rule,	direction,	requirement,	or	standard	of	the	departm	en
or any o	ther dete	erminatio	on arrive	ed at	t or decis	ion m	ade by the	e department.						

(16)(19) "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.

(17)(20) "Payroll", "annual payroll", or "annual payroll for the preceding year" means the average annual payroll of the employer for the preceding calendar year or, if the employer has not operated a sufficient or any length of time during the calendar year, 12 times the average monthly payroll for the current year. However, an estimate may be made by the department for any employer starting in business if average payrolls are not available. This estimate must be adjusted by additional payment by the employer or refund by the department, as the case may actually be, on December 31 of the current year. An employer's payroll must be computed by calculating all wages, as defined in 39-71-123, that are paid by an employer.

(18)(21) "Permanent partial disability" means a condition, after a worker has reached maximum medical healing, in which a worker:

- (a) has a medically determined physical restriction as a result of an injury as defined in 39-71-119; and
- (b) is able to return to work in some capacity, but the physical restriction impairs the worker's ability to work.

(19)(22) "Permanent total disability" means a condition resulting from injury as defined in this chapter, after a worker reaches maximum medical healing, in which a worker does not have a reasonable prospect of physically performing regular employment. Regular employment means work on a recurring basis performed for remuneration in a trade, business, profession, or other occupation in this state. Lack of immediate job openings is not a factor to be considered in determining if a worker is permanently totally disabled.

(20)(23) The "plant of the employer" includes the place of business of a third person while the employer has access to or control over the place of business for the purpose of carrying on the employer's usual trade, business, or occupation.

(21)(24) "Primary medical services" means treatment prescribed by a treating physician, for conditions resulting from the injury, necessary for achieving medical stability.

(22)(25) "Public corporation" means the state or any county, municipal corporation, school district,



city.	city under	а	commission	form	of	government	ΩГ	special	charter.	town.	Or	village.
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(23)(26) "Reasonably safe place to work" means that the place of employment has been made as free from danger to the life or safety of the employee as the nature of the employment will reasonably permit.

(24)(27) "Reasonably safe tools and appliances" are tools and appliances as that are adapted to and that are reasonably safe for use for the particular purpose for which they are furnished.

(25)(28) "Secondary medical services" means those medical services or appliances that are considered not medically necessary for medical stability. The services and appliances include but are not limited to spas or hot tubs, work hardening, physical restoration programs and other restoration programs designed to address disability and not impairment, or equipment offered by individuals, clinics, groups, hospitals, or rehabilitation facilities.

(29) "Sole proprietor" means the person who has the exclusive legal right or title to or ownership of a business enterprise.

(26)(30) "Temporary partial disability" means a condition resulting from an injury, as defined in 39-71-119, in which a worker, prior to maximum healing:

- (a) is temporarily unable to return to the position held at the time of injury because of a medically determined physical restriction;
 - (b) returns to work in a modified or alternative employment; and
- 19 (c) suffers a partial wage loss.

(27)(31) "Temporary service contractor" means any a person, firm, association, or corporation conducting business that employs individuals directly for the purpose of furnishing the services of those individuals on a part-time or temporary basis to others.

(28)(32) "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 reaches maximum medical healing.

(29)(33) "Temporary worker" means a worker whose services are furnished to another on a part-time or temporary basis to substitute for a permanent employee on leave or to meet an emergency or short-term workload.

(30)(34) "Treating physician" means a person who is primarily responsible for the treatment of a worker's compensable injury and is:



- (a) a physician licensed by the state of Montana under Title 37, chapter 3, and has admitting privileges to practice in one or more hospitals, if any, in the area where the physician is located;
 - (b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
- (c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if there is not a physician, as defined in subsection (30)(a) (34)(a), in the area where the physician assistant-certified is located;
 - (d) an osteopath licensed by the state of Montana under Title 37, chapter 5; or
- 8 (e) a dentist licensed by the state of Montana under Title 37, chapter 4.
- 9 (31)(35) "Year", unless otherwise specified, means calendar year."

- Section 2. Section 39-71-117, MCA, is amended to read:
- 12 "39-71-117. Employer defined. (1) "Employer" means:
 - (a) the state and each county, city and county, city school district, and irrigation district, all other districts established by law, and all public corporations and quasi-public corporations and public agencies therein and every each person, every each prime contractor, and every each firm, voluntary association, limited liability company, and private corporation, including any public service corporation and including an independent contractor who has any person in service under any appointment or contract of hire, expressed or implied, oral or written, and the legal representative of any deceased employer or the receiver or trustee thereof;
 - (b) any association, corporation, <u>limited liability company</u>, or organization that seeks permission and meets the requirements set by the department by rule for a group of individual employers to operate as self-insured under plan No. 1 of this chapter; and
 - (c) any nonprofit association, limited liability company, or corporation or other entity funded in whole or in part by federal, state, or local government funds that places community service participants, as defined in 39-71-118(1)(f), with nonprofit organizations or associations or federal, state, or local government entities.
 - (2) A temporary service contractor is the employer of a temporary worker for premium and loss experience purposes.
 - (3) An employer defined in subsection (1) who <u>utilizes uses</u> the services of a worker furnished by another person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a



temporary service contractor, is presumed to be the employer for workers' compensation premium and loss experience purposes for work performed by the worker. The presumption may be rebutted by substantial credible evidence of the following:

- (a) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another retains control over all aspects of the work performed by the worker, both at the inception of employment and during all phases of the work; and
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another has obtained workers' compensation insurance for the worker in Montana both at the inception of employment and during all phases of the work performed.
- (4) Notwithstanding the provisions of subsection (3), an interstate or intrastate common or contract motor carrier doing business in this state who <u>utilizes</u> <u>uses</u> drivers in this state is considered the employer, is liable for workers' compensation premiums, and is subject to loss experience rating in this state unless:
- (a) the driver in this state is certified as an independent contractor as provided in 39-71-401(3); or
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation furnishing drivers in this state to a motor carrier has obtained workers' compensation insurance on the drivers in Montana both at the inception of employment and during all phases of the work performed."

Section 3. Section 39-71-118, MCA, is amended to read:

- "39-71-118. Employee, worker, and volunteer firefighter defined. (1) The terms term "employee" or "worker" means:
- (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, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, 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 employment is excluded.
- (b) any juvenile performing work under authorization of a district court judge in a 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 in this subsection, while they are on the premises of a public school or community college.
- (d) students enrolled and in attendance in programs of vocational-technical education at designated vocational-technical centers;
 - (e) an aircrew member or other person employed as a volunteer under 67-2-105;
- (f) a person, other than a juvenile as defined in subsection (1)(b), performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in this chapter, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (f):
- (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
- (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
 - (g) an inmate working in a federally certified prison industries program authorized under 53-1-301.
 - (2) The terms defined in subsection (1) do not include a person who is:
- (a) participating in recreational activity and who at the time is relieved of and is not performing prescribed duties, regardless of whether the person is using, by discount or otherwise, a pass, ticket, permit, device, or other emolument of employment; or
- (b) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities.



(3)	The term	"volunteer	firefighter"	means	a firefighter	who is	an	enrolled	and	active	member	of
a fire comp	any organi	zed and fü	nded by a c	county, a	rural fire d	listrict,	or a	fire serv	/ice a	ırea.		

- (4) (a) If the employer is a partnership, et sole proprietorship proprietor, or a member-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership, et the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, et proprietorship, or limited liability company business.
- (b) In the event of an election, the employer must serve upon the employer's insurer written notice naming the partners, or sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, or sole proprietor, or member is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of weekly wage for weekly compensation benefits, the electing employer may elect not less than \$900 a month and not more than 1½ times the average weekly wage, as defined in this chapter.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect not



1	less than \$200 a week and not more than 11/2 times the average weekly wage, as defined in this chapter.
2	(5)(6) The trustees of a rural fire district, a county governing body providing rural fire protection,
3	or the county commissioners or trustees for a fire service area may elect to include as an employee within
4	the provisions of this chapter any volunteer firefighter. A volunteer firefighter who receives workers?
5	compensation coverage under this section may not receive disability benefits under Title 19, chapter 17.
6	(6)(7) An employee or worker in this state whose services are furnished by a person, association,
7	contractor, firm, limited liability company, or corporation, other than a temporary service contractor, to an
8	employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer.
9	This presumption may be rebutted as provided in 39-71-117(3).
10	(7)(8) For purposes of this section, an "employee or worker in this state" means:
11	(a) a resident of Montana who is employed by an employer and whose employment duties are
12	primarily carried out or controlled within this state;
13	(b) a nonresident of Montana whose principal employment duties are conducted within this state
14	on a regular basis for an employer;
15	(c) a nonresident employee of an employer from another state engaged in the construction industry,
16	as defined in 39-71-116, within this state; or
17	(d) a nonresident of Montana who does not meet the requirements of subsection (7)(b) (8)(b) and
18	whose employer elects coverage with an insurer that allows an election for an employer whose:
19	(i) nonresident employees are hired in Montana;
20	(ii) nonresident employees' wages are paid in Montana;
21	(iii) nonresident employees are supervised in Montana; and
22	(iv) business records are maintained in Montana.
23	(8)(9) An insurer may require coverage for all nonresident employees of a Montana employer who
24	do not meet the requirements of subsection $\frac{7}{b}$ $\frac{8}{b}$ or $\frac{7}{d}$ $\frac{8}{d}$ as a condition of approving the
25	election under subsection (7)(d) (8)(d)."
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27	Section 4. Section 39-71-315, MCA, is amended to read:
28	"39-71-315. Prohibited actions penalty. (1) The following actions by a medical provider



constitute violations and are subject to the penalty in subsection (2):

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(a) failing to document, under oath, the provision of the services or treatment for which

compensation	is	claimed	under	chapter	72	or	this	chanter	or
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- (b) referring a worker for treatment or diagnosis of an injury or illness that is compensable under chapter 72 or this chapter to a facility owned wholly or in part by the provider, unless the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist.
- (2) A person who violates this section may be assessed a penalty of not less than \$200 or more than \$500 for each offense. The department shall assess and collect the penalty.
- (3) Subsection (1)(b) does not apply to medical services provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

- Section 5. Section 39-71-318, MCA, is amended to read:
- "39-71-318. Hearings -- rules of evidence -- conduct. (1) The statutory and common law common-law rules of evidence do not apply to a hearing before the department under this chapter.
 - (2) A hearing under this chapter may be conducted by telephone or by videoconference."

- Section 6. Section 39-71-401, MCA, is amended to read:
- "39-71-401. Employments covered and employments exempted. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers, as defined in 39-71-117, and to all employees, as defined in 39-71-118. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.
- (2) Unless the employer elects coverage for these employments under this chapter and an insurer allows such an election, the Workers' Compensation Act does not apply to any of the following employments:
 - (a) household and domestic employment;
 - (b) casual employment as defined in 39-71-116;
- (c) employment of a dependent member of an employer's family for whom an exemption may be claimed by the employer under the federal Internal Revenue Code;



()	d) employment of so	le proprietors,	er working	members of a	partnership,	or working	members of
a membe	er-managed limited lia	ability company	, except as	provided in s	subsection (3)	;	

- (e) employment of a broker or salesman performing under a license issued by the board of realty regulation;
- (f) employment of a direct seller engaged in the sale of consumer products, primarily in the customer's home;
 - (g) employment for which a rule of liability for injury, occupational disease, or death is provided under the laws of the United States;
 - (h) employment of any <u>a</u> person performing services in return for aid or sustenance only, except employment of a volunteer under 67-2-105;
 - (i) employment with any a railroad engaged in interstate commerce, except that railroad construction work is included in and subject to the provisions of this chapter;
 - (j) employment as an official, including a timer, referee, or judge, at a school amateur athletic event, unless the person is otherwise employed by a school district;
 - (k) any employment of a person performing services as a newspaper carrier or free-lance correspondent if the person performing the services or a parent or guardian of the person performing the services in the case of a minor has acknowledged in writing that the person performing the services and the services are not covered. As used in this subsection, "free-lance correspondent" is a person who submits articles or photographs for publication and is paid by the article or by the photograph. As used in this subsection, "newspaper carrier":
 - (i) is a person who provides a newspaper with the service of delivering newspapers singly or in bundles; but
 - (ii) does not include an employee of the paper who, incidentally to the employee's main duties, carries or delivers papers.
 - (I) cosmetologist's services and barber's services as defined in 39-51-204(1)(I);
 - (m) a person who is employed by an enrolled tribal member who operates or an association, business, corporation, or other entity that is at least 51% owned by an enrolled tribal member or members, whose business is conducted solely within the exterior boundaries of an Indian reservation;
 - (n) an officer of a quasi-public or a private corporation or manager of a manager-managed limited liability company who qualifies under one or more of the following provisions:



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29 30 status.

1	(i) the officer or manager is engaged in the ordinary duties of a worker for the corporation or the
2	limited liability company and does not receive any pay from the corporation or the limited liability company
3	for performance of the duties;
4	(ii) the officer or manager is engaged primarily in household employment for the corporation or the
5	limited liability company;
6	(iii) the officer or manager owns 20% or more of the number of shares of stock in the corporation
7	or owns 20% or more of the limited liability company; or
8	(iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law,
9	daughter-in-law, nephew, niece, brother, or sister of a corporate officer who owns 20% or more of the
10	number of shares of stock in the corporation or who owns 20% or more of the limited liability company.
11	(3) (a) A sole proprietor, or a working member of a partnership, or a working member of a
12	member-managed limited liability company who represents to the public that the person is an independent
13	contractor shall elect to be bound personally and individually by the provisions of compensation plan No.
14	1, 2, or 3 but may apply to the department for an exemption from the Workers' Compensation Act.
15	(b) The application must be made in accordance with the rules adopted by the department. The
16	department may deny the application only if it determines that the applicant is not an independent
17	contractor.
18	(c) When an application is approved by the department, it is conclusive as to the status of an
19	independent contractor and precludes the applicant from obtaining benefits under this chapter.
20	(d) When an election of an exemption is approved by the department, the election remains effective
21	and the independent contractor retains the status as an independent contractor until the independent
22	contractor notifies the department of any change in status and provides a description of present work

- (e) If the department denies the application for exemption, the applicant may contest the denial by petitioning for review of the decision by an appeals referee in the manner provided for in 39-51-1109. An applicant dissatisfied with the decision of the appeals referee may appeal the decision in accordance with the procedure established in 39-51-2403 and 39-51-2404.
- (4) (a) A private corporation or a manager-managed limited liability company shall provide coverage for its officers and other employees under the provisions of compensation plan No. 1, 2, or 3. However, pursuant to rules the department promulgates and subject in all cases to approval by the department, an



officer of A quasi-public corporation, a private corporation, or a manager-managed limited liability company
may elect not to be bound as an employee under this chapter coverage for its corporate officers or
managers, who are otherwise exempt under subsection (2), by giving a written notice, on a form provided
by the department, served in the following manner:

- (i) if the employer has elected to be bound by the provisions of compensation plan No. 1, by delivering the notice to the board of directors of the <u>corporation or to the management organization of the manager-managed limited liability company employer and to the department;</u> or
- (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 <u>corporation or to the management organization of the manager-managed limited liability company employer, to the department, and to the insurer.</u>
- (b) If the employer changes plans or insurers, the officer's employer's previous election is not effective and the officer employer shall again serve notice as provided to its insurer and to its board of directors or the management organization of the manager-managed limited liability company if the officer employer elects not to be bound.
- (e)(5) The appointment or election of an employee as an officer of a corporation, a partner in a partnership, or a member in or a manager of a limited liability company for the purpose of excluding exempting the employee from coverage under this chapter does not entitle the officer, partner, member, or manager to elect not to be bound as an employee under this chapter. In any case, the officer shall sign the notice required by subsection (4)(a) under oath or affirmation and is subject to the penalties for false swearing under 45-7-202 if the officer falsifies the notice to exemption from coverage.
- (6) 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 the place of business or property for the purpose of carrying on the employer's usual trade, business, or occupation. The sign must be provided by the department, distributed through insurers or directly by the department, and posted by employers in accordance with rules adopted by the department. 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."



- 14 -

Section 7.	Section	39-71-405,	MCA is	amended to	read:

"39-71-405. Liability of employer who contracts work out. (1) An employer who contracts with an independent contractor to have work performed of a kind which that is a regular or a recurrent part of the work of the trade, business, occupation, or profession of such the employer is liable for the payment of benefits under this chapter to the employees of the contractor or the subcontractor if the contractor or subcontractor has not properly complied with the coverage requirements of the Worker's Workers' Compensation Act. Any An insurer who becomes liable for payment of benefits may recover the amount of benefits paid and to be paid and necessary expenses from the contractor or subcontractor primarily liable therein.

- (2) Where When an employer contracts to have any work to be done by a contractor, other than an independent contractor, and the work so contracted to be done is a part or process in the trade or business of the employer, then the employer is liable to pay all benefits under this chapter to the same extent as if the work were done without the intervention of the contractor, and the work so contracted to be done shall may not be construed to be casual employment. Where When an employer contracts work to be done as specified in this subsection, the contractor and the contractor's employees shall come under that plan of compensation adopted by the employer.
- (3) Where When an employer contracts any work to be done, wholly or in part for the employer, by an independent contractor, where when the work so contracted to be done is casual employment as to such the employer, then the contractor shall become is the employer for the purposes of this chapter."

- Section 8. Section 39-71-432, MCA, is amended to read:
- "39-71-432. Definitions. As used in 39-71-433, the following definitions apply:
- (1) "Business entity" means a business enterprise owned by a single person, corporation, organization, business trust, trust, partnership, <u>limited liability company</u>, joint venture, association, or other business entity.
- (2) "Group" means two or more business entities that join together with the approval of the department to purchase individual workers' compensation insurance policies covering each business entity that is part of a group."

Section 9. Section 39-71-433, MCA, is amended to read:



- "39-71-433. Group purchase of workers' compensation insurance. (1) On receiving approval of the department, two or more business entities may join together to form a group to purchase individual workers' compensation insurance policies covering each member of the group.
- (2) To be eligible to join a <u>new group that is forming</u>, the department shall determine that a business entity is engaged in a business pursuit that is the same as or similar to the business pursuits of the other entities participating in the group.
- (3) The department shall establish a certification program for groups organized under this section and shall issue to eligible business entities certificates of approval that authorize formation and maintenance of a group.
- (4) The department by rule shall adopt forms, criteria, and procedures for the issuance of certificates of approval to groups under this section.
- (5) A group certified under this section may add additional members without approval from the department if the additional members meet the specific criteria identified in the original application and any modifications to the criteria, as approved by the department.
- (5)(6) A group certified under this section may purchase individual workers' compensation insurance policies covering each member of the group from any insurer authorized to write workers' compensation insurance in this state, except that the state fund, as defined in 39-71-2312, has the right to refuse coverage of a group and its plan of operation but cannot refuse coverage to an individual employer. Under an individual policy, the group is entitled to a premium or volume discount that would be applicable to a policy of the combined premium amount of the individual policies.
- (6)(7) A group shall apportion any discount or policyholder dividend received on workers' compensation insurance coverage among the members of the group according to a formula adopted in the plan of operation for the group.
- (7)(8) A group shall adopt a plan of operation that must include the composition and selection of a governing board, the methods for administering the group, the eligibility requirements to join the group, and guidelines for the workers' compensation insurance coverage obtained by the group, including the payment of premiums, the distribution of discounts, and the method for providing risk management. A group shall file a copy of its plan of operation with the department."

Section 10. Section 39-71-503, MCA, is amended to read:



1	"39-71-503. Administration of fund appropriation. (1) The department shall administer the fund
2	and shall pay all proper benefits to injured employees of uninsured employers.
3	(2) Surpluses and reserves may not be kept for the fund. The department shall make such
4	payments as that it considers appropriate as funds become available from time to time. The payment of
5	weekly disability benefits takes preference over the payment of medical benefits. No lump-sum
6	payments of future projected benefits, including impairment awards, may not be made from the fund. The
7	board of investments shall invest the money of the fund, and the investment income must be deposited in
8	the fund. The cost of administration of the fund must be paid out of the money in the fund.
9	(3) The amounts necessary for the payment of benefits from this fund are statutorily appropriated,
10	as provided in 17-7-502, from this fund."
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12	Section 11. Section 39-71-504, MCA, is amended to read:
13	"39-71-504. Funding of fund option for agreement between department and injured employee.
14	The fund is funded in the following manner:
15	(1) The department may require that the uninsured employer pay to the fund a penalty of either
16	up to double the premium amount the employer would have paid on the payroll of the employer's workers
17	in this state if the employer had been enrolled with compensation plan No. 3 or \$200, whichever is greater.
18	In determining the premium amount for the calculation of the penalty under this subsection, the department
19	shall make an assessment on how much premium would have been paid on the employer's past 3-year
20	payroll for periods within the 3 years when the employer was uninsured. An assessment for payroll paid
21	by the uninsured employer for any time prior to July 1, 1977, may not be made.
22	(2) (a) The fund shall receive from an uninsured employer an amount equal to all benefits paid or
23	to be paid from the fund to an injured employee of the uninsured employer. However, the uninsured
24	employer's liability under this subsection (2)(a) may not exceed \$50,000.
25	(b) The dollar limitation does not apply to an uninsured employer's liability to an injured employee
26	or the amployee's beneficiaries under 39-71-509 or 39-71-515.
27	(3) The department may determine that the \$1,000 assessments that are charged against an



employers' fund rather than the subsequent injury fund.

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(4) The department may enter into an agreement with the injured employee or the employee's

insurer in each case of an industrial death under 39-71-902(1) shall must be paid to the uninsured

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beneficiaries to assign to the employee or the beneficiaries all or part of the funds received by the department from the uninsured employer pursuant to subsection (2)(a) (2)."

Section 12. Section 39-71-507, MCA, is amended to read:

"39-71-507. Department to order uninsured employer to cease operations -- noncompliance with order a misdemeanor -- coordination of remedies. (1) When the department discovers an uninsured employer, it shall order him the employer to cease operations until he the employer has elected to be bound by a compensation plan.

(2) When the department discovers a person, business, or other entity functioning as a prime contractor that has subcontracted for the services of an uninsured employer, it may order the person, business, or other entity functioning as a prime contractor to eease CAUSE all operations PERFORMED BY THE UNINSURED EMPLOYER TO CEASE AT WORKSITES CONTROLLED BY THE PRIME CONTRACTOR until the uninsured employer has elected to be bound by a compensation plan. IF AFTER 3 BUSINESS DAYS FOLLOWING THE ORDER BY THE DEPARTMENT THE PERSON, BUSINESS, OR OTHER ENTITY FUNCTIONING AS A PRIME CONTRACTOR HAS NOT COMPLIED WITH THE ORDER, THE DEPARTMENT MAY ORDER THE PRIME CONTRACTOR TO CEASE ALL OPERATIONS AT THE AFFECTED WORKSITES.

(2)(3) An employer who does not comply with the department's order to cease operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action.

(4) A person, business, or other entity functioning as a prime contractor that does not comply with the department's order to cease all operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action. In addition, the department may assess a penalty against the person, business, or other entity functioning as a prime contractor of not more than \$1,000 per day for each day of violation.

(3)(5) The department may institute and maintain in the name of the state, through the attorney general or the county attorney of the county in which the violation occurs, an action for an injunction order or other civil remedy in district court to enforce its order to cease operations.



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(4)(6) The remedies provided in 39-71-506 and subsections (2) and (3) through (5) of this section are not mutually exclusive and may be pursued concurrently."

Section 13. Section 39-71-516, MCA, is amended to read:

"39-71-516. District court venue and jurisdiction for independent cause of action. An injured employee or an employee's beneficiaries pursuing an independent cause of action pursuant to 39-71-515 must shall bring such the action in the district court in the district where the claimant resides or where the alleged violation occurred. The court may grant such interim relief as that it considers appropriate, including but not limited to injunctive relief, attachment, or receivership. The court may request the workers' compensation judge to determine the amount of recoverable damages due to the employee."

Section 14. Section 39-71-710, MCA, is amended to read:

"39-71-710. Termination of benefits upon retirement. (1) If a claimant is receiving disability or rehabilitation compensation benefits and the claimant receives social security retirement benefits or is eligible to receive full social security retirement benefits, the claimant is considered to be retired. When the claimant is considered retired, the liability of the insurer is ended for payment of wage supplement, permanent total disability, and rehabilitation compensation benefits. However, the insurer remains liable for temporary total disability benefits, any impairment award, and medical benefits.

(2) If a claimant who is eligible to receive social security retirement benefits and is gainfully employed suffers a work-related injury, the insurer retains liability for temporary total disability benefits, any impairment award, and medical benefits."

Section 15. Section 39-71-721, MCA, is amended to read:

"39-71-721. Compensation for injury causing death -- limitation. (1) (a) If an injured employee dies and the injury was the proximate cause of such death, then the beneficiary of the deceased is entitled to the same compensation as though the death occurred immediately following the injury. A beneficiary's eligibility for benefits commences after the date of death, and the benefit level is established as set forth in subsection (2).

(b) The insurer is entitled to recover any overpayments or compensation paid in a lump sum to a worker prior to death but not yet recouped. The insurer shall recover such the payments from the



- beneficiary's biweekly payments as provided in 39-71-741(5).
 - (2) To beneficiaries as defined in 39-71-116(3)(a)(4)(a) through (3)(d) (4)(d), weekly compensation benefits for an injury causing death are 66 2/3% of the decedent's wages. The maximum weekly compensation benefit may not exceed the state's average weekly wage at the time of injury. The minimum weekly compensation 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.
 - (3) To beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), weekly benefits must be paid to the extent of the dependency at the time of the injury, subject 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 at the time of injury.
 - (4) If the decedent leaves no beneficiary as defined in 39.71.116, a lump-sum payment of \$3,000 must be paid to the decedent's surviving parent or parents.
 - (5) If any beneficiary of a deceased employee dies, the right of such the beneficiary to compensation under this chapter ceases. Death benefits must be paid to a surviving spouse for 500 weeks subsequent to the date of the deceased employee's death or until the spouse's remarriage, whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in 39-71-116(3)(b) (4)(b) through (3)(d) (4)(d).
 - (6) In all cases, benefits must be paid to beneficiaries, as defined in 39.71.116.
 - (7) Benefits paid under this section may not be adjusted for cost of living as provided in 39-71-702.
 - (8) Notwithstanding subsections (2) and (3), beginning July 1, 1987, through June 30, 1991, the maximum weekly compensation benefits for injury eausing death may not exceed the state's average weekly wage of \$299 established July 1, 1986. Beginning July 1, 1987, through June 30, 1991, the minimum weekly compensation for injury causing death shall be \$149.50, which is 50% of the state's average weekly wage established July 1, 1986, but in no event may it exceed the decedent's actual wages at the time of death."

- Section 16. Section 39-71-723, MCA, is amended to read:
- "39-71-723. How compensation to be divided among beneficiaries. Compensation due to beneficiaries shall <u>must</u> be paid to the surviving spouse, if any, or if none, then divided equally among or for the benefit of the children. In cases where in which beneficiaries are a surviving spouse and stepchildren



of such the spouse, the compensation shall must be divided equally among all beneficiaries. Compensation due to beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), where when there is more than one, shall must be divided equitably among them, and the question of dependency and amount thereof shall be is a question of fact for determination by the department."

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Section 17. Section 39-71-737, MCA, is amended to read:

"39-71-737. Compensation to run consecutively -- exceptions. Compensation shall must run consecutively and not concurrently, and payment shall may not be made for two classes of disability over the same period, except that impairment awards and auxiliary rehabilitation benefits may be paid concurrently with other classes of benefits, and wage supplement and partial rehabilitation benefits may be paid concurrently."

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Section 18. Section 39-71-902, MCA, is amended to read:

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"39-71-902. Fund to receive payment from insurer for each death under chapter -- assessment of insurers. (1) In every each case of the death of an employee under this chapter, the insurer shall pay to the fund the sum of \$1,000. In addition, the department may assess every each insurer an amount not to exceed 5% of the compensation paid in Montana in the preceding fiscal year. The assessment must be transmitted annually to the subsequent injury fund by the employer or insurer. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of money in the fund.

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(2) When, in the judgment of the department, the amount of money in the subsequent injury fund is such that there is a surplus above and beyond projected liabilities and administrative costs, the department may at its discretion suspend or reduce further collection of assessments for a period of time determined by the department."

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Section 19. Section 39-71-1108, MCA, is amended to read:

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"39-71-1108. Physician self-referral prohibition. (1) Unless authorized by the insurer, a treating physician may not refer a claimant to a health care facility at which the physician does not directly provide care or services when the physician has an investment interest in the facility, unless there is a demonstrated need in the community for the facility and alternative financing is not available. The insurer



or the claimant is not liable for charges incurred in violation of this section.

(2) Subsection (1) does not apply to care or services provided directly to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

Section 20. Section 39-71-2103, MCA, is amended to read:

"39-71-2103. Employer permitted to carry on business and settle directly with employee — individual liability. (1) If such the employer making such the election shall be is found by the department and the Montana self-insurers guaranty fund to have the requisite financial ability to pay the compensation and benefits in this chapter provided for, then the department, with the concurrence of the guaranty fund, shall grant to the employer permission to carry on his business for the fiscal year within which such election is made and such proof filed, or the remaining portion of such the fiscal year, and to make such payments directly to his the employees as they may become entitled to receive the same payments.

(2) Each individual employer in an association, corporation, <u>limited liability company</u>, or organization of employers given permission by the department to operate as self-insured under plan No. 1 of this chapter is jointly and severally liable for all obligations incurred by the association, corporation, <u>limited liability company</u>, or organization under this chapter. An association, corporation, <u>limited liability company</u>, or organization of employers given permission to operate as self-insured <u>must shall</u> maintain excess liability coverage in amounts and under <u>such</u> conditions as provided by rules of the department."

Section 21. Section 39-71-2411, MCA, is amended to read:

"39-71-2411. Mediation procedure. (1) Except as otherwise provided, a claimant or an insurer having a dispute relating to benefits under chapter 71 or 72 of this title may petition the department for mediation of the dispute.

- (2) A party may take part in mediation proceedings with or without representation.
- (3) The mediator shall review the department file for the case and may receive any additional documentation or argument either party submits.
- (4) The mediator shall request that each party offer argument summarizing the party's position.

 A party's argument must fully present the party's case. The argument is not limited by the rules of evidence.



- (5) After the parties have presented all their information and argument to the mediator, he the mediator shall recommend a solution to the parties within a reasonable time to be established by rule.
- (6) A party shall notify the mediator within 45 20 25 days of the mailing of his the mediator's report whether the party accepts the mediator's recommendation. If either party does not accept the mediator's recommendation, the party may petition the workers' compensation court for resolution of the dispute.
- (7) (a) If a mediator determines that either party failed to cooperate in the mediation process, the mediator shall prepare a written report setting forth the determination and the grounds for the determination. The report must be mailed to the parties and to the workers' compensation court. Unless a party disputes the determination as set forth in subsection (7)(c), the parties shall repeat the mediation process, but only one time.
- (b) A mediator may determine that a party has failed to cooperate in the mediation process only if the party failed to:
- (i) supply information or offer a summary of the party's position as reasonably requested by the mediator;
 - (ii) attend scheduled mediation conferences unless excused by the mediator; or
 - (iii) listen to and review the information and position offered by the opposing party.
- (c) If a party disputes a mediator's determination that the party failed to cooperate in the mediation process, the party may file a petition with the workers' compensation court. Upon receipt of a petition, the court shall summon the parties and the mediator to determine by oral discussion whether the mediator's determination of noncooperation is supportable. If the court finds that the mediator's determination is supportable, the court may order the parties to attempt a second time to mediate their dispute."

Section 22. Section 39-71-2905, MCA, is amended to read:

"39-71-2905. Petition to workers' compensation judge. A claimant or an insurer who has a dispute concerning any benefits under chapter 71 of this title may petition the workers' compensation judge for a determination of the dispute after satisfying dispute resolution requirements otherwise provided in this chapter. In addition, the district court that has jurisdiction over a pending action under 39-71-515 may request the workers' compensation judge to determine the amount of recoverable damages due to the employee. The judge, after a hearing, shall make a determination of the dispute in accordance with the law



as set forth in chapter 71 of this title. If the dispute relates to benefits due <u>to</u> a claimant under chapter 71, the judge shall fix and determine any benefits to be paid and specify the manner of payment. After parties have satisfied dispute resolution requirements provided elsewhere in this chapter, the workers' compensation judge has exclusive jurisdiction to make determinations concerning disputes under chapter 71, except as provided in 39-71-317 and 39-71-516. The penalties and assessments allowed against an insurer under chapter 71 are the exclusive penalties and assessments that can be assessed by the workers' compensation judge against an insurer for disputes arising under chapter 71."

Section 23. Section 39-72-601, MCA, is amended to read:

"39-72-601. Medical panel. (1) The department shall develop a list of physicians to serve on the occupational disease medical panel. The list may include physicians nominated by the board of medical examiners. A physician on the panel must be certified by his the physician's specialty board or be eligible for certification in the specialty area appropriate to the claimant's condition in relation to this chapter.

(2) The department shall select a panel physician to examine a claimant, as required. The department shall appoint, as required, one member of the panel to be the chairman a physician as the presiding officer."

Section 24. Section 39-72-602, MCA, is amended to read:

"39-72-602. Insurer may accept liability -- procedure for medical examination when insurer has not accepted liability. (1) An insurer may accept liability for a claim under this chapter based on information submitted to it by a claimant.

- (2) In order to determine the compensability of claims under this chapter when an insurer has not accepted liability, the following procedure must be followed:
- (a) The department shall direct the claimant to a member of the medical panel for an examination. The panel member shall conduct an examination to determine whether the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department.
- (b) Either the claimant or the insurer may, within 20 days after the receipt of the report by the first panel member, request that the claimant be examined by a second panel member. If a second examination is requested, the department shall direct the claimant to a second panel member who shall conduct an



examination to determine whether he believes the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department. When a second examination has been requested, the reports of the examinations shall be submitted to three members of the medical panel for review. A The medical panel member or the panel may, in order to assist the panel member or the panel in reaching reach a conclusion, consult with the claimant's attending physician. The reports from the two examining physicians must be sent by the department to the presiding officer of the panel. The three panel members presiding officer shall issue a report concerning the claimant's physical condition and whether the claimant is suffering from an occupational disease.

- (c) (i) If a second examination is not requested, the department shall issue its order determining whether the claimant is entitled to occupational disease benefits based on the report of the first examining physician.
- (ii) If a second examination is requested, the department shall issue its order based on the report of the three members of the medical panel presiding officer.
- (d) For the purpose of reviewing the reports of the examinations and issuing the report under subsection (2)(b), the three members of the medical panel shall be the two members of the panel who examined the claimant and the panel chairman. If the panel chairman presiding officer has examined the claimant, the panel chairman department shall appoint another member of the medical panel to be the third member presiding officer."

Section 25. Section 39-72-612, MCA, is amended to read:

- "39-72-612. Hearing and appeal to workers' compensation judge. (1) Within 20 days after the department has issued its order of determination as to whether the claimant is entitled to benefits under this chapter, a party may request a hearing. In order to perfect an appeal to the workers' compensation judge, the appealing party shall request a hearing before the department. The department shall grant a hearing, and the which may be conducted by telephone or by videoconference. The department's final determination may not be issued until after the hearing.
- (2) Appeals from a final determination of the department must be made to the workers' compensation judge within 30 days after the department has issued its final determination. The judge, after a hearing held pursuant to 39-71-2903 and 39-71-2904, shall make a final determination concerning the

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1	claimant's claim. The judge may overrule the department only on the basis that the department's
2	determination is:
3	(a) in violation of constitutional or statutory provisions;
4	(b) in excess of the statutory authority of the agency;
5	(c) made upon unlawful procedure;
6	(d) affected by other error of law;
7	(e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole
8	record; or
9	(f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise
10	of discretion."
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12	NEW SECTION. Section 26. Saving clause. [This act] does not affect rights and duties that
13	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
4	act).
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16	NEW SECTION. Section 27. Severability. If a part of [this act] is invalid, all valid parts that are
17	severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its
18	applications, the part remains in effect in all valid applications that are severable from the invalid
19	applications.
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21	NEW SECTION. Section 28. Applicability. (1) [Section 10] applies retroactively, within the
22	meaning of 1-2-109, to all occurrences beginning after October 1, 1977.
23	(2) [Section 18] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning
24	after October 1, 1973.
25	(3) [Sections 5 and 25] apply to hearings or appeals requested on or after [the effective date of
26	this act].
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NEW SECTION. Section 29. Effective dates. (1) [Sections 5, 13, 22, and 25 through 28 and this section] are effective on passage and approval.

(2) [Sections 1 through 4, 6 through 12, 14 through 21, 23, and 24] are effective October 1,



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1	HOUSE BILL NO. 200
2	INTRODUCED BY BERGMAN, HIBBARD, BENEDICT, BARTLETT, COCCHIARELLA
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE WORKERS' COMPENSATION ACT
6	AND THE OCCUPATIONAL DISEASE ACT OF MONTANA; ADDING DEFINITIONS; EXEMPTING
7	CORPORATE OFFICERS AND MANAGERS OF LIMITED LIABILITY COMPANIES FROM COVERAGE UNLESS
8	THE EMPLOYER ELECTS TO COVER THE OFFICER OR MANAGER AND THE INSURER ALLOWS THE
9	ELECTION; CLARIFYING PROHIBITIONS REGARDING MEDICAL PROVIDER SELF-REFERRAL; AUTHORIZING
10	THE DEPARTMENT OF LABOR AND INDUSTRY TO CONDUCT HEARINGS AND APPEALS BY TELEPHONE
11	OR VIDEOCONFERENCE; CLARIFYING THE STATUS OF LIMITED LIABILITY COMPANIES; CLARIFYING THE
12	LIABILITY OF AN EMPLOYER WHO CONTRACTS WORK OUT; CLARIFYING THE DEPARTMENT'S
13	RESPONSIBILITY IN APPROVING THE GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE;
14	REQUIRING THE INVESTMENT INCOME OF THE UNINSURED EMPLOYERS' FUND TO BE DEPOSITED IN
15	THE FUND; REMOVING THE LIMIT ON AN UNINSURED EMPLOYER'S LIABILITY FOR CLAIMS; INCREASING
16	THE AUTHORITY TO FILE CEASE AND DESIST ORDERS TO INCLUDE PERSONS, BUSINESSES, AND
17	ENTITIES THAT HAVE CONTRACTED WITH UNINSURED EMPLOYERS AND PROVIDING FOR PENALTIES;
18	PROVIDING A DISTRICT COURT WITH THE OPTION TO REQUEST THE WORKERS' COMPENSATION
19	JUDGE TO DETERMINE THE AMOUNT OF RECOVERABLE DAMAGES DUE TO AN INJURED UNINSURED
20	WORKER; REMOVING THE REFERENCES TO WAGE SUPPLEMENT; REQUIRING THE BOARD OF
21	INVESTMENTS TO INVEST CERTAIN MONEY IN THE SUBSEQUENT INJURY FUND AND REQUIRING THE
22	INVESTMENT INCOME TO BE DEPOSITED IN THE FUND; REDUCING THE TIME PERIOD ALLOWED FOR
23	A PARTY TO RESPOND TO A WORKERS' COMPENSATION MEDIATOR'S RECOMMENDATION; REVISING
24	THE MEDICAL PANEL PROCESS; AMENDING SECTIONS 39-71-116, 39-71-117, 39-71-118, 39-71-315,
25	39-71-318, 39-71-401, 39-71-405, 39-71-432, 39-71-433, 39-71-503, 39-71-504, 39-71-507,
26	39-71-516, 39-71-710, 39-71-721, 39-71-723, 39-71-737, 39-71-902, 39-71-1108, 39-71-2103,

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BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:



DATES AND APPLICABILITY DATES."

39-71-2411, 39-71-2905, 39-72-601, 39-72-602, AND 39-72-612, MCA; AND PROVIDING EFFECTIVE

1	Section 1. Section 39-71-116, MCA, is amended to read:
2	"39-71-116. Definitions. Unless the context otherwise requires, words and phrases employed in
3	this chapter have the following meanings:
4	(1) "Administer and pay" includes all actions by the state fund under the Workers' Compensation
5	Act and the Occupational Disease Act of Montana necessary to:
6	(a) the investigation, review, and settlement of claims;
7	(b) payment of benefits;
8	(c) setting of reserves;
9	(d) furnishing of services and facilities; and
10	(e) utilization use of actuarial, audit, accounting, vocational rehabilitation, and legal services.
11	(2) "Aid or sustenance" means any public or private subsidy made to provide a means of support,
12	maintenance, or subsistence for the recipient.
13	(2)(3) "Average weekly wage" means the mean weekly earnings of all employees under covered
14	employment, as defined and established annually by the Montana department of labor and industry. It is
15	established at the nearest whole dollar number and must be adopted by the department prior to July 1 of
16	each year.
17	(3)(4) "Beneficiary" means:
18	(a) a surviving spouse living with or legally entitled to be supported by the deceased at the time
19	of injury;
20	(b) an unmarried child under the age of 18 years;
21	(c) an unmarried child under the age of 22 years who is a full-time student in an accredited school
22	or is enrolled in an accredited apprenticeship program;
23	(d) an invalid child over the age of 18 years who is dependent upon the decedent for support at
24	the time of injury;
25	(e) a parent who is dependent upon the decedent for support at the time of the injury if a
26	beneficiary, as defined in subsections $\frac{(3)(a)}{(4)(a)}$ through $\frac{(3)(d)}{(4)(d)}$, does not exist; and
27	(f) a brother or sister under the age of 18 years if dependent upon the decedent for support at the
28	time of the injury but only until the age of 18 years and only when a beneficiary, as defined in subsections
29	(3)(a) (4)(a) through (3)(e) (4)(e), does not exist.
30	(4)(5) "Casual employment" means employment not in the usual course of trade, business

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- (5)(6) "Child" includes a posthumous child, a dependent stepchild, and a child legally adopted prior to the injury.
- (6)(7) "Construction industry" means the major group of general contractors and operative builders, heavy construction (other than building construction) contractors, and special trade contractors, listed in major groups 15 through 17 in the 1987 Standard Industrial Classification Manual. The term does not include office workers, design professionals, salespersons, estimators, or any other related employment that is not directly involved on a regular basis in the provision of physical labor at a construction or renovation site.
- 10 (7)(8) "Days" means calendar days, unless otherwise specified.
- 11 (8)(9) "Department" means the department of labor and industry.
 - (9)(10) "Disability" means a condition in which a worker's ability to engage in gainful employment is diminished as a result of physical restrictions resulting from an injury. The restrictions may be combined with factors, such as the worker's age, education, work history, and other factors that affect the worker's ability to engage in gainful employment. Disability does not mean a purely medical condition.
 - (10)(11) "Fiscal year" means the period of time between July 1 and the succeeding June 30.
 - (12) "Household or domestic employment" means employment of persons other than members of the household for the purpose of tending to the aid and comfort of the employer or members of the employer's family, including but not limited to housecleaning and yard work, but does not include employment beyond the scope of normal household or domestic duties, such as home health care or domiciliary care.
 - (11)(13) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, or the state fund under compensation plan No. 3.
- 24 (12)(14) "Invalid" means one who is physically or mentally incapacitated.
- 25 (15) "Limited liability company" is as defined in 35-8-102.
- 26 (13)(16) "Maintenance care" means treatment designed to provide the optimum state of health
 27 while minimizing recurrence of the clinical status.
- 28 (14)(17) "Medical stability", "maximum healing", or "maximum medical healing" means a point in 29 the healing process when further material improvement would not be reasonably expected from primary 30 medical treatment.



1	(15)(18) "Order" means any decision, rule, direction, requirement, or standard of the department
2	or any other determination arrived at or decision made by the department.

(16)(19) "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.

(17)(20) "Payroll", "annual payroll", or "annual payroll for the preceding year" means the average annual payroll of the employer for the preceding calendar year or, if the employer has not operated a sufficient or any length of time during the calendar year, 12 times the average monthly payroll for the current year. However, an estimate may be made by the department for any employer starting in business if average payrolls are not available. This estimate must be adjusted by additional payment by the employer or refund by the department, as the case may actually be, on December 31 of the current year. An employer's payroll must be computed by calculating all wages, as defined in 39-71-123, that are paid by an employer.

(18)(21) "Permanent partial disability" means a condition, after a worker has reached maximum medical healing, in which a worker:

- (a) has a medically determined physical restriction as a result of an injury as defined in 39-71-119; and
- (b) is able to return to work in some capacity, but the physical restriction impairs the worker's ability to work.

(19)(22) "Permanent total disability" means a condition resulting from injury as defined in this chapter, after a worker reaches maximum medical healing, in which a worker does not have a reasonable prospect of physically performing regular employment. Regular employment means work on a recurring basis performed for remuneration in a trade, business, profession, or other occupation in this state. Lack of immediate job openings is not a factor to be considered in determining if a worker is permanently totally disabled.

(20)(23) The "plant of the employer" includes the place of business of a third person while the employer has access to or control over the place of business for the purpose of carrying on the employer's usual trade, business, or occupation.

(21)(24) "Primary medical services" means treatment prescribed by a treating physician, for conditions resulting from the injury, necessary for achieving medical stability.

(22)(25) "Public corporation" means the state or any county, municipal corporation, school district,



city, city under a	commission	form of	government o	r special	charter.	town.	or village.
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(23)(26) "Reasonably safe place to work" means that the place of employment has been made as free from danger to the life or safety of the employee as the nature of the employment will reasonably permit.

(24)(27) "Reasonably safe tools and appliances" are tools and appliances as that are adapted to and that are reasonably safe for use for the particular purpose for which they are furnished.

(25)(28) "Secondary medical services" means those medical services or appliances that are considered not medically necessary for medical stability. The services and appliances include but are not limited to spas or hot tubs, work hardening, physical restoration programs and other restoration programs designed to address disability and not impairment, or equipment offered by individuals, clinics, groups, hospitals, or rehabilitation facilities.

(29) "Sole proprietor" means the person who has the exclusive legal right or title to or ownership of a business enterprise.

(26)(30) "Temporary partial disability" means a condition resulting from an injury, as defined in 39-71-119, in which a worker, prior to maximum healing:

- (a) is temporarily unable to return to the position held at the time of injury because of a medically determined physical restriction;
 - (b) returns to work in a modified or alternative employment; and
 - (c) suffers a partial wage loss.

 $\frac{(27)(31)}{(31)}$ "Temporary service contractor" means any <u>a</u> person, firm, association, or corporation conducting business that employs individuals directly for the purpose of furnishing the services of those individuals on a part-time or temporary basis to others.

(28)(32) "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 reaches maximum medical healing.

(29)(33) "Temporary worker" means a worker whose services are furnished to another on a part-time or temporary basis to substitute for a permanent employee on leave or to meet an emergency or short-term workload.

(30)(34) "Treating physician" means a person who is primarily responsible for the treatment of a worker's compensable injury and is:



(a)	a physician	licensed by	the state	of Montana	under Title	37, ch	apter 3, a	and has	admitting
privileges	to practice in	one or more	hospitals,	if any, in th	e area whe	re the pl	hysician is	slocated	i;

- (b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
- (c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if there is not a physician, as defined in subsection (30)(a) (34)(a), in the area where the physician assistant-certified is located;
 - (d) an osteopath licensed by the state of Montana under Title 37, chapter 5; or
 - (e) a dentist licensed by the state of Montana under Title 37, chapter 4.
- (31)(35) "Year", unless otherwise specified, means calendar year."

Section 2. Section 39-71-117, MCA, is amended to read:

"39-71-117. Employer defined. (1) "Employer" means:

- (a) the state and each county, city and county, city school district, <u>and</u> irrigation district, all other districts established by law, and all public corporations and quasi-public corporations and public agencies therein and every each person, every each prime contractor, and every each firm, voluntary association, <u>limited liability company</u>, and private corporation, including any public service corporation and including an independent contractor who has any person in service under any appointment or contract of hire, expressed or implied, oral or written, and the legal representative of any deceased employer or the receiver or trustee thereof;
- (b) any association, corporation, <u>limited liability company</u>, or organization that seeks permission and meets the requirements set by the department by rule for a group of individual employers to operate as self-insured under plan No. 1 of this chapter; and
- (c) any nonprofit association, limited liability company, or corporation or other entity funded in whole or in part by federal, state, or local government funds that places community service participants, as defined in 39-71-118(1)(f), with nonprofit organizations or associations or federal, state, or local government entities.
- (2) A temporary service contractor is the employer of a temporary worker for premium and loss experience purposes.
- (3) An employer defined in subsection (1) who utilizes uses the services of a worker furnished by another person, association, contractor, firm, limited liability company, or corporation, other than a



temporary service contractor, is presumed to be the employer for workers' compensation premium and loss experience purposes for work performed by the worker. The presumption may be rebutted by substantial credible evidence of the following:

- (a) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another retains control over all aspects of the work performed by the worker, both at the inception of employment and during all phases of the work; and
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another has obtained workers' compensation insurance for the worker in Montana both at the inception of employment and during all phases of the work performed.
- (4) Notwithstanding the provisions of subsection (3), an interstate or intrastate common or contract motor carrier doing business in this state who <u>utilizes uses</u> drivers in this state is considered the employer, is liable for workers' compensation premiums, and is subject to loss experience rating in this state unless:
- (a) the driver in this state is certified as an independent contractor as provided in 39-71-401(3); or
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation furnishing drivers in this state to a motor carrier has obtained workers' compensation insurance on the drivers in Montana both at the inception of employment and during all phases of the work performed."

- Section 3. Section 39-71-118, MCA, is amended to read:
- "39-71-118. Employee, worker, and volunteer firefighter defined. (1) The terms term "employee" or "worker" means:
- (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, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, 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 envise employment is excluded.
- (b) any juvenile performing work under authorization of a district court judge in a 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 in this subsection, while they are on the premises of a public school or community college.
- (d) students enrolled and in attendance in programs of vocational-technical education at designated vocational-technical centers;
 - (e) an aircrew member or other person employed as a volunteer under 67-2-105;
- (f) a person, other than a juvenile as defined in subsection (1)(b), performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in this chapter, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (f):
- (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
- (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
 - (g) an inmate working in a federally certified prison industries program authorized under 53-1-301.
 - (2) The terms defined in subsection (1) do not include a person who is:
- (a) participating in recreational activity and who at the time is relieved of and is not performing prescribed duties, regardless of whether the person is using, by discount or otherwise, a pass, ticket, permit, device, or other emolument of employment; or
- (b) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities.



(3)	The term	"volunteer	firefighter"	means	a firefighter	who is	an e	enrolled	and a	ctive	member	of
a fire comp	any organi	zed and fu	nded by a d	county, a	rural fire o	listrict,	or a	fire serv	ice ar	ea.		

- (4) (a) If the employer is a partnership, or sole proprietorship proprietor, or a member-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership, or the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, or proprietorship, or limited liability company business.
- (b) In the event of an election, the employer must serve upon the employer's insurer written notice naming the partners, or sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, or sole proprietor, or member is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of weekly wage for weekly compensation benefits, the electing employer may elect not less than \$900 a month and not more than 1½ times the average weekly wage, as defined in this chapter.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect not



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1	less than \$200 a week and not more than 11/2 times the average weekly wage, as defined in this chapter
2	(5)(6) The trustees of a rural fire district, a county governing body providing rural fire protection
3	or the county commissioners or trustees for a fire service area may elect to include as an employee within
4	the provisions of this chapter any volunteer firefighter. A volunteer firefighter who receives workers
5	compensation coverage under this section may not receive disability benefits under Title 19, chapter 17
6	(6)(7) An employee or worker in this state whose services are furnished by a person, association,
7	contractor, firm, limited liability company, or corporation, other than a temporary service contractor, to an
8	employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer.
9	This presumption may be rebutted as provided in 39-71-117(3).
10	(7)(8) For purposes of this section, an "employee or worker in this state" means:
11	(a) a resident of Montana who is employed by an employer and whose employment duties are
12	primarily carried out or controlled within this state;
13	(b) a nonresident of Montana whose principal employment duties are conducted within this state
14	on a regular basis for an employer;
15	(c) a nonresident employee of an employer from another state engaged in the construction industry,
16	as defined in 39-71-116, within this state; or
17	(d) a nonresident of Montana who does not meet the requirements of subsection (7)(b) (8)(b) and
18	whose employer elects coverage with an insurer that allows an election for an employer whose:
19	(i) nonresident employees are hired in Montana;
20	(ii) nonresident employees' wages are paid in Montana;
21	(iii) nonresident employees are supervised in Montana; and
22	(iv) business records are maintained in Montana.
23	(8)(9) An insurer may require coverage for all nonresident employees of a Montana employer who
24	do not meet the requirements of subsection (7)(b) (8)(b) or (7)(d) (8)(d) as a condition of approving the
25	election under subsection (7)(d) (8)(d)."
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Section 4. Section 39-71-315, MCA, is amended to read:

"39-71-315. Prohibited actions -- penalty. (1) The following actions by a medical provider constitute violations and are subject to the penalty in subsection (2):

(a) failing to document, under oath, the provision of the services or treatment for which

compensation	is	claimed	under	chapter	72	or	this	chapter:	or
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- (b) referring a worker for treatment or diagnosis of an injury or illness that is compensable under chapter 72 or this chapter to a facility owned wholly or in part by the provider, unless the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist.
- (2) A person who violates this section may be assessed a penalty of not less than \$200 or more than \$500 for each offense. The department shall assess and collect the penalty.
- (3) Subsection (1)(b) does not apply to medical services provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

- Section 5. Section 39-71-318, MCA, is amended to read:
- "39-71-318. Hearings -- rules of evidence -- conduct. (1) The statutory and eemmon law common-law rules of evidence do not apply to a hearing before the department under this chapter.
 - (2) A hearing under this chapter may be conducted by telephone or by videoconference."

- Section 6. Section 39-71-401, MCA, is amended to read:
- "39-71-401. Employments covered and employments exempted. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers, as defined in 39-71-117, and to all employees, as defined in 39-71-118. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.
- (2) Unless the employer elects coverage for these employments under this chapter and an insurer allows such an election, the Workers' Compensation Act does not apply to any of the following employments:
 - (a) household and domestic employment;
 - (b) casual employment as defined in 39-71-116;
- 29 (c) employment of a dependent member of an employer's family for whom an exemption may be 30 claimed by the employer under the federal Internal Revenue Code;



(d) employment of sole proprietors, ex working members of a partnership, or working members of	01
a member-managed limited liability company, except as provided in subsection (3);	

- (e) employment of a broker or salesman performing under a license issued by the board of realty regulation;
- (f) employment of a direct seller engaged in the sale of consumer products, primarily in the customer's home;
- (g) employment for which a rule of liability for injury, occupational disease, or death is provided under the laws of the United States;
- (h) employment of any a person performing services in return for aid or sustenance only, except employment of a volunteer under 67-2-105;
 - (i) employment with any <u>a</u> railroad engaged in interstate commerce, except that railroad construction work is included in and subject to the provisions of this chapter;
 - (j) employment as an official, including a timer, referee, or judge, at a school amateur athletic event, unless the person is otherwise employed by a school district;
 - (k) any employment of a person performing services as a newspaper carrier or free-lance correspondent if the person performing the services or a parent or guardian of the person performing the services in the case of a minor has acknowledged in writing that the person performing the services and the services are not covered. As used in this subsection, "free-lance correspondent" is a person who submits articles or photographs for publication and is paid by the article or by the photograph. As used in this subsection, "newspaper carrier":
 - (i) is a person who provides a newspaper with the service of delivering newspapers singly or in bundles; but
 - (ii) does not include an employee of the paper who, incidentally to the employee's main duties, carries or delivers papers.
 - (I) cosmetologist's services and barber's services as defined in 39-51-204(1)(I);
 - (m) a person who is employed by an enrolled tribal member who operates or an association, business, corporation, or other entity that is at least 51% owned by an enrolled tribal member or members, whose business is conducted solely within the exterior boundaries of an Indian reservation;
 - (n) an officer of a quasi-public or a private corporation or manager of a manager-managed limited liability company who qualifies under one or more of the following provisions:



1	(i) the officer or manager is engaged in the ordinary duties of a worker for the corporation or the
2	limited liability company and does not receive any pay from the corporation or the limited liability company
3	for performance of the duties;
4	(ii) the officer or manager is engaged primarily in household employment for the corporation or the
5	limited liability company;
6	(iii) the officer or manager owns 20% or more of the number of shares of stock in the corporation
7	or owns 20% or more of the limited liability company; or
,8	(iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law
9	daughter-in-law, nephew, niece, brother, or sister of a corporate officer who owns 20% or more of the
10	number of shares of stock in the corporation or who owns 20% or more of the limited liability company
11	(3) (a) A sole proprietor, of a working member of a partnership, or a working member of a
12	member-managed limited liability company who represents to the public that the person is an independent
13	contractor shall elect to be bound personally and individually by the provisions of compensation plan No
14	1, 2, or 3 but may apply to the department for an exemption from the Workers' Compensation Act.
15	(b) The application must be made in accordance with the rules adopted by the department. The
16	department may deny the application only if it determines that the applicant is not an independent
17	contractor.
18	(c) When an application is approved by the department, it is conclusive as to the status of ar
19	independent contractor and precludes the applicant from obtaining benefits under this chapter.
20	(d) When an election of an exemption is approved by the department, the election remains effective
21	and the independent contractor retains the status as an independent contractor until the independent
22	contractor notifies the department of any change in status and provides a description of present work
23	status.
24	(E) A PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION CONCERNING
25	THAT PERSON'S STATUS AS AN EXEMPT INDEPENDENT CONTRACTOR IS SUBJECT TO A CIVIL
26	PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT
27	OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE
28	LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.



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by petitioning for review of the decision by an appeals referee in the manner provided for in 39-51-1109.

(e)(F) If the department denies the application for exemption, the applicant may contest the denial

- An applicant dissatisfied with the decision of the appeals referee may appeal the decision in accordance with the procedure established in 39-51-2403 and 39-51-2404.
- (4) (a) A private corporation or a manager-managed limited liability company shall provide coverage for its efficers and other employees under the provisions of compensation plan No. 1, 2, or 3. However, pursuant to rules the department promulgates and subject in all cases to approval by the department, an efficer of A quesi-public corporation, a private corporation, or a manager-managed limited liability company may elect not to be bound as an employee under this chapter coverage for its corporate officers or managers, who are otherwise exempt under subsection (2), by giving a written notice, on a form provided by the department, served in the following manner:
- (i) if the employer has elected to be bound by the provisions of compensation plan No. 1, by delivering the notice to the board of directors of the <u>corporation or to the management organization of the manager-managed limited liability company employer and to the department;</u> or
- (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 <u>corporation or to the management organization of the manager-managed limited liability company employer</u>, to the department, and to the insurer.
- (b) If the employer changes plans or insurers, the officer's employer's previous election is not effective and the officer employer shall again serve notice as provided to its insurer and to its board of directors or the management organization of the manager-managed limited liability company if the officer employer elects not to be bound.
- (a)(5) The appointment or election of an employee as an officer of a corporation, a partner in a partnership, or a member in or a manager of a limited liability company for the purpose of excluding exempting the employee from coverage under this chapter does not entitle the officer, partner, member, or manager to elect not to be bound as an employee under this chapter. In any case, the officer shall sign the notice required by subsection (4)(a) under eath or affirmation and is subject to the penalties for false swearing under 45-7-202 if the officer falsifies the notice to exemption from coverage.
- (5)(6) 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 the place of

- business or property for the purpose of carrying on the employer's usual trade, business, or occupation.
- 2 The sign must be provided by the department, distributed through insurers or directly by the department,
- 3 and posted by employers in accordance with rules adopted by the department. An employer who purposely
- 4 or knowingly fails to post a sign as provided in this subsection is subject to a \$50 fine for each citation."

Section 7. Section 39-71-405, MCA, is amended to read:

PROVIDED IN SUBSECTION (4), AN employer who contracts with an independent contractor to have work performed of a kind which that is a regular or a recurrent part of the work of the trade, business, occupation, or profession of such the employer is liable for the payment of benefits under this chapter to the employees of the contractor or the subcontractor if the contractor or subcontractor has not properly complied with the coverage requirements of the Werker's Workers' Compensation Act. Any An insurer who becomes liable for payment of benefits may recover the amount of benefits paid and to be paid and necessary expenses from the contractor or subcontractor primarily liable therein.

- (2) Where When an employer contracts to have any work to be done by a contractor, other than an independent contractor, and the work se contracted to be done is a part or process in the trade or business of the employer, then the employer is liable to pay all benefits under this chapter to the same extent as if the work were done without the intervention of the contractor, and the work se contracted to be done shall may not be construed to be casual employment. Where When an employer contracts work to be done as specified in this subsection, the contractor and the contractor's employees shall come under that plan of compensation adopted by the employer.
- (3) Where When an employer contracts any work to be done, wholly or in part for the employer, by an independent contractor, where when the work so contracted to be done is casual employment as to such the employer, then the contractor shall become is the employer for the purposes of this chapter.
- (4) (A) AN EMPLOYER IS NOT LIABLE FOR INJURIES INCURRED BY ANYONE WORKING FOR AN INDEPENDENT CONTRACTOR IF THE EMPLOYER, AT THE TIME THAT A CONTRACT IS EXECUTED WITH AN INDEPENDENT CONTRACTOR, VERIFIES IN A NOTARIZED WRITING SIGNED BY BOTH THE EMPLOYER AND THE CONTRACTOR THAT:
- (I) THE CONTRACTOR HAS PROVIDED TO THE EMPLOYER A COPY OF THE CURRENT INDEPENDENT CONTRACTOR EXEMPTION ISSUED BY THE DEPARTMENT PURSUANT TO 39-71-401(3)



1	FOR THE TYPE OF WORK THAT THE CONTRACTOR WILL BE DOING FOR THE EMPLOYER; AND
2	(II) THE CONTRACTOR:
3	(A) HAS STATED, UNDER PENALTY OF PERJURY, THAT THE CONTRACTOR WILL PERSONALLY
4	PERFORM ALL OF THE WORK REQUIRED OF THE CONTRACTOR BY THE CONTRACT WITHOUT HIRING
5	ANY EMPLOYEE, ASSISTANT, OR SUBCONTRACTOR WHO IS NOT COVERED BY WORKERS'
6	COMPENSATION INSURANCE; OR
7	(B) HAS PROVIDED TO THE EMPLOYER A CERTIFICATE OF CURRENT WORKERS'
8	COMPENSATION INSURANCE COVERAGE FOR THE CONTRACTOR'S EMPLOYEES.
9	(B) A PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION IN CONNECTION
0	WITH THE WRITTEN STATEMENT PROVIDED FOR IN SUBSECTION (4)(A) IS SUBJECT TO A CIVIL
1	PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT
2	OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE
13	LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.
4	(5) IF A DISPUTE ARISES CONCERNING WHETHER AN EMPLOYER IS ENTITLED TO THE DEFENSE
15	PROVIDED IN SUBSECTION (4), THE EMPLOYER HAS THE BURDEN OF PROVING COMPLIANCE WITH THE
16	PROVISIONS OF SUBSECTION (4)."
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18	Section 8. Section 39-71-432, MCA, is amended to read:
19	"39-71-432. Definitions. As used in 39-71-433, the following definitions apply:
20	(1) "Business entity" means a business enterprise owned by a single person, corporation,
21	organization, business trust, trust, partnership, limited liability company, joint venture, association, or other
22	business entity.
23	(2) "Group" means two or more business entities that join together with the approval of the
24	department to purchase individual workers' compensation insurance policies covering each business entity
25	that is part of a group."
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27	Section 9. Section 39-71-433, MCA, is amended to read:
28	"39-71-433. Group purchase of workers' compensation insurance. (1) On receiving approval of
29	the department, two or more business entities may join together to form a group to purchase individual
30	workers' compensation insurance policies covering each member of the group.



1	(2) To be eligible to join a new group that is forming, the department shall determine that a
2	business entity is engaged in a business pursuit that is the same as or similar to the business pursuits of
3	the other entities participating in the group.
4	(3) The department shall establish a certification program for groups organized under this section
5	and shall issue to eligible business entities certificates of approval that authorize formation and maintenance
6	of a group.
7	(4) The department by rule shall adopt forms, criteria, and procedures for the issuance of
8	certificates of approval to groups under this section.
9	(5) A group certified under this section may add additional members without approval from the
10	department if the additional members meet the specific criteria identified in the original application and any
11	modifications to the criteria, as approved by the department.
12	(5)(6) A group certified under this section may purchase individual workers' compensation
13	insurance policies covering each member of the group from any insurer authorized to write workers'
14	compensation insurance in this state, except that the state fund, as defined in 39-71-2312, has the right
15	to refuse coverage of a group and its plan of operation but cannot refuse coverage to an individual
16	employer. Under an individual policy, the group is entitled to a premium or volume discount that would be

(6)(7) A group shall apportion any discount or policyholder dividend received on workers' compensation insurance coverage among the members of the group according to a formula adopted in the plan of operation for the group.

(7)(8) A group shall adopt a plan of operation that must include the composition and selection of a governing board, the methods for administering the group, the eligibility requirements to join the group, and guidelines for the workers' compensation insurance coverage obtained by the group, including the payment of premiums, the distribution of discounts, and the method for providing risk management. A group shall file a copy of its plan of operation with the department."

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Section 10. Section 39-71-503, MCA, is amended to read:

applicable to a policy of the combined premium amount of the individual policies.

"39-71-503. Administration of fund -- appropriation. (1) The department shall administer the fund and shall pay all proper benefits to injured employees of uninsured employers.

(2) Surpluses and reserves may not be kept for the fund. The department shall make such



payments as that it considers appropriate as funds become available from time to time. The payment of
weekly disability benefits takes preference over the payment of medical benefits. No lump sum Lump-sum
payments of future projected benefits, including impairment awards, may not be made from the fund. The
board of investments shall invest the money of the fund, and the investment income must be deposited in
the fund. The cost of administration of the fund must be paid out of the money in the fund.

(3) The amounts necessary for the payment of benefits from this fund are statutorily appropriated, as provided in 17-7-502, from this fund."

Section 11. Section 39-71-504, MCA, is amended to read:

"39-71-504. Funding of fund -- option for agreement between department and injured employee.

The fund is funded in the following manner:

- (1) The department may require that the uninsured employer pay to the fund a penalty of either up to double the premium amount the employer would have paid on the payroll of the employer's workers in this state if the employer had been enrolled with compensation plan No. 3 or \$200, whichever is greater. In determining the premium amount for the calculation of the penalty under this subsection, the department shall make an assessment on how much premium would have been paid on the employer's past 3-year payroll for periods within the 3 years when the employer was uninsured. An assessment for payroll paid by the uninsured employer for any time prior to July 1, 1977, may not be made.
- (2) (a) The fund shall receive from an uninsured employer an amount equal to all benefits paid or to be paid from the fund to an injured employee of the uninsured employer. However, the uninsured employer's liability under this subsection (2)(a) may not exceed \$50,000.
- (b) The dellar limitation does not apply to an uninsured employer's liability to an injured employee or the employee's beneficiaries under 39 71 509 or 39 71 515.
- (3) The department may determine that the \$1,000 assessments that are charged against an insurer in each case of an industrial death under 39-71-902(1) shall must be paid to the uninsured employers' fund rather than the subsequent injury fund.
- (4) The department may enter into an agreement with the injured employee or the employee's beneficiaries to assign to the employee or the beneficiaries all or part of the funds received by the department from the uninsured employer pursuant to subsection (2)(a) (2)."



1	Section 12.	Section 39-71-507	MCA is	amended :	to read:
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"39-71-507. Department to order uninsured employer to cease operations -- noncompliance with order a misdemeanor -- coordination of remedies. (1) When the department discovers an uninsured employer, it shall order him the employer to cease operations until he the employer has elected to be bound by a compensation plan.

(2) When the department discovers a person, business, or other entity functioning as a prime contractor that has subcontracted for the services of an uninsured employer, it may order the person, business, or other entity functioning as a prime contractor to eease CAUSE all operations PERFORMED BY THE UNINSURED EMPLOYER TO CEASE AT WORKSITES CONTROLLED BY THE PRIME CONTRACTOR until the uninsured employer has elected to be bound by a compensation plan. IF AFTER 3 BUSINESS DAYS FOLLOWING THE ORDER BY THE DEPARTMENT THE PERSON, BUSINESS, OR OTHER ENTITY FUNCTIONING AS A PRIME CONTRACTOR HAS NOT COMPLIED WITH THE ORDER, THE DEPARTMENT MAY ORDER THE PRIME CONTRACTOR TO CEASE ALL OPERATIONS AT THE AFFECTED WORKSITES.

(2)(3) An employer who does not comply with the department's order to cease operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action.

(4) A person, business, or other entity functioning as a prime contractor that does not comply with the department's order to cease all operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action. In addition, the department may assess a penalty against the person, business, or other entity functioning as a prime contractor of not more than \$1,000 per day for each day of violation.

(3)(5) The department may institute and maintain in the name of the state, through the attorney general or the county attorney of the county in which the violation occurs, an action for an injunction order or other civil remedy in district court to enforce its order to cease operations.

(4)(6) The remedies provided in 39-71-506 and subsections (2) and (3) through (5) of this section are not mutually exclusive and may be pursued concurrently."



Section 13. Section 39-71-516, MCA, is amended to read:

"39-71-516. District court venue and jurisdiction for independent cause of action. An injured employee or an employee's beneficiaries pursuing an independent cause of action pursuant to 39-71-515 must shall bring such the action in the district court in the district where the claimant resides or where the alleged violation occurred. The court may grant such interim relief as that it considers appropriate, including but not limited to injunctive relief, attachment, or receivership. The court may request the workers' compensation judge to determine the amount of recoverable damages due to the employee."

Section 14. Section 39-71-710, MCA, is amended to read:

"39-71-710. Termination of benefits upon retirement. (1) If a claimant is receiving disability or rehabilitation compensation benefits and the claimant receives social security retirement benefits or is eligible to receive full social security retirement benefits, the claimant is considered to be retired. When the claimant is considered retired, the liability of the insurer is ended for payment of wage supplement, permanent total disability, and rehabilitation compensation benefits. However, the insurer remains liable for temporary total disability benefits, any impairment award, and medical benefits.

(2) If a claimant who is eligible to receive social security retirement benefits and is gainfully employed suffers a work-related injury, the insurer retains liability for temporary total disability benefits, any impairment award, and medical benefits."

Section 15. Section 39-71-721, MCA, is amended to read:

"39-71-721. Compensation for injury causing death -- limitation. (1) (a) If an injured employee dies and the injury was the proximate cause of such death, then the beneficiary of the deceased is entitled to the same compensation as though the death occurred immediately following the injury. A beneficiary's eligibility for benefits commences after the date of death, and the benefit level is established as set forth in subsection (2).

- (b) The insurer is entitled to recover any overpayments or compensation paid in a lump sum to a worker prior to death but not yet recouped. The insurer shall recover such the payments from the beneficiary's biweekly payments as provided in 39-71-741(5).
- (2) To beneficiaries as defined in 39-71-116(3)(a)(4)(a) through (3)(d) (4)(d), weekly compensation benefits for an injury causing death are 66 2/3% of the decedent's wages. The maximum weekly



- compensation benefit may not exceed the state's average weekly wage at the time of injury. The minimum weekly compensation 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.
- (3) To beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), weekly benefits must be paid to the extent of the dependency at the time of the injury, subject 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 at the time of injury.
- (4) If the decedent leaves no beneficiary as defined in 39-71-116, a lump-sum payment of \$3,000 must be paid to the decedent's surviving parent or parents.
- (5) If any beneficiary of a deceased employee dies, the right of such the beneficiary to compensation under this chapter ceases. Death benefits must be paid to a surviving spouse for 500 weeks subsequent to the date of the deceased employee's death or until the spouse's remarriage, whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in 39-71-116(3)(b) (4)(b) through (3)(d) (4)(d).
 - (6) In all cases, benefits must be paid to beneficiaries, as defined in 39-71-116.
 - (7) Benefits paid under this section may not be adjusted for cost of living as provided in 39-71-702.
- (8) Notwithstanding subsections (2) and (3), beginning July 1, 1987, through June 30, 1991, the maximum weekly compensation benefits for injury causing death may not exceed the state's average weekly wage of \$299 established July 1, 1986. Beginning July 1, 1987, through June 30, 1991, the minimum weekly compensation for injury causing death shall be \$149.50, which is 50% of the state's average weekly wage established July 1, 1986, but in no event may it exceed the decedent's actual wages at the time of death."

Section 16. Section 39-71-723, MCA, is amended to read:

"39-71-723. How compensation to be divided among beneficiaries. Compensation due to beneficiaries shall must be paid to the surviving spouse, if any, or if none, then divided equally among or for the benefit of the children. In cases where in which beneficiaries are a surviving spouse and stepchildren of such the spouse, the compensation shall must be divided equally among all beneficiaries. Compensation due to beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), where when there is more than one, shall must be divided equitably among them, and the question of dependency and amount thereof shall



be is a question of fact for determination by the department."

Section 17. Section 39-71-737, MCA, is amended to read:

"39-71-737. Compensation to run consecutively -- exceptions. Compensation shall must run consecutively and not concurrently, and payment shall may not be made for two classes of disability over the same period, except that impairment awards and auxiliary rehabilitation benefits may be paid concurrently with other classes of benefits, and wage supplement and partial rehabilitation benefits may be paid concurrently."

Section 18. Section 39-71-902, MCA, is amended to read:

"39-71-902. Fund to receive payment from insurer for each death under chapter -- assessment of insurers. (1) In every each case of the death of an employee under this chapter, the insurer shall pay to the fund the sum of \$1,000. In addition, the department may assess every each insurer an amount not to exceed 5% of the compensation paid in Montana in the preceding fiscal year. The assessment must be transmitted annually to the subsequent injury fund by the employer or insurer. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of money in the fund.

(2) When, in the judgment of the department, the amount of money in the subsequent injury fund is such that there is a surplus above and beyond projected liabilities and administrative costs, the department may at its discretion suspend or reduce further collection of assessments for a period of time determined by the department."

Section 19. Section 39-71-1108, MCA, is amended to read:

"39-71-1108. Physician self-referral prohibition. (1) Unless authorized by the insurer, a treating physician may not refer a claimant to a health care facility at which the physician does not directly provide care or services when the physician has an investment interest in the facility, unless there is a demonstrated need in the community for the facility and alternative financing is not available. The insurer or the claimant is not liable for charges incurred in violation of this section.

(2) Subsection (1) does not apply to care or services provided directly to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the



department."

Section 20: Section 39-71-2103, MCA, is amended to read:

"39-71-2103. Employer permitted to carry on business and settle directly with employee -individual liability. (1) If such the employer making such the election shall be is found by the department
and the Montana self-insurers guaranty fund to have the requisite financial ability to pay the compensation
and benefits in this chapter provided for, then the department, with the concurrence of the guaranty fund,
shall grant to the employer permission to carry on his business for the fiscal year within which such the
election is made and such proof filed, or the remaining portion of such the fiscal year, and to make such
payments directly to his the employees as they may become entitled to receive the same payments.

(2) Each individual employer in an association, corporation, <u>limited liability company</u>, or organization of employers given permission by the department to operate as self-insured under plan No. 1 of this chapter is jointly and severally liable for all obligations incurred by the association, corporation, <u>limited liability company</u>, or organization under this chapter. An association, corporation, <u>limited liability company</u>, or organization of employers given permission to operate as self-insured <u>must shall</u> maintain excess liability coverage in amounts and under <u>such</u> conditions as provided by rules of the department."

Section 21. Section 39-71-2411, MCA, is amended to read:

"39-71-2411. Mediation procedure. (1) Except as otherwise provided, a claimant or an insurer having a dispute relating to benefits under chapter 71 or 72 of this title may petition the department for mediation of the dispute.

- (2) A party may take part in mediation proceedings with or without representation.
- (3) The mediator shall review the department file for the case and may receive any additional documentation or argument either party submits.
- (4) The mediator shall request that each party offer argument summarizing the party's position. A party's argument must fully present the party's case. The argument is not limited by the rules of evidence.
- (5) After the parties have presented all their information and argument to the mediator, he the mediator shall recommend a solution to the parties within a reasonable time to be established by rule.
 - (6) A party shall notify the mediator within 45 20 25 days of the mailing of his the mediator's



- report whether the party accepts the mediator's recommendation. If either party does not accept the mediator's recommendation, the party may petition the workers' compensation court for resolution of the dispute.
- (7) (a) If a mediator determines that either party failed to cooperate in the mediation process, the mediator shall prepare a written report setting forth the determination and the grounds for the determination. The report must be mailed to the parties and to the workers' compensation court. Unless a party disputes the determination as set forth in subsection (7)(c), the parties shall repeat the mediation process, but only one time.
- (b) A mediator may determine that a party has failed to cooperate in the mediation process only if the party failed to:
- (i) supply information or offer a summary of the party's position as reasonably requested by the mediator;
 - (ii) attend scheduled mediation conferences unless excused by the mediator; or
 - (iii) listen to and review the information and position offered by the opposing party.
- (c) If a party disputes a mediator's determination that the party failed to cooperate in the mediation process, the party may file a petition with the workers' compensation court. Upon receipt of a petition, the court shall summon the parties and the mediator to determine by oral discussion whether the mediator's determination of noncooperation is supportable. If the court finds that the mediator's determination is supportable, the court may order the parties to attempt a second time to mediate their dispute."

Section 22. Section 39-71-2905, MCA, is amended to read:

"39-71-2905. Petition to workers' compensation judge. A claimant or an insurer who has a dispute concerning any benefits under chapter 71 of this title may petition the workers' compensation judge for a determination of the dispute after satisfying dispute resolution requirements otherwise provided in this chapter. In addition, the district court that has jurisdiction over a pending action under 39-71-515 may request the workers' compensation judge to determine the amount of recoverable damages due to the employee. The judge, after a hearing, shall make a determination of the dispute in accordance with the law as set forth in chapter 71 of this title. If the dispute relates to benefits due to a claimant under chapter 71, the judge shall fix and determine any benefits to be paid and specify the manner of payment. After parties have satisfied dispute resolution requirements provided elsewhere in this chapter, the workers'



compensation judge has exclusive jurisdiction to make determinations concerning disputes under chapter 71, except as provided in 39-71-317 and 39-71-516. The penalties and assessments allowed against an insurer under chapter 71 are the exclusive penalties and assessments that can be assessed by the workers' compensation judge against an insurer for disputes arising under chapter 71."

Section 23. Section 39-72-601, MCA, is amended to read:

"39-72-601. Medical panel. (1) The department shall develop a list of physicians to serve on the occupational disease medical panel. The list may include physicians nominated by the board of medical examiners. A physician on the panel must be certified by his the physician's specialty board or be eligible for certification in the specialty area appropriate to the claimant's condition in relation to this chapter.

(2) The department shall select a panel physician to examine a claimant, as required. The department shall appoint, as required, ene member of the panel to be the chairman a physician as the presiding officer."

Section 24. Section 39-72-602, MCA, is amended to read:

"39-72-602. Insurer may accept liability -- procedure for medical examination when insurer has not accepted liability. (1) An insurer may accept liability for a claim under this chapter based on information submitted to it by a claimant.

- (2) In order to determine the compensability of claims under this chapter when an insurer has not accepted liability, the following procedure must be followed:
- (a) The department shall direct the claimant to a member of the medical panel for an examination. The panel member shall conduct an examination to determine whether the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department.
- (b) Either the claimant or the insurer may, within 20 days after the receipt of the report by the first panel member, request that the claimant be examined by a second panel member. If a second examination is requested, the department shall direct the claimant to a second panel member who shall conduct an examination to determine whether he believes the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department. When a second examination has been requested, the reports of the examinations shall be



may, in order to assist the panel member or the panel in reaching reach a conclusion, consult with the claimant's attending physician. The reports from the two examining physicians must be sent by the department to the presiding officer of the panel. The three panel members presiding officer shall issue a report concerning the claimant's physical condition and whether the claimant is suffering from an occupational disease.

(c) (i) If a second examination is not requested, the department shall issue its order determining whether the claimant is entitled to occupational disease benefits based on the report of the first examining physician.

(iii) If a second examination is requested, the department shall issue its order based on the report of the three members of the medical panel presiding officer.

(d) For the purpose of reviewing the reports of the examinations and issuing the report under subsection (2)(b), the three members of the medical panel shall be the two members of the panel who examined the claimant and the panel chairman. If the panel chairman presiding officer has examined the claimant, the panel chairman department shall appoint another member of the medical panel to be the third member presiding officer."

Section 25. Section 39-72-612, MCA, is amended to read:

"39-72-612. Hearing and appeal to workers' compensation judge. (1) Within 20 days after the department has issued its order of determination as to whether the claimant is entitled to benefits under this chapter, a party may request a hearing. In order to perfect an appeal to the workers' compensation judge, the appealing party shall request a hearing before the department. The department shall grant a hearing, and the which may be conducted by telephone or by videoconference. The department's final determination may not be issued until after the hearing.

- (2) Appeals from a final determination of the department must be made to the workers' compensation judge within 30 days after the department has issued its final determination. The judge, after a hearing held pursuant to 39-71-2903 and 39-71-2904, shall make a final determination concerning the claimant's claim. The judge may overrule the department only on the basis that the department's determination is:
 - (a) in violation of constitutional or statutory provisions;



2	(c) made upon unlawful procedure;
3	(d) affected by other error of law;
4	(e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole
5	record; or
6	(f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise
7	of discretion."
8	
9	NEW SECTION. Section 26. Saving clause. [This act] does not affect rights and duties that
10	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
11	act].
12	
13	NEW SECTION. Section 27. Severability. If a part of [this act] is invalid, all valid parts that are
14	severable from the invalid part remain in effect. If a part of [this act] is invalid in one or more of its
15	applications, the part remains in effect in all valid applications that are severable from the invalid
16	applications.
17	
18	NEW SECTION. Section 28. Applicability. (1) [Section 10] applies retroactively, within the
19	meaning of 1-2-109, to all occurrences beginning after October 1, 1977.
20	(2) [Section 18] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning
21	after October 1, 1973.
22	(3) [Sections 5 and 25] apply to hearings or appeals requested on or after [the effective date of
23	this act].
24	
25	NEW SECTION. Section 29. Effective dates. (1) [Sections 5, 13, 22, and 25 through 28 and this
26	section] are effective on passage and approval.
27	(2) [Sections 1 through 4, 6 through 12, 14 through 21, 23, and 24] are effective October 1,
28	1995.
29	-END-

(b) in excess of the statutory authority of the agency;



SENATE STANDING COMMITTEE REPORT

Page 1 of 2 March 10, 1995

MR. PRESIDENT:

We, your committee on Labor and Employment Relations having had under consideration HB 200 (third reading copy -- blue), respectfully report that HB 200 be amended as follows and as so amended be concurred in.

Signed: Senator Thomas F. Keating, Chair

That such amendments read:

1. Title, lines 11 and 12.

Following: "COMPANIES;" on line 11

Strike: remainder of line 11 through "OUT;" on line 12

2. Title, line 25. Strike: "39-71-405,"

3. Page 11, line 12.
Following: "conduct"
Insert: "-- exception"

4. Page 11, line 14.

Following: "(2)"

Strike: "A"

5. Page 13, lines 15 through 17.

Following: "department" on line 15

Insert: "and must be accompanied by a \$25 application fee. The application fee must be deposited in the administration fund established in 39-71-201 to offset the costs of administering the program"

Following: "."

Strike: remainder of line 15 through "contractor." on line 17

6. Page 13, lines 20 through 23.

Following: "(d)" on line 20

Strike: remainder of line 20 through "status." on line 23
Insert: "The exemption, if approved, remains in effect for 1 year following the date of the department's approval. To maintain the independent contractor status, an independent contractor shall annually submit a renewal application. A

renewal application must be submitted for all independent contractor exemptions approved as of October 1, 1995, or thereafter. The renewal application and the \$25 renewal

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application fee must be received by the department at least 30 days prior to the anniversary date of the previously approved exemption."

7. Page 15, line 6 through page 16, line 16.

Strike: section 7 in its entirety

Renumber: subsequent sections

8. Page 27, line 18.

Strike: "10" Insert: "9"

9. Page 27, line 20.

Strike: "18" Insert: "17"

10. Page 27, line 22.

Strike: "25" Insert: "24"

11. Page 27, line 25.

Strike: "13, 22, and 25 through 28" Insert: "12, 21, and 24 through 27"

12. Page 27, line 27.

Strike: "12, 14 through 21, 23, and 24" Insert: "11, 13 through 20, 22, and 23"

-END-

1	HOUSE BILL NO. 200
2	INTRODUCED BY BERGMAN, HIBBARD, BENEDICT, BARTLETT, COCCHIARELLA
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE WORKERS' COMPENSATION ACT
6	AND THE OCCUPATIONAL DISEASE ACT OF MONTANA; ADDING DEFINITIONS; EXEMPTING
7	CORPORATE OFFICERS AND MANAGERS OF LIMITED LIABILITY COMPANIES FROM COVERAGE UNLESS
8	THE EMPLOYER ELECTS TO COVER THE OFFICER OR MANAGER AND THE INSURER ALLOWS THE
9	ELECTION: CLARIFYING PROHIBITIONS REGARDING MEDICAL PROVIDER SELF-REFERRAL; AUTHORIZING
10	THE DEPARTMENT OF LABOR AND INDUSTRY TO CONDUCT HEARINGS AND APPEALS BY TELEPHONE
11	OR VIDEOCONFERENCE; CLARIFYING THE STATUS OF LIMITED LIABILITY COMPANIES; CLARIFYING THE
12	LIABILITY OF AN EMPLOYER WHO CONTRACTS WORK OUT; CLARIFYING THE DEPARTMENT'S
13	RESPONSIBILITY IN APPROVING THE GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE
14	REQUIRING THE INVESTMENT INCOME OF THE UNINSURED EMPLOYERS' FUND TO BE DEPOSITED IN
15	THE FUND; REMOVING THE LIMIT ON AN UNINSURED EMPLOYER'S LIABILITY FOR CLAIMS; INCREASING
16	THE AUTHORITY TO FILE CEASE AND DESIST ORDERS TO INCLUDE PERSONS, BUSINESSES, AND
17	ENTITIES THAT HAVE CONTRACTED WITH UNINSURED EMPLOYERS AND PROVIDING FOR PENALTIES
18	PROVIDING A DISTRICT COURT WITH THE OPTION TO REQUEST THE WORKERS' COMPENSATION
19	JUDGE TO DETERMINE THE AMOUNT OF RECOVERABLE DAMAGES DUE TO AN INJURED UNINSURED
20	WORKER; REMOVING THE REFERENCES TO WAGE SUPPLEMENT; REQUIRING THE BOARD OF
21	INVESTMENTS TO INVEST CERTAIN MONEY IN THE SUBSEQUENT INJURY FUND AND REQUIRING THE
22	INVESTMENT INCOME TO BE DEPOSITED IN THE FUND; REDUCING THE TIME PERIOD ALLOWED FOR
23	A PARTY TO RESPOND TO A WORKERS' COMPENSATION MEDIATOR'S RECOMMENDATION; REVISING
24	THE MEDICAL PANEL PROCESS; AMENDING SECTIONS 39-71-116, 39-71-117, 39-71-118, 39-71-315
25	39-71-318, 39-71-401, 39-71-405, 39-71-432, 39-71-433, 39-71-503, 39-71-504, 39-71-507
26	39-71-516, 39-71-710, 39-71-721, 39-71-723, 39-71-737, 39-71-902, 39-71-1108, 39-71-2103
27	39-71-2411, 39-71-2905, 39-72-601, 39-72-602, AND 39-72-612, MCA; AND PROVIDING EFFECTIVE
28	DATES AND APPLICABILITY DATES."
29	

30 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:



1	Section 1. Section 39-71-116, MCA, is amended to read:
2	"39-71-116. Definitions. Unless the context otherwise requires, words and phrases employed in
3	this chapter have the following meanings:
4	(1) "Administer and pay" includes all actions by the state fund under the Workers' Compensation
5	Act and the Occupational Disease Act of Montana necessary to:
6	(a) the investigation, review, and settlement of claims;
7	(b) payment of benefits;
8	(c) setting of reserves;
9	(d) furnishing of services and facilities; and
10	(e) utilization use of actuarial, audit, accounting, vocational rehabilitation, and legal services.
11	(2) "Aid or sustenance" means any public or private subsidy made to provide a means of support,
12	maintenance, or subsistence for the recipient.
13	(2)(3) "Average weekly wage" means the mean weekly earnings of all employees under covered
14	employment, as defined and established annually by the Montana department of labor and industry. It is
15	established at the nearest whole dollar number and must be adopted by the department prior to July 1 of
16	each year.
17	(3)(4) "Beneficiary" means:
18	(a) a surviving spouse living with or legally entitled to be supported by the deceased at the time
19	of injury;
20	(b) an unmarried child under the age of 18 years;
21	(c) an unmarried child under the age of 22 years who is a full-time student in an accredited school
22	or is enrolled in an accredited apprenticeship program;
23	(d) an invalid child over the age of 18 years who is dependent upon the decedent for support at
24	the time of injury;
25	(e) a parent who is dependent upon the decedent for support at the time of the injury if a
26	beneficiary, as defined in subsections $(3)(a)$ $(4)(a)$ through $(3)(d)$ $(4)(d)$, does not exist; and
27	(f) a brother or sister under the age of 18 years if dependent upon the decedent for support at the
28	time of the injury but only until the age of 18 years and only when a beneficiary, as defined in subsections
29	(3)(a) (4)(a) through (3)(e) (4)(e), does not exist.



(4)(5) "Casual employment" means employment not in the usual course of trade, business,

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profession, or occupation of the employer.

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2 (5)(6) "Child" includes a posthumous child, a dependent stepchild, and a child legally adopted prior to the injury.

(6)(7) "Construction industry" means the major group of general contractors and operative builders, heavy construction (other than building construction) contractors, and special trade contractors, listed in major groups 15 through 17 in the 1987 Standard Industrial Classification Manual. The term does not include office workers, design professionals, salespersons, estimators, or any other related employment that is not directly involved on a regular basis in the provision of physical labor at a construction or renovation site.

- (7)(8) "Days" means calendar days, unless otherwise specified.
- 11 (8)(9) "Department" means the department of labor and industry.
 - (9)(10) "Disability" means a condition in which a worker's ability to engage in gainful employment is diminished as a result of physical restrictions resulting from an injury. The restrictions may be combined with factors, such as the worker's age, education, work history, and other factors that affect the worker's ability to engage in gainful employment. Disability does not mean a purely medical condition.
 - (10)(11) "Fiscal year" means the period of time between July 1 and the succeeding June 30.
 - (12) "Household or domestic employment" means employment of persons other than members of the household for the purpose of tending to the aid and comfort of the employer or members of the employer's family, including but not limited to housecleaning and yard work, but does not include employment beyond the scope of normal household or domestic duties, such as home health care or domiciliary care.
 - (11)(13) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, or the state fund under compensation plan No. 3.
 - (12)(14) "Invalid" means one who is physically or mentally incapacitated.
- 25 (15) "Limited liability company" is as defined in 35-8-102.
- 26 (13)(16) "Maintenance care" means treatment designed to provide the optimum state of health
 27 while minimizing recurrence of the clinical status.
 - (14)(17) "Medical stability", "maximum healing", or "maximum medical healing" means a point in the healing process when further material improvement would not be reasonably expected from primary medical treatment.



	(15)(18) "Order" means any decision, rule, direction, requirement, or standard of the department
2	or any other determination arrived at or decision made by the department.

(16)(19) "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.

(17)(20) "Payroll", "annual payroll", or "annual payroll for the preceding year" means the average annual payroll of the employer for the preceding calendar year or, if the employer has not operated a sufficient or any length of time during the calendar year, 12 times the average monthly payroll for the current year. However, an estimate may be made by the department for any employer starting in business if average payrolls are not available. This estimate must be adjusted by additional payment by the employer or refund by the department, as the case may actually be, on December 31 of the current year. An employer's payroll must be computed by calculating all wages, as defined in 39-71-123, that are paid by an employer.

(18)(21) "Permanent partial disability" means a condition, after a worker has reached maximum medical healing, in which a worker:

- (a) has a medically determined physical restriction as a result of an injury as defined in 39-71-119; and
- (b) is able to return to work in some capacity, but the physical restriction impairs the worker's ability to work.

(19)(22) "Permanent total disability" means a condition resulting from injury as defined in this chapter, after a worker reaches maximum medical healing, in which a worker does not have a reasonable prospect of physically performing regular employment. Regular employment means work on a recurring basis performed for remuneration in a trade, business, profession, or other occupation in this state. Lack of immediate job openings is not a factor to be considered in determining if a worker is permanently totally disabled.

(20)(23) The "plant of the employer" includes the place of business of a third person while the employer has access to or control over the place of business for the purpose of carrying on the employer's usual trade, business, or occupation.

(21)(24) "Primary medical services" means treatment prescribed by a treating physician, for conditions resulting from the injury, necessary for achieving medical stability.

(22)(25) "Public corporation" means the state or any county, municipal corporation, school district,



city.	city under	a commission	form of	government or	special a	charter, town	or village
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(23)(26) "Reasonably safe place to work" means that the place of employment has been made as free from danger to the life or safety of the employee as the nature of the employment will reasonably permit.

(24)(27) "Reasonably safe tools and appliances" are tools and appliances as that are adapted to and that are reasonably safe for use for the particular purpose for which they are furnished.

(25)(28) "Secondary medical services" means those medical services or appliances that are considered not medically necessary for medical stability. The services and appliances include but are not limited to spas or hot tubs, work hardening, physical restoration programs and other restoration programs designed to address disability and not impairment, or equipment offered by individuals, clinics, groups, hospitals, or rehabilitation facilities.

(29) "Sole proprietor" means the person who has the exclusive legal right or title to or ownership of a business enterprise.

(26)(30) "Temporary partial disability" means a condition resulting from an injury, as defined in 39-71-119, in which a worker, prior to maximum healing:

- (a) is temporarily unable to return to the position held at the time of injury because of a medically determined physical restriction;
 - (b) returns to work in a modified or alternative employment; and
 - (c) suffers a partial wage loss.

(27)(31) "Temporary service contractor" means any a person, firm, association, or corporation conducting business that employs individuals directly for the purpose of furnishing the services of those individuals on a part-time or temporary basis to others.

(28)(32) "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 reaches maximum medical healing.

(29)(33) "Temporary worker" means a worker whose services are furnished to another on a part-time or temporary basis to substitute for a permanent employee on leave or to meet an emergency or short-term workload.

(30)(34) "Treating physician" means a person who is primarily responsible for the treatment of a worker's compensable injury and is:



1	(a) a physician licensed by the state of Montana under Title 37, chapter 3, and has admitting
2	privileges to practice in one or more hospitals, if any, in the area where the physician is located;
3	(b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
4	(c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if
5 -	there is not a physician, as defined in subsection (30)(a) (34)(a), in the area where the physician
6	assistant-certified is located;
7	(d) an osteopath licensed by the state of Montana under Title 37, chapter 5; or
8	(e) a dentist licensed by the state of Montana under Title 37, chapter 4.
9	(31)(35) "Year", unless otherwise specified, means calendar year."
10	
11	Section 2. Section 39-71-117, MCA, is amended to read:
12	"39-71-117. Employer defined. (1) "Employer" means:
13	(a) the state and each county, city and county, city school district, and irrigation district, all other
14	districts established by law, and all public corporations and quasi-public corporations and public agencies
15	therein and every each person, every each prime contractor, and every each firm, voluntary association,
16	limited liability company, and private corporation, including any public service corporation and including an
17	independent contractor who has any person in service under any appointment or contract of hire, expressed
18	or implied, oral or written, and the legal representative of any deceased employer or the receiver or trustee
19	thereof;
20	(b) any association, corporation, limited liability company, or organization that seeks permission
21	and meets the requirements set by the department by rule for a group of individual employers to operate
22	as self-insured under plan No. 1 of this chapter; and
23	(c) any nonprofit association, limited liability company, or corporation or other entity funded in
24	whole or in part by federal, state, or local government funds that places community service participants,
25	as defined in 39-71-118(1)(f), with nonprofit organizations or associations or federal, state, or local
26	government entities.
27	(2) A temporary service contractor is the employer of a temporary worker for premium and loss

experience purposes.

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another person, association, contractor, firm, limited liability company, or corporation, other than a

(3) An employer defined in subsection (1) who utilizes uses the services of a worker furnished by

temporary service contractor, is presumed to be the employer for workers' compensation premium and loss
experience purposes for work performed by the worker. The presumption may be rebutted by substantial
credible evidence of the following:

- (a) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another retains control over all aspects of the work performed by the worker, both at the inception of employment and during all phases of the work; and
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another has obtained workers' compensation insurance for the worker in Montana both at the inception of employment and during all phases of the work performed.
- (4) Notwithstanding the provisions of subsection (3), an interstate or intrastate common or contract motor carrier doing business in this state who <u>utilizes</u> <u>uses</u> drivers in this state is considered the employer, is liable for workers' compensation premiums, and is subject to loss experience rating in this state unless:
- (a) the driver in this state is certified as an independent contractor as provided in 39-71-401(3); or
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation furnishing drivers in this state to a motor carrier has obtained workers' compensation insurance on the drivers in Montana both at the inception of employment and during all phases of the work performed."

Section 3. Section 39-71-118, MCA, is amended to read:

- "39-71-118. Employee, worker, and volunteer firefighter defined. (1) The terms term "employee" or "worker" means:
- (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, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, 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 employment is excluded.
- (b) any juvenile performing work under authorization of a district court judge in a 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 in this subsection, while they are on the premises of a public school or community college.
- (d) students enrolled and in attendance in programs of vocational-technical education at designated vocational-technical centers;
 - (e) an aircrew member or other person employed as a volunteer under 67-2-105;
- (f) a person, other than a juvenile as defined in subsection (1)(b), performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in this chapter, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (f):
- (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
- (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
 - (g) an inmate working in a federally certified prison industries program authorized under 53-1-301.
 - (2) The terms defined in subsection (1) do not include a person who is:
- (a) participating in recreational activity and who at the time is relieved of and is not performing prescribed duties, regardless of whether the person is using, by discount or otherwise, a pass, ticket, permit, device, or other emolument of employment; or
- (b) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities.



(3)	The term	"volunteer	firefighter"	means	a firefighte <mark>r</mark>	who is	an	enrolled	and	active	member	of
a fire comp	any organia	zed and fur	nded by a d	county, a	rural fire o	listrict.	or a	fire serv	zice i	area.		

- (4) (a) If the employer is a partnership, er sole proprietorship proprietor, or a member-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership, er the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, er proprietorship, or limited liability company business.
- (b) In the event of an election, the employer must serve upon the employer's insurer written notice naming the partners, or sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, or sole proprietor, or member is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of weekly wage for weekly compensation benefits, the electing employer may elect not less than \$900 a month and not more than 1½ times the average weekly wage, as defined in this chapter.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect not



ı	less than \$200 a week and not more than 172 times the average weekly wage, as defined in this chapter.
2	(5)(6) The trustees of a rural fire district, a county governing body providing rural fire protection,
3	or the county commissioners or trustees for a fire service area may elect to include as an employee within
4	the provisions of this chapter any volunteer firefighter. A volunteer firefighter who receives workers'
5	compensation coverage under this section may not receive disability benefits under Title 19, chapter 17.
6	(6)(7) An employee or worker in this state whose services are furnished by a person, association,
7	contractor, firm, limited liability company, or corporation, other than a temporary service contractor, to an
8	employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer.
9	This presumption may be rebutted as provided in 39-71-117(3).
10	(7)(8) For purposes of this section, an "employee or worker in this state" means:
11	(a) a resident of Montana who is employed by an employer and whose employment duties are
12	primarily carried out or controlled within this state;
13	(b) a nonresident of Montana whose principal employment duties are conducted within this state
14	on a regular basis for an employer;
15	(c) a nonresident employee of an employer from another state engaged in the construction industry,
16	as defined in 39-71-116, within this state; or
17	(d) a nonresident of Montana who does not meet the requirements of subsection (7)(b) (8)(b) and
18	whose employer elects coverage with an insurer that allows an election for an employer whose:
19	(i) nonresident employees are hired in Montana;
20	(ii) nonresident employees' wages are paid in Montana;
21	(iii) nonresident employees are supervised in Montana; and
22	(iv) business records are maintained in Montana.
23	(8)(9) An insurer may require coverage for all nonresident employees of a Montana employer who
24	do not meet the requirements of subsection $\frac{(7)(b)}{(8)(b)}$ or $\frac{(7)(d)}{(8)(d)}$ as a condition of approving the
25	election under subsection (7)(d) <u>(8)(d)</u> ."
26	
27	Section 4. Section 39-71-315, MCA, is amended to read:
28	"39-71-315. Prohibited actions penalty. (1) The following actions by a medical provider
29	constitute violations and are subject to the penalty in subsection (2):
30	(a) failing to document, under oath, the provision of the services or treatment for which



compensation (s claimed	under	chapter	72	or	this	chapter:	or
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- (b) referring a worker for treatment or diagnosis of an injury or illness that is compensable under chapter 72 or this chapter to a facility owned wholly or in part by the provider, unless the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist.
- (2) A person who violates this section may be assessed a penalty of not less than \$200 or more than \$500 for each offense. The department shall assess and collect the penalty.
- (3) Subsection (1)(b) does not apply to medical services provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

- Section 5. Section 39-71-318, MCA, is amended to read:
- "39-71-318. Hearings -- rules of evidence -- conduct -- EXCEPTION. (1) The statutory and common
 law common-law rules of evidence do not apply to a hearing before the department under this chapter.
 - (2) A EXCEPT FOR A HEARING BEFORE THE WORKERS' COMPENSATION COURT, A hearing under this chapter may be conducted by telephone or by videoconference."

- Section 6. Section 39-71-401, MCA, is amended to read:
- "39-71-401. Employments covered and employments exempted. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers, as defined in 39-71-117, and to all employees, as defined in 39-71-118. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.
- (2) Unless the employer elects coverage for these employments under this chapter and an insurer allows such an election, the Workers' Compensation Act does not apply to any of the following employments:
 - (a) household and domestic employment;
- (b) casual employment as defined in 39-71-116;
 - (c) employment of a dependent member of an employer's family for whom an exemption may be



1	claimed by the employer under the federal Internal Revenue Code;
2	(d) employment of sole proprietors, or working members of a partnership, or working members of
3	a member-managed limited liability company, except as provided in subsection (3);
4	(e) employment of a broker or salesman performing under a license issued by the board of realty
5	regulation;
6	(f) employment of a direct seller engaged in the sale of consumer products, primarily in the
7	customer's home;
8	(g) employment for which a rule of liability for injury, occupational disease, or death is provided
9	under the laws of the United States;
10	(h) employment of any \underline{a} person performing services in return for aid or sustenance only, except
11	employment of a volunteer under 67-2-105;
12	(i) employment with any \underline{a} railroad engaged in interstate commerce, except that railroad
13	construction work is included in and subject to the provisions of this chapter;
14	(j) employment as an official, including a timer, referee, or judge, at a school amateur athletic
15	event, unless the person is otherwise employed by a school district;
16	(k) any employment of a person performing services as a newspaper carrier or free-lance
17	correspondent if the person performing the services or a parent or guardian of the person performing the
18	services in the case of a minor has acknowledged in writing that the person performing the services and
19	the services are not covered. As used in this subsection, "free-lance correspondent" is a person who
20	submits articles or photographs for publication and is paid by the article or by the photograph. As used in
21	this subsection, "newspaper carrier":
22	(i) is a person who provides a newspaper with the service of delivering newspapers singly or in
23	bundles; but
24	(ii) does not include an employee of the paper who, incidentally to the employee's main duties
25	carries or delivers paners



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business, corporation, or other entity that is at least 51% owned by an enrolled tribal member or members,

(m) a person who is employed by an enrolled tribal member who operates or an association,

(n) an officer of a quasi-public or a private corporation or manager of a manager-managed limited

(I) cosmetologist's services and barber's services as defined in 39-51-204(1)(I);

whose business is conducted solely within the exterior boundaries of an Indian reservation;

1	liability company	who qualifies	un <u>der o</u> ne o	r more of the	following provisions:

- (i) the officer or manager is engaged in the ordinary duties of a worker for the corporation or the limited liability company and does not receive any pay from the corporation or the limited liability company for performance of the duties;
- (ii) the officer or manager is engaged primarily in household employment for the corporation or the limited liability company;
- (iii) the officer or manager owns 20% or more of the number of shares of stock in the corporation or owns 20% or more of the limited liability company; or
- (iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother, or sister of a corporate officer who owns 20% or more of the number of shares of stock in the corporation or who owns 20% or more of the limited liability company.
- (3) (a) A sole proprietor, or a working member of a partnership, or a working member of a member-managed limited liability company who represents to the public that the person is an independent contractor shall elect to be bound personally and individually by the provisions of compensation plan No.
- 1, 2, or 3 but may apply to the department for an exemption from the Workers' Compensation Act.
- (b) The application must be made in accordance with the rules adopted by the department <u>AND</u> MUST BE ACCOMPANIED BY A \$25 APPLICATION FEE. THE APPLICATION FEE MUST BE DEPOSITED INTHE ADMINISTRATION FUND ESTABLISHED IN 39-71-201 TO OFFSET THE COSTS OF ADMINISTERING THE PROGRAM. The department may deny the application only if it determines that the applicant is not an independent contractor.
 - (c) When an application is approved by the department, it is conclusive as to the status of an independent contractor and precludes the applicant from obtaining benefits under this chapter.
 - (d) When an election of an exemption is approved by the department, the election remains effective and the independent contractor retains the status as an independent contractor until the independent contractor notifies the department of any change in status and provides a description of present work status. THE EXEMPTION, IF APPROVED, REMAINS IN EFFECT FOR 1 YEAR FOLLOWING THE DATE OF THE DEPARTMENT'S APPROVAL. TO MAINTAIN THE INDEPENDENT CONTRACTOR STATUS, AN INDEPENDENT CONTRACTOR SHALL ANNUALLY SUBMIT A RENEWAL APPLICATION. A RENEWAL APPLICATION MUST BE SUBMITTED FOR ALL INDEPENDENT CONTRACTOR EXEMPTIONS APPROVED AS OF OCTOBER 1, 1995, OR THEREAFTER. THE RENEWAL APPLICATION AND THE \$25 RENEWAL



1	<u>APPLICATION FEE MUST BE RECEIVED BY THE DEPARTMENT AT LEAST 30 DAYS PRIOR TO TH</u>	<u>1E</u>
2	ANNIVERSARY DATE OF THE PREVIOUSLY APPROVED EXEMPTION.	

- (E) A PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION CONCERNING THAT PERSON'S STATUS AS AN EXEMPT INDEPENDENT CONTRACTOR IS SUBJECT TO A CIVIL PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.
- (e)(F) If the department denies the application for exemption, the applicant may contest the denial by petitioning for review of the decision by an appeals referee in the manner provided for in 39-51-1109. An applicant dissatisfied with the decision of the appeals referee may appeal the decision in accordance with the procedure established in 39-51-2403 and 39-51-2404.
- (4) (a) A private corporation or a manager-managed limited liability company shall provide coverage for its efficers and other employees under the provisions of compensation plan No. 1, 2, or 3. However, pursuant to rules the department promulgates and subject in all cases to approval by the department, an efficer of A quasi-public corporation, a private corporation, or a manager-managed limited liability company may elect not to be bound as an employee under this chapter coverage for its corporate officers or managers, who are otherwise exempt under subsection (2), by giving a written notice, on a form provided by the department, served in the following manner:
- (i) if the employer has elected to be bound by the provisions of compensation plan No. 1, by delivering the notice to the board of directors of the <u>corporation or to the management organization of the manager-managed limited liability company employer and to the department;</u> or
- (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 <u>corporation or to the management organization of the manager-managed limited liability company employer, to the department, and to the insurer.</u>
- (b) If the employer changes plans or insurers, the officer's employer's previous election is not effective and the officer employer shall again serve notice as provided to its insurer and to its board of directors or the management organization of the manager-managed limited liability company if the officer employer elects not to be bound.
- (c)(5) The appointment or election of an employee as an officer of a corporation, a partner in a partnership, or a member in or a manager of a limited liability company for the purpose of excluding



exempting the employee from coverage under this chapter does not entitle the officer, partner, member, or manager to elect not to be bound as an employee under this chapter. In any case, the officer shall sign the notice required by subsection (4)(a) under oath or affirmation and is subject to the penalties for false swearing under 45-7-202 if the officer falsifies the notice to exemption from coverage.

(5)(6) 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 the place of business or property for the purpose of carrying on the employer's usual trade, business, or occupation. The sign must be provided by the department, distributed through insurers or directly by the department, and posted by employers in accordance with rules adopted by the department. 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."

Section 7. Section 39 71 405, MCA, is amended to read:

PROVIDED IN SUBSECTION (4), AN employer who contracts with an independent contractor to have work performed of a kind which that is a regular or a recurrent part of the work of the trade, business, occupation, or profession of such the employer is liable for the payment of benefits under this chapter to the employees of the contractor or the subcontractor if the contractor or subcontractor has not properly complied with the coverage requirements of the Worker's Workers' Compensation Act. Any An insurer who becomes liable for payment of benefits may recover the amount of benefits paid and to be paid and necessary expenses from the contractor or subcontractor primarily liable therein.

(2) Where When an employer contracts to have any work to be done by a contractor, other than an independent contractor, and the work so contracted to be done is a part or process in the trade or business of the employer, then the employer is liable to pay all benefits under this chapter to the same extent as if the work were done without the intervention of the contractor, and the work so contracted to be done shall may not be construed to be casual employment. Where When an employer contracts work to be done as specified in this subsection, the contractor and the contractor's employees shall come under that plan of compensation adopted by the employer.



1	(3) Where When an employer contracts any work to be done, wholly or in-part for the employer,
2	by an independent contractor, where when the work so contracted to be done is casual employment as to
3	such the employer, then the contractor shall become is the employer for the purposes of this chapter.
4	(4) (A) AN EMPLOYER IS NOT LIABLE FOR INJURIES INCURRED BY ANYONE WORKING FOR AN
5	INDEPENDENT CONTRACTOR IF THE EMPLOYER, AT THE TIME THAT A CONTRACT IS EXECUTED WITH
6	AN INDEPENDENT CONTRACTOR, VERIFIES IN A NOTARIZED WRITING SIGNED BY BOTH THE EMPLOYER
7	AND THE CONTRACTOR THAT:
. 8	(I) THE CONTRACTOR HAS PROVIDED TO THE EMPLOYER A COPY OF THE CURRENT
9	INDEPENDENT CONTRACTOR EXEMPTION ISSUED BY THE DEPARTMENT PURSUANT TO 39-71-401(3)
10	FOR THE TYPE OF WORK THAT THE CONTRACTOR WILL BE DOING FOR THE EMPLOYER; AND
11	(III) THE CONTRACTOR:
12	(A) HAS STATED, UNDER PENALTY OF PERJURY, THAT THE CONTRACTOR WILL PERSONALLY
13	PERFORM ALL OF THE WORK REQUIRED OF THE CONTRACTOR BY THE CONTRACT WITHOUT HIRING
14	ANY EMPLOYEE, ASSISTANT, OR SUBCONTRACTOR WHO IS NOT COVERED BY WORKERS'
15	COMPENSATION INSURANCE; OR
16	(B) HAS PROVIDED TO THE EMPLOYER A GERTIFICATE OF CURRENT WORKERS'
17	COMPENSATION INSURANCE COVERAGE FOR THE CONTRACTOR'S EMPLOYEES.
18	(B) A PERSON WHO MAKES A FALSE-STATEMENT OR MISREPRESENTATION IN CONNECTION
19	WITH THE WRITTEN STATEMENT PROVIDED FOR IN SUBSECTION (4)(A) IS SUBJECT TO A CIVIL
20	PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT
21	OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE
22	LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.
23	(5) IF A DISPUTE ARISES CONCERNING WHETHER AN EMPLOYER IS ENTITLED TO THE DEFENSE
24	PROVIDED IN SUBSECTION (4), THE EMPLOYER HAS THE BURDEN OF PROVING COMPLIANCE WITH THE
25	PROVISIONS OF SUBSECTION (4)."
26	
27	Section 7. Section 39-71-432, MCA, is amended to read:
28	"39-71-432. Definitions. As used in 39-71-433, the following definitions apply:
29	(1) "Business entity" means a business enterprise owned by a single person, corporation,



organization, business trust, trust, partnership, limited liability company, joint venture, association, or other

1	business	entity.
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(2) "Group" means two or more business entities that join together with the approval of the department to purchase individual workers' compensation insurance policies covering each business entity that is part of a group."

- Section 8. Section 39-71-433, MCA, is amended to read:
- "39-71-433. Group purchase of workers' compensation insurance. (1) On receiving approval of the department, two or more business entities may join together to form a group to purchase individual workers' compensation insurance policies covering each member of the group.
- (2) To be eligible to join a <u>new group that is forming</u>, the department shall determine that a business entity is engaged in a business pursuit that is the same as or similar to the business pursuits of the other entities participating in the group.
- (3) The department shall establish a certification program for groups organized under this section and shall issue to eligible business entities certificates of approval that authorize formation and maintenance of a group.
- (4) The department by rule shall adopt forms, criteria, and procedures for the issuance of certificates of approval to groups under this section.
- (5) A group certified under this section may add additional members without approval from the department if the additional members meet the specific criteria identified in the original application and any modifications to the criteria, as approved by the department.
- (5)(6) A group certified under this section may purchase individual workers' compensation insurance policies covering each member of the group from any insurer authorized to write workers' compensation insurance in this state, except that the state fund, as defined in 39-71-2312, has the right to refuse coverage of a group and its plan of operation but cannot refuse coverage to an individual employer. Under an individual policy, the group is entitled to a premium or volume discount that would be applicable to a policy of the combined premium amount of the individual policies.
- (6)(7) A group shall apportion any discount or policyholder dividend received on workers' compensation insurance coverage among the members of the group according to a formula adopted in the plan of operation for the group.
 - (7)(8) A group shall adopt a plan of operation that must include the composition and selection of



a governing board, the methods for administering the group, the eligibility requirements to join the group, and guidelines for the workers' compensation insurance coverage obtained by the group, including the payment of premiums, the distribution of discounts, and the method for providing risk management. A group shall file a copy of its plan of operation with the department."

- Section 9. Section 39-71-503, MCA, is amended to read:
- "39-71-503. Administration of fund -- appropriation. (1) The department shall administer the fund and shall pay all proper benefits to injured employees of uninsured employers.
- payments as that it considers appropriate as funds become available from time to time. The payment of weekly disability benefits takes preference over the payment of medical benefits. No lump-sum payments of future projected benefits, including impairment awards, may not be made from the fund. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of the money in the fund.
- (3) The amounts necessary for the payment of benefits from this fund are statutorily appropriated, as provided in 17-7-502, from this fund."

- Section 10. Section 39-71-504, MCA, is amended to read:
- "39-71-504. Funding of fund -- option for agreement between department and injured employee.

 The fund is funded in the following manner:
- (1) The department may require that the uninsured employer pay to the fund a penalty of either up to double the premium amount the employer would have paid on the payroll of the employer's workers in this state if the employer had been enrolled with compensation plan No. 3 or \$200, whichever is greater. In determining the premium amount for the calculation of the penalty under this subsection, the department shall make an assessment on how much premium would have been paid on the employer's past 3-year payroll for periods within the 3 years when the employer was uninsured. An assessment for payroll paid by the uninsured employer for any time prior to July 1, 1977, may not be made.
- (2) (a) The fund shall receive from an uninsured employer an amount equal to all benefits paid or to be paid from the fund to an injured employee of the uninsured employer. However, the uninsured employer's liability under this subsection (2)(a) may not exceed \$50,000.



(b) The dollar limitation does not apply to an uninsured employer's liability to an injured employee
or the employee's beneficiaries under 39-71-509 or 39-71-515.
(3) The department may determine that the \$1,000 assessments that are charged against an
insurer in each case of an industrial death under 39-71-902(1) shall must be paid to the uninsured
employers' fund rather than the subsequent injury fund.
(4) The department may enter into an agreement with the injured employee or the employee's

beneficiaries to assign to the employee or the beneficiaries all or part of the funds received by the

Section 11. Section 39-71-507, MCA, is amended to read:

department from the uninsured employer pursuant to subsection (2)(a) (2)."

"39-71-507. Department to order uninsured employer to cease operations -- noncompliance with order a misdemeanor -- coordination of remedies. (1) When the department discovers an uninsured employer, it shall order him the employer to cease operations until he the employer has elected to be bound by a compensation plan.

(2) When the department discovers a person, business, or other entity functioning as a prime contractor that has subcontracted for the services of an uninsured employer, it may order the person, business, or other entity functioning as a prime contractor to eease CAUSE all operations PERFORMED BY THE UNINSURED EMPLOYER TO CEASE AT WORKSITES CONTROLLED BY THE PRIME CONTRACTOR until the uninsured employer has elected to be bound by a compensation plan. IF AFTER 3 BUSINESS DAYS FOLLOWING THE ORDER BY THE DEPARTMENT THE PERSON, BUSINESS, OR OTHER ENTITY FUNCTIONING AS A PRIME CONTRACTOR HAS NOT COMPLIED WITH THE ORDER, THE DEPARTMENT MAY ORDER THE PRIME CONTRACTOR TO CEASE ALL OPERATIONS AT THE AFFECTED WORKSITES.

(2)(3) An employer who does not comply with the department's order to cease operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action.

(4) A person, business, or other entity functioning as a prime contractor that does not comply with the department's order to cease all operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from



I	enforcing its order by a civil action. In addition, the department may assess a penalty against the pers	<u>ion</u>
2	business, or other entity functioning as a prime contractor of not more than \$1,000 per day for each	day
3	of violation.	

(3)(5) The department may institute and maintain in the name of the state, through the attorney general or the county attorney of the county in which the violation occurs, an action for an injunction order or other civil remedy in district court to enforce its order to cease operations.

(4)(6) The remedies provided in 39-71-506 and subsections (2) and (3) through (5) of this section are not mutually exclusive and may be pursued concurrently."

Section 12. Section 39-71-516, MCA, is amended to read:

"39-71-516. District court venue and jurisdiction for independent cause of action. An injured employee or an employee's beneficiaries pursuing an independent cause of action pursuant to 39-71-515 must shall bring such the action in the district court in the district where the claimant resides or where the alleged violation occurred. The court may grant such interim relief as that it considers appropriate, including but not limited to injunctive relief, attachment, or receivership. The court may request the workers' compensation judge to determine the amount of recoverable damages due to the employee."

Section 13. Section 39-71-710, MCA, is amended to read:

"39-71-710. Termination of benefits upon retirement. (1) If a claimant is receiving disability or rehabilitation compensation benefits and the claimant receives social security retirement benefits or is eligible to receive full social security retirement benefits, the claimant is considered to be retired. When the claimant is considered retired, the liability of the insurer is ended for payment of wage supplement, permanent total disability, and rehabilitation compensation benefits. However, the insurer remains liable for temporary total disability benefits, any impairment award, and medical benefits.

(2) If a claimant who is eligible to receive social security retirement benefits and is gainfully employed suffers a work-related injury, the insurer retains liability for temporary total disability benefits, any impairment award, and medical benefits."

Section 14. Section 39-71-721, MCA, is amended to read:

"39-71-721. Compensation for injury causing death -- limitation. (1) (a) If an injured employee dies



- and the injury was the proximate cause of such death, then the beneficiary of the deceased is entitled to the same compensation as though the death occurred immediately following the injury. A beneficiary's eligibility for benefits commences after the date of death, and the benefit level is established as set forth in subsection (2).
- (b) The insurer is entitled to recover any overpayments or compensation paid in a lump sum to a worker prior to death but not yet recouped. The insurer shall recover such the payments from the beneficiary's biweekly payments as provided in 39-71-741(5).
- (2) To beneficiaries as defined in 39-71-116(3)(a)(4)(a) through (3)(d) (4)(d), weekly compensation benefits for an injury causing death are 66 2/3% of the decedent's wages. The maximum weekly compensation benefit may not exceed the state's average weekly wage at the time of injury. The minimum weekly compensation 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.
- (3) To beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), weekly benefits must be paid to the extent of the dependency at the time of the injury, subject 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 at the time of injury.
- (4) If the decedent leaves no beneficiary as defined in 39-71-116, a lump-sum payment of \$3,000 must be paid to the decedent's surviving parent or parents.
- (5) If any beneficiary of a deceased employee dies, the right of such the beneficiary to compensation under this chapter ceases. Death benefits must be paid to a surviving spouse for 500 weeks subsequent to the date of the deceased employee's death or until the spouse's remarriage, whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in 39-71-116(3)(b) (4)(b) through (3)(d) (4)(d).
 - (6) In all cases, benefits must be paid to beneficiaries, as defined in 39-71-116.
 - (7) Benefits paid under this section may not be adjusted for cost of living as provided in 39-71-702.
- (8) Notwithstanding subsections (2) and (3), beginning July 1, 1987, through June 30, 1991, the maximum weekly compensation benefits for injury causing death may not exceed the state's average weekly wage of \$299 established July 1, 1986. Beginning July 1, 1987, through June 30, 1991, the minimum weekly compensation for injury causing death shall be \$149.50, which is 50% of the state's average weekly wage established July 1, 1986, but in no event may it exceed the decedent's actual wages



at the time of death."

Section 15. Section 39-71-723, MCA, is amended to read:

"39-71-723. How compensation to be divided among beneficiaries. Compensation due to beneficiaries shall must be paid to the surviving spouse, if any, or if none, then divided equally among or for the benefit of the children. In cases where in which beneficiaries are a surviving spouse and stepchildren of such the spouse, the compensation shall must be divided equally among all beneficiaries. Compensation due to beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), where when there is more than one, shall must be divided equitably among them, and the question of dependency and amount thereof shall be is a question of fact for determination by the department."

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Section 16. Section 39-71-737, MCA, is amended to read:

"39-71-737. Compensation to run consecutively -- exceptions. Compensation shall must run consecutively and not concurrently, and payment shall may not be made for two classes of disability over the same period, except that impairment awards and auxiliary rehabilitation benefits may be paid concurrently with other classes of benefits, and wage supplement and partial rehabilitation benefits may be paid concurrently."

Section 17. Section 39-71-902, MCA, is amended to read:

"39-71-902. Fund to receive payment from insurer for each death under chapter -- assessment of insurers. (1) In every each case of the death of an employee under this chapter, the insurer shall pay to the fund the sum of \$1,000. In addition, the department may assess every each insurer an amount not to exceed 5% of the compensation paid in Montana in the preceding fiscal year. The assessment must be transmitted annually to the subsequent injury fund by the employer or insurer. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of money in the fund.

(2) When, in the judgment of the department, the amount of money in the subsequent injury fund is such that there is a surplus above and beyond projected liabilities and administrative costs, the department may at its discretion suspend or reduce further collection of assessments for a period of time determined by the department."



Section 18. Section 39-71-1108, MCA, is amended to read:

"39-71-1108. Physician self-referral prohibition. (1) Unless authorized by the insurer, a treating physician may not refer a claimant to a health care facility at which the physician does not directly provide care or services when the physician has an investment interest in the facility, unless there is a demonstrated need in the community for the facility and alternative financing is not available. The insurer or the claimant is not liable for charges incurred in violation of this section.

(2) Subsection (1) does not apply to care or services provided directly to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

Section 19. Section 39-71-2103, MCA, is amended to read:

"39-71-2103. Employer permitted to carry on business and settle directly with employee -individual liability. (1) If such the employer making such the election shall be is found by the department
and the Montana self-insurers guaranty fund to have the requisite financial ability to pay the compensation
and benefits in this chapter provided for, then the department, with the concurrence of the guaranty fund,
shall grant to the employer permission to carry on his business for the fiscal year within which such the
election is made and such proof filed, or the remaining portion of such the fiscal year, and to make such
payments directly to his the employees as they may become entitled to receive the same payments.

(2) Each individual employer in an association, corporation, <u>limited liability company</u>, or organization of employers given permission by the department to operate as self-insured under plan No. 1 of this chapter is jointly and severally liable for all obligations incurred by the association, corporation, <u>limited liability company</u>, or organization under this chapter. An association, corporation, <u>limited liability company</u>, or organization of employers given permission to operate as self-insured <u>must shall</u> maintain excess liability coverage in amounts and under <u>such</u> conditions as provided by rules of the department."

Section 20. Section 39-71-2411, MCA, is amended to read:

"39-71-2411. Mediation procedure. (1) Except as otherwise provided, a claimant or an insurer having a dispute relating to benefits under chapter 71 or 72 of this title may petition the department for mediation of the dispute.

(2) A party may take part in mediation proceedings with or without representation.



((3) The	mediator	shall	review	the	department	file	for	the	case	and	may	receive	any	additiona
docume	ntation (or argume	nt eith	er part	y su	bmits.									

- (4) The mediator shall request that each party offer argument summarizing the party's position. A party's argument must fully present the party's case. The argument is not limited by the rules of evidence.
- (5) After the parties have presented all their information and argument to the mediator, he the mediator shall recommend a solution to the parties within a reasonable time to be established by rule.
- (6) A party shall notify the mediator within 45 20 25 days of the mailing of his the mediator's report whether the party accepts the mediator's recommendation. If either party does not accept the mediator's recommendation, the party may petition the workers' compensation court for resolution of the dispute.
- (7) (a) If a mediator determines that either party failed to cooperate in the mediation process, the mediator shall prepare a written report setting forth the determination and the grounds for the determination. The report must be mailed to the parties and to the workers' compensation court. Unless a party disputes the determination as set forth in subsection (7)(c), the parties shall repeat the mediation process, but only one time.
- (b) A mediator may determine that a party has failed to cooperate in the mediation process only if the party failed to:
- (i) supply information or offer a summary of the party's position as reasonably requested by the mediator;
 - (ii) attend scheduled mediation conferences unless excused by the mediator; or
 - (iii) listen to and review the information and position offered by the opposing party.
- (c) If a party disputes a mediator's determination that the party failed to cooperate in the mediation process, the party may file a petition with the workers' compensation court. Upon receipt of a petition, the court shall summon the parties and the mediator to determine by oral discussion whether the mediator's determination of noncooperation is supportable. If the court finds that the mediator's determination is supportable, the court may order the parties to attempt a second time to mediate their dispute."

Section 21. Section 39-71-2905, MCA, is amended to read:

"39-71-2905. Petition to workers' compensation judge. A claimant or an insurer who has a dispute



concerning any benefits under chapter 71 of this title may petition the workers' compensation judge for a determination of the dispute after satisfying dispute resolution requirements otherwise provided in this chapter. In addition, the district court that has jurisdiction over a pending action under 39-71-515 may request the workers' compensation judge to determine the amount of recoverable damages due to the employee. The judge, after a hearing, shall make a determination of the dispute in accordance with the law as set forth in chapter 71 of this title. If the dispute relates to benefits due to a claimant under chapter 71, the judge shall fix and determine any benefits to be paid and specify the manner of payment. After parties have satisfied dispute resolution requirements provided elsewhere in this chapter, the workers' compensation judge has exclusive jurisdiction to make determinations concerning disputes under chapter 71, except as provided in 39-71-317 and 39-71-516. The penalties and assessments allowed against an insurer under chapter 71 are the exclusive penalties and assessments that can be assessed by the workers' compensation judge against an insurer for disputes arising under chapter 71."

Section 22. Section 39-72-601, MCA, is amended to read:

"39-72-601. Medical panel. (1) The department shall develop a list of physicians to serve on the occupational disease medical panel. The list may include physicians nominated by the board of medical examiners. A physician on the panel must be certified by his the physician's specialty board or be eligible for certification in the specialty area appropriate to the claimant's condition in relation to this chapter.

(2) The department shall select a panel physician to examine a claimant, as required. The department shall appoint, as required, one member of the panel to be the chairman a physician as the presiding officer."

Section 23. Section 39-72-602, MCA, is amended to read:

"39-72-602. Insurer may accept liability -- procedure for medical examination when insurer has not accepted liability. (1) An insurer may accept liability for a claim under this chapter based on information submitted to it by a claimant.

- (2) In order to determine the compensability of claims under this chapter when an insurer has not accepted liability, the following procedure must be followed:
- (a) The department shall direct the claimant to a member of the medical panel for an examination.

 The panel member shall conduct an examination to determine whether the claimant is totally disabled and

is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department.

- (b) Either the claimant or the insurer may, within 20 days after the receipt of the report by the first panel member, request that the claimant be examined by a second panel member. If a second examination is requested, the department shall direct the claimant to a second panel member who shall conduct an examination to determine whether he believes the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department. When a second examination has been requested, the reports of the examinations shall be submitted to three members of the medical panel for review. A The medical panel member or the panel may, in order to assist the panel member or the panel in reaching reach a conclusion, consult with the claimant's attending physician. The reports from the two examining physicians must be sent by the department to the presiding officer of the panel. The three panel members presiding officer shall issue a report concerning the claimant's physical condition and whether the claimant is suffering from an occupational disease.
- (c) (i) If a second examination is not requested, the department shall issue its order determining whether the claimant is entitled to occupational disease benefits based on the report of the first examining physician.
- (ii) If a second examination is requested, the department shall issue its order based on the report of the three members of the medical panel presiding officer.
- (d) For the purpose of reviewing the reports of the examinations and issuing the report under subsection (2)(b), the three members of the medical panel shall be the two members of the panel who examined the claimant and the panel chairman. If the panel chairman presiding officer has examined the claimant, the panel chairman department shall appoint another member of the medical panel to be the third member presiding officer."

Section 24. Section 39-72-612, MCA, is amended to read:

"39-72-612. Hearing and appeal to workers' compensation judge. (1) Within 20 days after the department has issued its order of determination as to whether the claimant is entitled to benefits under this chapter, a party may request a hearing. In order to perfect an appeal to the workers' compensation judge, the appealing party shall request a hearing before the department. The department shall grant a



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1	hearing, and the which may be conducted by telephone or by videoconference.	The department's final
2	determination may not be issued until after the hearing.	

- (2) Appeals from a final determination of the department must be made to the workers' compensation judge within 30 days after the department has issued its final determination. The judge, after a hearing held pursuant to 39-71-2903 and 39-71-2904, shall make a final determination concerning the claimant's claim. The judge may overrule the department only on the basis that the department's determination is:
- 8 (a) in violation of constitutional or statutory provisions;
- 9 (b) in excess of the statutory authority of the agency;
- 10 (c) made upon unlawful procedure;
- 11 (d) affected by other error of law;
- 12 (e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion."

NEW SECTION. Section 25. Saving clause. [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this act].

NEW SECTION. Section 26. 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 27. Applicability. (1) [Section 40 9] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning after October 1, 1977.

- (2) [Section 18 17] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning after October 1, 1973.
 - (3) [Sections 5 and 25 24] apply to hearings or appeals requested on or after [the effective date



1	of this act].
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3	NEW SECTION. Section 28. Effective dates. (1) [Sections 5, 13, 22, and 25 through 28 12, 21,
4	AND 24 THROUGH 27 and this section) are effective on passage and approval.
5	(2) [Sections 1 through 4, 6 through 12, 14 through 21, 23, and 24 <u>11, 13 THROUGH 20, 22, </u>
6	AND 23] are effective October 1, 1995.
7	-END-



FREE CONFERENCE **COMMITTEE**

on House Bill 200 Report No., April 7, 1995

Page 1 of 1

Mr. Speaker and Mr. President:

We, your Free Conference Committee met and considered House Bill 200 and recommend as follows:

1. Page 13, line 16.

Strike: "AND"

Insert: ". There is no fee for the initial application. Any subsequent application"

2. Page 13, line 30. Strike: "OCTOBER" Insert: "July"

3. Page 28, lines 5 and 6.

Following: "4"

Strike: remainder of line 5 and line 6 in their entirety

Insert: "and 6 are effective July 1, 1995.

(3) [Sections 7 through 11, 13 through 20, 22, and 23] are effective October 1, 1995."

We recommend that the amendments considered above to House Bill 200 be acceded to by the senate.

And this FREE Conference Committee report be adopted.

For the House:

Ellis

Bergman

Cocchiarella

For the Senate

Benedict

Chair

Forrester

ADOPT

REJECT

801149CC.Hbk

1 HOUSE BILL NO. 200

2 INTRODUCED BY BERGMAN, HIBBARD, BENEDICT, BARTLETT, COCCHIARELLA
3 BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY

4

A BILL FOR AN ACT ENTITLED: "AN ACT GENERALLY REVISING THE WORKERS' COMPENSATION ACT 5 AND THE OCCUPATIONAL DISEASE ACT OF MONTANA; ADDING DEFINITIONS: EXEMPTING 6 7 CORPORATE OFFICERS AND MANAGERS OF LIMITED LIABILITY COMPANIES FROM COVERAGE UNLESS. THE EMPLOYER ELECTS TO COVER THE OFFICER OR MANAGER AND THE INSURER ALLOWS THE 8 9 ELECTION; CLARIFYING PROHIBITIONS REGARDING MEDICAL PROVIDER SELF-REFERRAL; AUTHORIZING 10 THE DEPARTMENT OF LABOR AND INDUSTRY TO CONDUCT HEARINGS AND APPEALS BY TELEPHONE 11 OR VIDEOCONFERENCE; CLARIFYING THE STATUS OF LIMITED LIABILITY COMPANIES; CLARIFYING THE LIABILITY OF AN EMPLOYER WHO CONTRACTS WORK OUT; CLARIFYING THE DEPARTMENT'S 12 13 RESPONSIBILITY IN APPROVING THE GROUP PURCHASE OF WORKERS' COMPENSATION INSURANCE: REQUIRING THE INVESTMENT INCOME OF THE UNINSURED EMPLOYERS' FUND TO BE DEPOSITED IN 14 THE FUND: REMOVING THE LIMIT ON AN UNINSURED EMPLOYER'S LIABILITY FOR CLAIMS: INCREASING 15 THE AUTHORITY TO FILE CEASE AND DESIST ORDERS TO INCLUDE PERSONS, BUSINESSES, AND 16 17 ENTITIES THAT HAVE CONTRACTED WITH UNINSURED EMPLOYERS AND PROVIDING FOR PENALTIES; PROVIDING A DISTRICT COURT WITH THE OPTION TO REQUEST THE WORKERS' COMPENSATION 18 JUDGE TO DETERMINE THE AMOUNT OF RECOVERABLE DAMAGES DUE TO AN INJURED UNINSURED 19 WORKER; REMOVING THE REFERENCES TO WAGE SUPPLEMENT; REQUIRING THE BOARD OF 20 INVESTMENTS TO INVEST CERTAIN MONEY IN THE SUBSEQUENT INJURY FUND AND REQUIRING THE 21 INVESTMENT INCOME TO BE DEPOSITED IN THE FUND; REDUCING THE TIME PERIOD ALLOWED FOR 22 23 A PARTY TO RESPOND TO A WORKERS' COMPENSATION MEDIATOR'S RECOMMENDATION: REVISING 24 THE MEDICAL PANEL PROCESS; AMENDING SECTIONS 39-71-116, 39-71-117, 39-71-118, 39-71-315, 25 39-71-318, 39-71-401, 39-71-405, 39-71-432, 39-71-433, 39-71-503, 39-71-504, 39-71-507, 39-71-516, 39-71-710, 39-71-721, 39-71-723, 39-71-737, 39-71-902, 39-71-1108, 39-71-2103, 26 27 39-71-2411, 39-71-2905, 39-72-601, 39-72-602, AND 39-72-612, MCA; AND PROVIDING EFFECTIVE 28 DATES AND APPLICABILITY DATES."

29 30

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:



1	Section 1. Section 39-71-116, MCA, is amended to read:
2	"39-71-116. Definitions. Unless the context otherwise requires, words and phrases employed in
3	this chapter have the following meanings:
4	(1) "Administer and pay" includes all actions by the state fund under the Workers' Compensation
5	Act and the Occupational Disease Act of Montana necessary to:
6	(a) the investigation, review, and settlement of claims;
7	(b) payment of benefits;
8	(c) setting of reserves;
9	(d) furnishing of services and facilities; and
10	(e) utilization use of actuarial, audit, accounting, vocational rehabilitation, and legal services.
11	(2) "Aid or sustenance" means any public or private subsidy made to provide a means of support,
12	maintenance, or subsistence for the recipient.
13	(2)(3) "Average weekly wage" means the mean weekly earnings of all employees under covered
14	employment, as defined and established annually by the Montana department of labor and industry. It is
15	established at the nearest whole dollar number and must be adopted by the department prior to July 1 of
16	each year.
17	(3)(4) "Beneficiary" means:
18	(a) a surviving spouse living with or legally entitled to be supported by the deceased at the time
19	of injury;
20	(b) an unmarried child under the age of 18 years;
21	(c) an unmarried child under the age of 22 years who is a full-time student in an accredited schoo
22	or is enrolled in an accredited apprenticeship program;
23	(d) an invalid child over the age of 18 years who is dependent upon the decedent for support at
24	the time of injury;
25	(e) a parent who is dependent upon the decedent for support at the time of the injury if a
26	beneficiary, as defined in subsections $(3)(a)$ $(4)(a)$ through $(3)(d)$ $(4)(d)$, does not exist; and
27	(f) a brother or sister under the age of 18 years if dependent upon the decedent for support at the
28	time of the injury but only until the age of 18 years and only when a beneficiary, as defined in subsections
29	(3)(a) <u>(4)(a)</u> through (3)(e) <u>(4)(e)</u> , does not exist.

(4)(5) "Casual employment" means employment not in the usual course of trade, business,

profession, or occupation of the employer.

(5)(6) "Child" includes a posthumous child, a dependent stepchild, and a child legally adopted prior to the injury.

(6)(7) "Construction industry" means the major group of general contractors and operative builders, heavy construction (other than building construction) contractors, and special trade contractors, listed in major groups 15 through 17 in the 1987 Standard Industrial Classification Manual. The term does not include office workers, design professionals, salespersons, estimators, or any other related employment that is not directly involved on a regular basis in the provision of physical labor at a construction or renovation site.

- (7)(8) "Days" means calendar days, unless otherwise specified.
- 11 (8)(9) "Department" means the department of labor and industry.
 - (9)(10) "Disability" means a condition in which a worker's ability to engage in gainful employment is diminished as a result of physical restrictions resulting from an injury. The restrictions may be combined with factors, such as the worker's age, education, work history, and other factors that affect the worker's ability to engage in gainful employment. Disability does not mean a purely medical condition.
 - (11) "Fiscal year" means the period of time between July 1 and the succeeding June 30.
 - (12) "Household or domestic employment" means employment of persons other than members of the household for the purpose of tending to the aid and comfort of the employer or members of the employer's family, including but not limited to housecleaning and yard work, but does not include employment beyond the scope of normal household or domestic duties, such as home health care or domiciliary care.
 - (11)(13) "Insurer" means an employer bound by compensation plan No. 1, an insurance company transacting business under compensation plan No. 2, or the state fund under compensation plan No. 3.
- 24 (12)(14) "Invalid" means one who is physically or mentally incapacitated.
- 25 (15) "Limited liability company" is as defined in 35-8-102.
 - (13)(16) "Maintenance care" means treatment designed to provide the optimum state of health while minimizing recurrence of the clinical status.
 - (14)(17) "Medical stability", "maximum healing", or "maximum medical healing" means a point in the healing process when further material improvement would not be reasonably expected from primary medical treatment.



		(15) ((18) "Ord	der"	means	any d	decision,	rule,	direction,	requirement,	or	standard	of t	he d	departr	nent
or	any	other	determi	natio	n arrive	ed at	or decisi	ion m	ade by the	department.						

(16)(19) "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.

(17)(20) "Payroll", "annual payroll", or "annual payroll for the preceding year" means the average annual payroll of the employer for the preceding calendar year or, if the employer has not operated a sufficient or any length of time during the calendar year, 12 times the average monthly payroll for the current year. However, an estimate may be made by the department for any employer starting in business if average payrolls are not available. This estimate must be adjusted by additional payment by the employer or refund by the department, as the case may actually be, on December 31 of the current year. An employer's payroll must be computed by calculating all wages, as defined in 39-71-123, that are paid by an employer.

(18)(21) "Permanent partial disability" means a condition, after a worker has reached maximum medical healing, in which a worker:

- (a) has a medically determined physical restriction as a result of an injury as defined in 39-71-119; and
- (b) is able to return to work in some capacity, but the physical restriction impairs the worker's ability to work.

(19)(22) "Permanent total disability" means a condition resulting from injury as defined in this chapter, after a worker reaches maximum medical healing, in which a worker does not have a reasonable prospect of physically performing regular employment. Regular employment means work on a recurring basis performed for remuneration in a trade, business, profession, or other occupation in this state. Lack of immediate job openings is not a factor to be considered in determining if a worker is permanently totally disabled.

(20)(23) The "plant of the employer" includes the place of business of a third person while the employer has access to or control over the place of business for the purpose of carrying on the employer's usual trade, business, or occupation.

(21)(24) "Primary medical services" means treatment prescribed by a treating physician, for conditions resulting from the injury, necessary for achieving medical stability.

(22)(25) "Public corporation" means the state or any county, municipal corporation, school district,



city.	city under a	a commission	form of	government	or special	charter.	town	or village
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(23)(26) "Reasonably safe place to work" means that the place of employment has been made as free from danger to the life or safety of the employee as the nature of the employment will reasonably permit.

(24)(27) "Reasonably safe tools and appliances" are tools and appliances as that are adapted to and that are reasonably safe for use for the particular purpose for which they are furnished.

(25)(28) "Secondary medical services" means those medical services or appliances that are considered not medically necessary for medical stability. The services and appliances include but are not limited to spas or hot tubs, work hardening, physical restoration programs and other restoration programs designed to address disability and not impairment, or equipment offered by individuals, clinics, groups, hospitals, or rehabilitation facilities.

(29) "Sole proprietor" means the person who has the exclusive legal right or title to or ownership of a business enterprise.

(26)(30) "Temporary partial disability" means a condition resulting from an injury, as defined in 39-71-119, in which a worker, prior to maximum healing:

- (a) is temporarily unable to return to the position held at the time of injury because of a medically determined physical restriction;
 - (b) returns to work in a modified or alternative employment; and
 - (c) suffers a partial wage loss.
- (27)(31) "Temporary service contractor" means any <u>a</u> person, firm, association, or corporation conducting business that employs individuals directly for the purpose of furnishing the services of those individuals on a part-time or temporary basis to others.
- (28)(32) "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 reaches maximum medical healing.
- (29)(33) "Temporary worker" means a worker whose services are furnished to another on a part-time or temporary basis to substitute for a permanent employee on leave or to meet an emergency or short-term workload.
- (30)(34) "Treating physician" means a person who is primarily responsible for the treatment of a worker's compensable injury and is:



1	(a) a physician licensed by the state of Montana under Title 37, chapter 3, and has admitting
2	privileges to practice in one or more hospitals, if any, in the area where the physician is located;
3	(b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
4	(c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if
5	there is not a physician, as defined in subsection (30)(a) (34)(a), in the area where the physician
6	assistant-certified is located;
7	(d) an osteopath licensed by the state of Montana under Title 37, chapter 5; or
8	(e) a dentist licensed by the state of Montana under Title 37, chapter 4.
9	(31)(35) "Year", unless otherwise specified, means calendar year."
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11	Section 2. Section 39-71-117, MCA, is amended to read:
12	"39-71-117. Employer defined. (1) "Employer" means:
13	(a) the state and each county, city and county, city school district, and irrigation district, all other
14	districts established by law, and all public corporations and quasi-public corporations and public agencies
15	therein and every each person, every each prime contractor, and every each firm, voluntary association
16	limited liability company, and private corporation, including any public service corporation and including ar
17	independent contractor who has any person in service under any appointment or contract of hire, expressed
18	or implied, oral or written, and the legal representative of any deceased employer or the receiver or trustee
19	thereof;
20	(b) any association, corporation, limited liability company, or organization that seeks permission
21	and meets the requirements set by the department by rule for a group of individual employers to operate
22	as self-insured under plan No. 1 of this chapter; and
23	(c) any nonprofit association, limited liability company, or corporation or other entity funded in
2 4	whole or in part by federal, state, or local government funds that places community service participants
25	as defined in 39-71-118(1)(f), with nonprofit organizations or associations or federal, state, or loca
26	government entities.
27	(2) A temporary service contractor is the employer of a temporary worker for premium and loss



experience purposes.

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another person, association, contractor, firm, limited liability company, or corporation, other than a

(3) An employer defined in subsection (1) who utilizes uses the services of a worker furnished by

temporary service contractor, is presumed to be the employer for workers' compensation premium and loss
experience purposes for work performed by the worker. The presumption may be rebutted by substantial
credible evidence of the following:

- (a) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another retains control over all aspects of the work performed by the worker, both at the inception of employment and during all phases of the work; and
- (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation, other than a temporary service contractor, furnishing the services of a worker to another has obtained workers' compensation insurance for the worker in Montana both at the inception of employment and during all phases of the work performed.
- (4) Notwithstanding the provisions of subsection (3), an interstate or intrastate common or contract motor carrier doing business in this state who <u>utilizes</u> <u>uses</u> drivers in this state is considered the employer, is liable for workers' compensation premiums, and is subject to loss experience rating in this state unless:
- (a) the driver in this state is certified as an independent contractor as provided in 39-71-401(3); or
 - (b) the person, association, contractor, firm, <u>limited liability company</u>, or corporation furnishing drivers in this state to a motor carrier has obtained workers' compensation insurance on the drivers in Montana both at the inception of employment and during all phases of the work performed."

Section 3. Section 39-71-118, MCA, is amended to read:

- "39-71-118. Employee, worker, and volunteer firefighter defined. (1) The terms term "employee" or "worker" means:
- (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, except those officers identified in 39-71-401(2), while rendering actual service for the corporations for pay. Casual employees, as defined by 39-71-116, 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 employment is excluded.
 - (b) any juvenile performing work under authorization of a district court judge in a 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 in this subsection, while they are on the premises of a public school or community college.
 - (d) students enrolled and in attendance in programs of vocational-technical education at designated vocational-technical centers;
 - (e) an aircrew member or other person employed as a volunteer under 67-2-105;
 - (f) a person, other than a juvenile as defined in subsection (1)(b), performing community service for a nonprofit organization or association or for a federal, state, or local government entity under a court order, or an order from a hearings officer as a result of a probation or parole violation, whether or not under appointment or contract of hire with an employer, as defined in this chapter, and whether or not receiving payment from a third party. For a person covered by the definition in this subsection (f):
 - (i) compensation benefits must be limited to medical expenses pursuant to 39-71-704 and an impairment award pursuant to 39-71-703 that is based upon the minimum wage established under Title 39, chapter 3, part 4, for a full-time employee at the time of the injury; and
 - (ii) premiums must be paid by the employer, as defined in 39-71-117(3), and must be based upon the minimum wage established under Title 39, chapter 3, part 4, for the number of hours of community service required under the order from the court or hearings officer.
 - (g) an inmate working in a federally certified prison industries program authorized under 53-1-301.
 - (2) The terms defined in subsection (1) do not include a person who is:
 - (a) participating in recreational activity and who at the time is relieved of and is not performing prescribed duties, regardless of whether the person is using, by discount or otherwise, a pass, ticket, permit, device, or other emolument of employment; or
 - (b) performing voluntary service at a recreational facility and who receives no compensation for those services other than meals, lodging, or the use of the recreational facilities.



(3)	The term	"volunteer	firefighter	" means a	firefighter	who is	an	enrolled	and	active	member	of
a fire comp	anv organi	zed and fu	nded by a	countv. a	rural fire o	listrict.	or a	fire serv	vice a	area.		

- (4) (a) If the employer is a partnership, er sole proprietorship proprietor, or a member-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any member of the partnership, er the owner of the sole proprietorship, or any member of the limited liability company devoting full time to the partnership, er proprietorship, or limited liability company business.
- (b) In the event of an election, the employer must serve upon the employer's insurer written notice naming the partners, er sole proprietor, or members to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A partner, er sole proprietor, or member is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of weekly wage for weekly compensation benefits, the electing employer may elect not less than \$900 a month and not more than 1½ times the average weekly wage, as defined in this chapter.
- (5) (a) If the employer is a quasi-public or a private corporation or a manager-managed limited liability company, the employer may elect to include as an employee within the provisions of this chapter any corporate officer or manager exempted under 39-71-401(2).
- (b) In the event of an election, the employer shall serve upon the employer's insurer written notice naming the corporate officer or manager to be covered and stating the level of compensation coverage desired by electing the amount of wages to be reported, subject to the limitations in subsection (4)(d). A corporate officer or manager is not considered an employee within this chapter until notice has been given.
- (c) A change in elected wages must be in writing and is effective at the start of the next quarter following notification.
- (d) All weekly compensation benefits must be based on the amount of elected wages, subject to the minimum and maximum limitations of this subsection. For premium ratemaking and for the determination of the weekly wage for weekly compensation benefits, the electing employer may elect not



1	less than \$200 a week and not more than 1½ times the average weekly wage, as defined in this chapter
2	(5)(6) The trustees of a rural fire district, a county governing body providing rural fire protection
3	or the county commissioners or trustees for a fire service area may elect to include as an employee within
4	the provisions of this chapter any volunteer firefighter. A volunteer firefighter who receives workers
5	compensation coverage under this section may not receive disability benefits under Title 19, chapter 17
6	(6)(7) An employee or worker in this state whose services are furnished by a person, association
7	contractor, firm, limited liability company, or corporation, other than a temporary service contractor, to ar
8	employer, as defined in 39-71-117, is presumed to be under the control and employment of the employer.
9	This presumption may be rebutted as provided in 39-71-117(3).
10	(7)(8) For purposes of this section, an "employee or worker in this state" means:
11	(a) a resident of Montana who is employed by an employer and whose employment duties are
12	primarily carried out or controlled within this state;
13	(b) a nonresident of Montana whose principal employment duties are conducted within this state
14	on a regular basis for an employer;
15	(c) a nonresident employee of an employer from another state engaged in the construction industry,
16	as defined in 39-71-116, within this state; or
17	(d) a nonresident of Montana who does not meet the requirements of subsection (7)(b) (8)(b) and
18	whose employer elects coverage with an insurer that allows an election for an employer whose:
19	(i) nonresident employees are hired in Montana;
20	(ii) nonresident employees' wages are paid in Montana;
21	(iii) nonresident employees are supervised in Montana; and
22	(iv) business records are maintained in Montana.
23	(8)(9) An insurer may require coverage for all nonresident employees of a Montana employer who
24	do not meet the requirements of subsection $\frac{7}{b}$ or $\frac{7}{b}$ or $\frac{7}{d}$ $\frac{8}{d}$ as a condition of approving the
25	election under subsection (7)(d) <u>(8)(d)</u> ."
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27	Section 4. Section 39-71-315, MCA, is amended to read:
28	"39-71-315. Prohibited actions penalty. (1) The following actions by a medical provider
29	constitute violations and are subject to the penalty in subsection (2):



(a) failing to document, under oath, the provision of the services or treatment for which

compensation	is	claimed	under	chanter	72	nr	this	chanter.	Ωr
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- (b) referring a worker for treatment or diagnosis of an injury or illness that is compensable under chapter 72 or this chapter to a facility owned wholly or in part by the provider, unless the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist.
- (2) A person who violates this section may be assessed a penalty of not less than \$200 or more than \$500 for each offense. The department shall assess and collect the penalty.
- (3) Subsection (1)(b) does not apply to medical services provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

Section 5. Section 39-71-318, MCA, is amended to read:

"39-71-318. Hearings -- rules of evidence -- conduct -- EXCEPTION. (1) The statutory and common law common-law rules of evidence do not apply to a hearing before the department under this chapter.

(2) A EXCEPT FOR A HEARING BEFORE THE WORKERS' COMPENSATION COURT, A hearing under this chapter may be conducted by telephone or by videoconference."

Section 6. Section 39-71-401, MCA, is amended to read:

"39-71-401. Employments covered and employments exempted. (1) Except as provided in subsection (2), the Workers' Compensation Act applies to all employers, as defined in 39-71-117, and to all employees, as defined in 39-71-118. An employer who has any employee in service under any appointment or contract of hire, expressed or implied, oral or written, shall elect to be bound by the provisions of compensation plan No. 1, 2, or 3. Each employee whose employer is bound by the Workers' Compensation Act is subject to and bound by the compensation plan that has been elected by the employer.

- (2) Unless the employer elects coverage for these employments under this chapter and an insurer allows such an election, the Workers' Compensation Act does not apply to any of the following employments:
 - (a) household and domestic employment;
 - (b) casual employment as defined in 39-71-116;
 - (c) employment of a dependent member of an employer's family for whom an exemption may be



1	claimed by the employer under the federal Internal Revenue Code;
2	(d) employment of sole proprietors, or working members of a partnership, or working members of
3	a member-managed limited liability company, except as provided in subsection (3);
4	(e) employment of a broker or salesman performing under a license issued by the board of realty
5	regulation;
6	(f) employment of a direct seller engaged in the sale of consumer products, primarily in the
7	customer's home;
8	(g) employment for which a rule of liability for injury, occupational disease, or death is provided
9	under the laws of the United States;
10	(h) employment of $\frac{1}{2}$ person performing services in return for aid or sustenance only, except
11	employment of a volunteer under 67-2-105;
12	(i) employment with any a railroad engaged in interstate commerce, except that railroad
13	construction work is included in and subject to the provisions of this chapter;
14	(j) employment as an official, including a timer, referee, or judge, at a school amateur athletic
15	event, unless the person is otherwise employed by a school district;
16	(k) any employment of a person performing services as a newspaper carrier or free-lance
17	correspondent if the person performing the services or a parent or guardian of the person performing the
18	services in the case of a minor has acknowledged in writing that the person performing the services and
19	the services are not covered. As used in this subsection, "free-lance correspondent" is a person who
20	submits articles or photographs for publication and is paid by the article or by the photograph. As used in
21	this subsection, "newspaper carrier":
22	(i) is a person who provides a newspaper with the service of delivering newspapers singly or in
23	bundles; but
24	(ii) does not include an employee of the paper who, incidentally to the employee's main duties,
25	carries or delivers papers.
26	(I) cosmetologist's services and barber's services as defined in 39-51-204(1)(I);
27	(m) a person who is employed by an enrolled tribal member who operates or an association,
28	business, corporation, or other entity that is at least 51% owned by an enrolled tribal member or members,



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(n) an officer of a quasi-public or a private corporation or manager of a manager-managed limited

whose business is conducted solely within the exterior boundaries of an Indian reservation;

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liability company who qualifies under	one or more	of the following	a provisions:
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- (i) the officer or manager is engaged in the ordinary duties of a worker for the corporation or the 3 limited liability company and does not receive any pay from the corporation or the limited liability company for performance of the duties;
 - (ii) the officer or manager is engaged primarily in household employment for the corporation or the limited liability company;
 - (iii) the officer or manager owns 20% or more of the number of shares of stock in the corporation or owns 20% or more of the limited liability company; or
 - (iv) the officer or manager is the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother, or sister of a corporate officer who owns 20% or more of the number of shares of stock in the corporation or who owns 20% or more of the limited liability company.
 - (3) (a) A sole proprietor, or a working member of a partnership, or a working member of a member-managed limited liability company who represents to the public that the person is an independent contractor shall elect to be bound personally and individually by the provisions of compensation plan No. 1, 2, or 3 but may apply to the department for an exemption from the Workers' Compensation Act.
 - (b) The application must be made in accordance with the rules adopted by the department AND. THERE IS NO FEE FOR THE INITIAL APPLICATION. ANY SUBSEQUENT APPLICATION MUST BE ACCOMPANIED BY A \$25 APPLICATION FEE. THE APPLICATION FEE MUST BE DEPOSITED IN THE ADMINISTRATION FUND ESTABLISHED IN 39-71-201 TO OFFSET THE COSTS OF ADMINISTERING THE PROGRAM. The department may deny the application only if it determines that the applicant is not an independent contractor.
 - (c) When an application is approved by the department, it is conclusive as to the status of an independent contractor and precludes the applicant from obtaining benefits under this chapter.
 - (d) When an election of an exemption is approved by the department, the election remains effective and the independent contractor retains the status as an independent contractor until the independent contractor notifies the department of any change in status and provides a description of present work Status. THE EXEMPTION, IF APPROVED, REMAINS IN EFFECT FOR 1 YEAR FOLLOWING THE DATE OF THE DEPARTMENT'S APPROVAL. TO MAINTAIN THE INDEPENDENT CONTRACTOR STATUS, AN INDEPENDENT CONTRACTOR SHALL ANNUALLY SUBMIT A RENEWAL APPLICATION. A RENEWAL APPLICATION MUST BE SUBMITTED FOR ALL INDEPENDENT CONTRACTOR EXEMPTIONS APPROVED



1	AS OF OCTOBER JULY 1, 1995, OR THEREAFTER. THE RENEWAL APPLICATION AND THE \$25
2	RENEWAL APPLICATION FEE MUST BE RECEIVED BY THE DEPARTMENT AT LEAST 30 DAYS PRIOR TO
3	THE ANNIVERSARY DATE OF THE PREVIOUSLY APPROVED EXEMPTION.

- (E) A PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION CONCERNING
 THAT PERSON'S STATUS AS AN EXEMPT INDEPENDENT CONTRACTOR IS SUBJECT TO A CIVIL
 PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT
 OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE
 LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.
- (e)(F) If the department denies the application for exemption, the applicant may contest the denial by petitioning for review of the decision by an appeals referee in the manner provided for in 39-51-1109. An applicant dissatisfied with the decision of the appeals referee may appeal the decision in accordance with the procedure established in 39-51-2403 and 39-51-2404.
- (4) (a) A private corporation or a manager-managed limited liability company shall provide coverage for its officers and other employees under the provisions of compensation plan No. 1, 2, or 3. However, pursuant to rules the department promulgates and subject in all cases to approval by the department, an officer of A quasi-public corporation, a private corporation, or a manager-managed limited liability company may elect not to be bound as an employee under this coverage for its corporate officers or managers, who are otherwise exempt under subsection (2), by giving a written notice, on a form provided by the department, served in the following manner:
- (i) if the employer has elected to be bound by the provisions of compensation plan No. 1, by delivering the notice to the board of directors of the <u>corporation or to the management organization of the manager-managed limited liability company employer and to the department;</u> or
- (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 <u>corporation or to the management organization of the manager-managed limited liability company employer, to the department, and to the insurer.</u>
- (b) If the employer changes plans or insurers, the officer's employer's previous election is not effective and the officer employer shall again serve notice as provided to its insurer and to its board of directors or the management organization of the manager-managed limited liability company if the officer employer elects not to be bound.
 - (e)(5) The appointment or election of an employee as an officer of a corporation, a partner in a



partnership, or a member in or a manager of a limited liability company for the purpose of excluding exempting the employee from coverage under this chapter does not entitle the officer, partner, member, or manager to elect not to be bound as an employee under this chapter. In any case, the officer shall sign the notice required by subsection (4)(a) under oath or affirmation and is subject to the penalties for false swearing under 45 7 202 if the officer falsifies the notice to exemption from coverage.

(6) 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 the place of business or property for the purpose of carrying on the employer's usual trade, business, or occupation. The sign must be provided by the department, distributed through insurers or directly by the department, and posted by employers in accordance with rules adopted by the department. 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."

Section 7. Section 39-71-405, MCA, is amended to read:

PROVIDED IN SUBSECTION (4), AN employer who contracts with an independent contractor to have work performed of a kind which that is a regular or a recurrent part of the work of the trade, business, occupation, or profession of such the employer is liable for the payment of benefits under this chapter to the employees of the contractor or the subcontractor if the contractor or subcontractor has not properly complied with the coverage requirements of the Worker's Workers' Compensation Act. Any An insurer who becomes liable for payment of benefits may recover the amount of benefits paid and to be paid and necessary expenses from the contractor or subcontractor primarily liable therein.

(2) Where When an employer contracts to have any work to be done by a contractor, other than an independent contractor, and the work so contracted to be done is a part or process in the trade or business of the employer, then the employer is liable to pay all benefits under this chapter to the same extent as if the work were done without the intervention of the contractor, and the work so contracted to be done shall may not be construed to be easual employment. Where When an employer contracts work to be done as specified in this subsection, the contractor and the contractor's employees shall come under



1	that plan of compensation adopted by the employer.
2	(3) Where When an employer contracts any work to be done, wholly or in part for the employer,
3	by an independent contractor, where when the work so contracted to be done is casual employment as to
4	such the employer, then the contractor shall become is the employer for the purposes of this chapter.
5	(4) (A) AN EMPLOYER IS NOT LIABLE FOR INJURIES INCURRED BY ANYONE WORKING FOR AN
6	INDEPENDENT CONTRACTOR IF THE EMPLOYER, AT THE TIME THAT A CONTRACT IS EXECUTED WITH
7	AN INDEPENDENT CONTRACTOR, VERIFIES IN A NOTARIZED WRITING SIGNED BY BOTH THE EMPLOYER
8	AND THE CONTRACTOR THAT:
9	(I) THE CONTRACTOR HAS PROVIDED TO THE EMPLOYER A COPY OF THE CURRENT
10	INDEPENDENT CONTRACTOR EXEMPTION ISSUED BY THE DEPARTMENT PURSUANT TO 39 71-401(3
11	FOR THE TYPE OF WORK THAT THE CONTRACTOR WILL BE DOING FOR THE EMPLOYER; AND
12	(III) THE CONTRACTOR:
13	(A) HAS STATED, UNDER PENALTY OF PERJURY, THAT THE CONTRACTOR WILL PERSONALLY
14	PERFORM ALL OF THE WORK REQUIRED OF THE CONTRACTOR BY THE CONTRACT WITHOUT HIRING
15	ANY EMPLOYEE, ASSISTANT, OR SUBCONTRACTOR WHO IS NOT COVERED BY WORKERS
16	COMPENSATION INSURANCE; OR
17	(B) HAS PROVIDED TO THE EMPLOYER A CERTIFICATE OF CURRENT WORKERS
18	COMPENSATION INSURANCE COVERAGE FOR THE CONTRACTOR'S EMPLOYEES.
19	(B) A PERSON WHO MAKES A FALSE STATEMENT OR MISREPRESENTATION IN CONNECTION
20	WITH THE WRITTEN STATEMENT PROVIDED FOR IN SUBSECTION (4)(A) IS SUBJECT TO A CIVIL
21	PENALTY OF \$1,000. THE DEPARTMENT MAY IMPOSE THE PENALTY FOR EACH FALSE STATEMENT
22	OR MISREPRESENTATION. THE PENALTY MUST BE PAID TO THE UNINSURED EMPLOYERS' FUND. THE
23	LIEN PROVISIONS OF 39-71-506 APPLY TO THE PENALTY IMPOSED BY THIS SECTION.
24	(5) IF A DISPUTE ARISES CONCERNING WHETHER AN EMPLOYER IS ENTITLED TO THE DEFENSE
25	PROVIDED IN SUBSECTION (4), THE EMPLOYER HAS THE BURDEN OF PROVING COMPLIANCE WITH THE
26	PROVISIONS OF SUBSECTION (4)."
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28	Section 7. Section 39-71-432, MCA, is amended to read:
29	"39-71-432. Definitions. As used in 39-71-433, the following definitions apply:



(1) "Business entity" means a business enterprise owned by a single person, corporation,

organization, business trust, trust, partnership, <u>limited liability company</u>, joint venture, association, or other business entity.

(2) "Group" means two or more business entities that join together with the approval of the department to purchase individual workers' compensation insurance policies covering each business entity that is part of a group."

Section 8. Section 39-71-433, MCA, is amended to read:

"39-71-433. Group purchase of workers' compensation insurance. (1) On receiving approval of the department, two or more business entities may join together to form a group to purchase individual workers' compensation insurance policies covering each member of the group.

- (2) To be eligible to join a <u>new</u> group <u>that is forming</u>, the department shall determine that a business entity is engaged in a business pursuit that is the same as or similar to the business pursuits of the other entities participating in the group.
- (3) The department shall establish a certification program for groups organized under this section and shall issue to eligible business entities certificates of approval that authorize formation and maintenance of a group.
- (4) The department by rule shall adopt forms, criteria, and procedures for the issuance of certificates of approval to groups under this section.
- (5) A group certified under this section may add additional members without approval from the department if the additional members meet the specific criteria identified in the original application and any modifications to the criteria, as approved by the department.
- (5)(6) A group certified under this section may purchase individual workers' compensation insurance policies covering each member of the group from any insurer authorized to write workers' compensation insurance in this state, except that the state fund, as defined in 39-71-2312, has the right to refuse coverage of a group and its plan of operation but cannot refuse coverage to an individual employer. Under an individual policy, the group is entitled to a premium or volume discount that would be applicable to a policy of the combined premium amount of the individual policies.
- (6)(7) A group shall apportion any discount or policyholder dividend received on workers' compensation insurance coverage among the members of the group according to a formula adopted in the plan of operation for the group.



(7)(8) A group shall adopt a plan of operation that must include the composition and selection of a governing board, the methods for administering the group, the eligibility requirements to join the group, and guidelines for the workers' compensation insurance coverage obtained by the group, including the payment of premiums, the distribution of discounts, and the method for providing risk management. A group shall file a copy of its plan of operation with the department."

Section 9. Section 39-71-503, MCA, is amended to read:

"39-71-503. Administration of fund -- appropriation. (1) The department shall administer the fund and shall pay all proper benefits to injured employees of uninsured employers.

- payments as that it considers appropriate as funds become available from time to time. The payment of weekly disability benefits takes preference over the payment of medical benefits. No lump-sum payments of future projected benefits, including impairment awards, may not be made from the fund. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of the money in the fund.
- (3) The amounts necessary for the payment of benefits from this fund are statutorily appropriated, as provided in 17-7-502, from this fund."

Section 10. Section 39-71-504, MCA, is amended to read:

"39-71-504. Funding of fund -- option for agreement between department and injured employee.

The fund is funded in the following manner:

- (1) The department may require that the uninsured employer pay to the fund a penalty of either up to double the premium amount the employer would have paid on the payroll of the employer's workers in this state if the employer had been enrolled with compensation plan No. 3 or \$200, whichever is greater. In determining the premium amount for the calculation of the penalty under this subsection, the department shall make an assessment on how much premium would have been paid on the employer's past 3-year payroll for periods within the 3 years when the employer was uninsured. An assessment for payroll paid by the uninsured employer for any time prior to July 1, 1977, may not be made.
- (2) (a) The fund shall receive from an uninsured employer an amount equal to all benefits paid or to be paid from the fund to an injured employee of the uninsured employer. However, the uninsured

employer's liability under this subsection (2)(a) may not exceed \$50,000.

(b) The dollar limitation does not apply to an uninsured employer's liability to an injured employee or the employee's beneficiaries under 39.71.509 or 39.71.515.

- (3) The department may determine that the \$1,000 assessments that are charged against an insurer in each case of an industrial death under 39-71-902(1) shall must be paid to the uninsured employers' fund rather than the subsequent injury fund.
- (4) The department may enter into an agreement with the injured employee or the employee's beneficiaries to assign to the employee or the beneficiaries all or part of the funds received by the department from the uninsured employer pursuant to subsection (2)(a) (2)."

Section 11. Section 39-71-507, MCA, is amended to read:

"39-71-507. Department to order uninsured employer to cease operations -- noncompliance with order a misdemeanor -- coordination of remedies. (1) When the department discovers an uninsured employer, it shall order him the employer to cease operations until he the employer has elected to be bound by a compensation plan.

- (2) When the department discovers a person, business, or other entity functioning as a prime contractor that has subcontracted for the services of an uninsured employer, it may order the person, business, or other entity functioning as a prime contractor to cease CAUSE all operations PERFORMED BY THE UNINSURED EMPLOYER TO CEASE AT WORKSITES CONTROLLED BY THE PRIME CONTRACTOR until the uninsured employer has elected to be bound by a compensation plan. IF AFTER 3 BUSINESS DAYS FOLLOWING THE ORDER BY THE DEPARTMENT THE PERSON, BUSINESS, OR OTHER ENTITY FUNCTIONING AS A PRIME CONTRACTOR HAS NOT COMPLIED WITH THE ORDER, THE DEPARTMENT MAY ORDER THE PRIME CONTRACTOR TO CEASE ALL OPERATIONS AT THE AFFECTED WORKSITES.
- (2)(3) An employer who does not comply with the department's order to cease operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county in which the violation occurs. Prosecution under this subsection does not bar the department from enforcing its order by a civil action.
- (4) A person, business, or other entity functioning as a prime contractor that does not comply with the department's order to cease all operations is guilty of a misdemeanor. Each day of violation is a separate offense. The county attorney may prosecute a criminal action under this subsection in the county



1	in which the violation occurs. Prosecution under this subsection does not bar the department from
2	enforcing its order by a civil action. In addition, the department may assess a penalty against the person
3	business, or other entity functioning as a prime contractor of not more than \$1,000 per day for each day
1	of violation.

(3)(5) The department may institute and maintain in the name of the state, through the attorney general or the county attorney of the county in which the violation occurs, an action for an injunction order or other civil remedy in district court to enforce its order to cease operations.

(4)(6) The remedies provided in 39-71-506 and subsections (2) and (3) (3) through (5) of this section are not mutually exclusive and may be pursued concurrently."

Section 12. Section 39-71-516, MCA, is amended to read:

"39-71-516. District court venue and jurisdiction for independent cause of action. An injured employee or an employee's beneficiaries pursuing an independent cause of action pursuant to 39-71-515 must shall bring such the action in the district court in the district where the claimant resides or where the alleged violation occurred. The court may grant such interim relief as that it considers appropriate, including but not limited to injunctive relief, attachment, or receivership. The court may request the workers' compensation judge to determine the amount of recoverable damages due to the employee."

Section 13. Section 39-71-710, MCA, is amended to read:

"39-71-710. Termination of benefits upon retirement. (1) If a claimant is receiving disability or rehabilitation compensation benefits and the claimant receives social security retirement benefits or is eligible to receive full social security retirement benefits, the claimant is considered to be retired. When the claimant is considered retired, the liability of the insurer is ended for payment of wage supplement, permanent total disability, and rehabilitation compensation benefits. However, the insurer remains liable for temporary total disability benefits, any impairment award, and medical benefits.

(2) If a claimant who is eligible to receive social security retirement benefits and is gainfully employed suffers a work-related injury, the insurer retains liability for temporary total disability benefits, any impairment award, and medical benefits."

Section 14. Section 39-71-721, MCA, is amended to read:



- "39-71-721. Compensation for injury causing death -- limitation. (1) (a) If an injured employee dies and the injury was the proximate cause of such death, then the beneficiary of the deceased is entitled to the same compensation as though the death occurred immediately following the injury. A beneficiary's eligibility for benefits commences after the date of death, and the benefit level is established as set forth in subsection (2).
- (b) The insurer is entitled to recover any overpayments or compensation paid in a lump sum to a worker prior to death but not yet recouped. The insurer shall recover such the payments from the beneficiary's biweekly payments as provided in 39-71-741(5).
- (2) To beneficiaries as defined in 39-71-116(3)(a)(4)(d) through (3)(d) (4)(d), weekly compensation benefits for an injury causing death are 66 2/3% of the decedent's wages. The maximum weekly compensation benefit may not exceed the state's average weekly wage at the time of injury. The minimum weekly compensation 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.
- (3) To beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), weekly benefits must be paid to the extent of the dependency at the time of the injury, subject 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 at the time of injury.
- (4) If the decedent leaves no beneficiary as defined in 39-71-116, a lump-sum payment of \$3,000 must be paid to the decedent's surviving parent or parents.
- (5) If any beneficiary of a deceased employee dies, the right of such the beneficiary to compensation under this chapter ceases. Death benefits must be paid to a surviving spouse for 500 weeks subsequent to the date of the deceased employee's death or until the spouse's remarriage, whichever occurs first. After benefit payments cease to a surviving spouse, death benefits must be paid to beneficiaries, if any, as defined in 39-71-116(3)(b) (4)(b) through (3)(d) (4)(d).
 - (6) In all cases, benefits must be paid to beneficiaries, as defined in 39-71-116.
 - (7) Benefits paid under this section may not be adjusted for cost of living as provided in 39-71-702.
- (8) Netwithstanding subsections (2) and (3), beginning July 1, 1987, through June 30, 1991, the maximum weekly compensation benefits for injury causing death may not exceed the state's average weekly wage of \$299 established July 1, 1986. Beginning July 1, 1987, through June 30, 1991, the minimum weekly compensation for injury causing death shall be \$149.50, which is 50% of the state's



average weekly wage established July 1, 1986, but in no event may it exceed the decedent's actual wages at the time of death."

Section 15. Section 39-71-723, MCA, is amended to read:

"39-71-723. How compensation to be divided among beneficiaries. Compensation due to beneficiaries shall must be paid to the surviving spouse, if any, or if none, then divided equally among or for the benefit of the children. In cases where in which beneficiaries are a surviving spouse and stepchildren of such the spouse, the compensation shall must be divided equally among all beneficiaries. Compensation due to beneficiaries as defined in 39-71-116(3)(e)(4)(e) and (3)(f) (4)(f), where when there is more than one, shall must be divided equitably among them, and the question of dependency and amount thereof shall be is a question of fact for determination by the department."

Section 16. Section 39-71-737, MCA, is amended to read:

"39-71-737. Compensation to run consecutively -- exceptions. Compensation shall must run consecutively and not concurrently, and payment shall may not be made for two classes of disability over the same period, except that impairment awards and auxiliary rehabilitation benefits may be paid concurrently with other classes of benefits, and wage supplement and partial rehabilitation benefits may be paid concurrently."

Section 17. Section 39-71-902, MCA, is amended to read:

"39-71-902. Fund to receive payment from insurer for each death under chapter -- assessment of insurers. (1) In every each case of the death of an employee under this chapter, the insurer shall pay to the fund the sum of \$1,000. In addition, the department may assess every each insurer an amount not to exceed 5% of the compensation paid in Montana in the preceding fiscal year. The assessment must be transmitted annually to the subsequent injury fund by the employer or insurer. The board of investments shall invest the money of the fund, and the investment income must be deposited in the fund. The cost of administration of the fund must be paid out of money in the fund.

(2) When, in the judgment of the department, the amount of money in the subsequent injury fund is such that there is a surplus above and beyond projected liabilities and administrative costs, the department may at its discretion suspend or reduce further collection of assessments for a period of time

determined by the department."

Section 18. Section 39-71-1108, MCA, is amended to read:

"39-71-1108. Physician self-referral prohibition. (1) Unless authorized by the insurer, a treating physician may not refer a claimant to a health care facility at which the physician does not directly provide care or services when the physician has an investment interest in the facility, unless there is a demonstrated need in the community for the facility and alternative financing is not available. The insurer or the claimant is not liable for charges incurred in violation of this section.

(2) Subsection (1) does not apply to care or services provided directly to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the department."

Section 19. Section 39-71-2103, MCA, is amended to read:

"39-71-2103. Employer permitted to carry on business and settle directly with employee -individual liability. (1) If such the employer making such the election shall be is found by the department
and the Montana self-insurers guaranty fund to have the requisite financial ability to pay the compensation
and benefits in this chapter provided for, then the department, with the concurrence of the guaranty fund,
shall grant to the employer permission to carry on his business for the fiscal year within which such the
election is made and such proof filed, or the remaining portion of such the fiscal year, and to make such
payments directly to his the employees as they may become entitled to receive the same payments.

(2) Each individual employer in an association, corporation, <u>limited liability company</u>, or organization of employers given permission by the department to operate as self-insured under plan No. 1 of this chapter is jointly and severally liable for all obligations incurred by the association, corporation, <u>limited liability company</u>, or organization under this chapter. An association, corporation, <u>limited liability company</u>, or organization of employers given permission to operate as self-insured <u>must shall</u> maintain excess liability coverage in amounts and under <u>such</u> conditions as provided by rules of the department."

Section 20. Section 39-71-2411, MCA, is amended to read:

"39-71-2411. Mediation procedure. (1) Except as otherwise provided, a claimant or an insurer having a dispute relating to benefits under chapter 71 or 72 of this title may petition the department for



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1 mediation of the dispute.

- (2) A party may take part in mediation proceedings with or without representation.
- 3 (3) The mediator shall review the department file for the case and may receive any additional documentation or argument either party submits.
 - (4) The mediator shall request that each party offer argument summarizing the party's position. A party's argument must fully present the party's case. The argument is not limited by the rules of evidence.
 - (5) After the parties have presented all their information and argument to the mediator, he the mediator shall recommend a solution to the parties within a reasonable time to be established by rule.
 - (6) A party shall notify the mediator within 45 20 25 days of the mailing of his the mediator's report whether the party accepts the mediator's recommendation. If either party does not accept the mediator's recommendation, the party may petition the workers' compensation court for resolution of the dispute.
 - (7) (a) If a mediator determines that either party failed to cooperate in the mediation process, the mediator shall prepare a written report setting forth the determination and the grounds for the determination. The report must be mailed to the parties and to the workers' compensation court. Unless a party disputes the determination as set forth in subsection (7)(c), the parties shall repeat the mediation process, but only one time.
 - (b) A mediator may determine that a party has failed to cooperate in the mediation process only if the party failed to:
 - (i) supply information or offer a summary of the party's position as reasonably requested by the mediator;
 - (ii) attend scheduled mediation conferences unless excused by the mediator; or
 - (iii) listen to and review the information and position offered by the opposing party.
 - (c) If a party disputes a mediator's determination that the party failed to cooperate in the mediation process, the party may file a petition with the workers' compensation court. Upon receipt of a petition, the court shall summon the parties and the mediator to determine by oral discussion whether the mediator's determination of noncooperation is supportable. If the court finds that the mediator's determination is supportable, the court may order the parties to attempt a second time to mediate their dispute."

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Section 21. Section 39-71-2905, MCA, is amended to read:

"39-71-2905. Petition to workers' compensation judge. A claimant or an insurer who has a dispute concerning any benefits under chapter 71 of this title may petition the workers' compensation judge for a determination of the dispute after satisfying dispute resolution requirements otherwise provided in this chapter. In addition, the district court that has jurisdiction over a pending action under 39-71-515 may request the workers' compensation judge to determine the amount of recoverable damages due to the employee. The judge, after a hearing, shall make a determination of the dispute in accordance with the law as set forth in chapter 71 of this title. If the dispute relates to benefits due to a claimant under chapter 71, the judge shall fix and determine any benefits to be paid and specify the manner of payment. After parties have satisfied dispute resolution requirements provided elsewhere in this chapter, the workers' compensation judge has exclusive jurisdiction to make determinations concerning disputes under chapter 71, except as provided in 39-71-317 and 39-71-516. The penalties and assessments allowed against an insurer under chapter 71 are the exclusive penalties and assessments that can be assessed by the workers' compensation judge against an insurer for disputes arising under chapter 71."

Section 22. Section 39-72-601, MCA, is amended to read:

"39-72-601. Medical panel. (1) The department shall develop a list of physicians to serve on the occupational disease medical panel. The list may include physicians nominated by the board of medical examiners. A physician on the panel must be certified by his the physician's specialty board or be eligible for certification in the specialty area appropriate to the claimant's condition in relation to this chapter.

(2) The department shall select a panel physician to examine a claimant, as required. The department shall appoint, as required, one member of the panel to be the chairman a physician as the presiding officer."

Section 23. Section 39-72-602, MCA, is amended to read:

"39-72-602. Insurer may accept liability -- procedure for medical examination when insurer has not accepted liability. (1) An insurer may accept liability for a claim under this chapter based on information submitted to it by a claimant.

(2) In order to determine the compensability of claims under this chapter when an insurer has not accepted liability, the following procedure must be followed:



(a) The department shall direct the claimant to a member of the medical panel for an examination.
The panel member shall conduct an examination to determine whether the claimant is totally disabled and
is suffering from an occupational disease. The panel member shall submit a report of his the member's
findings to the department.

- (b) Either the claimant or the insurer may, within 20 days after the receipt of the report by the first panel member, request that the claimant be examined by a second panel member. If a second examination is requested, the department shall direct the claimant to a second panel member who shall conduct an examination to determine whether he believes the claimant is totally disabled and is suffering from an occupational disease. The panel member shall submit a report of his the member's findings to the department. When a second examination has been requested, the reports of the examinations shall be submitted to three members of the medical panel for review. A The medical panel member or the panel may, in order to assist the panel member or the panel in reaching reach a conclusion, consult with the claimant's attending physician. The reports from the two examining physicians must be sent by the department to the presiding officer of the panel. The three panel members presiding officer shall issue a report concerning the claimant's physical condition and whether the claimant is suffering from an occupational disease.
- (c) (i) If a second examination is not requested, the department shall issue its order determining whether the claimant is entitled to occupational disease benefits based on the report of the first examining physician.
- (iii) If a second examination is requested, the department shall issue its order based on the report of the three members of the medical panel presiding officer.
- (d) For the purpose of reviewing the reports of the examinations and issuing the report under subsection (2)(b), the three members of the medical panel shall be the two members of the panel who examined the claimant and the panel chairman. If the panel chairman presiding officer has examined the claimant, the panel chairman department shall appoint another member of the medical panel to be the third member presiding officer."

Section 24. Section 39-72-612, MCA, is amended to read:

"39-72-612. Hearing and appeal to workers' compensation judge. (1) Within 20 days after the department has issued its order of determination as to whether the claimant is entitled to benefits under

this chapter, a party may request a hearing. In order to perfect an appeal to the workers' compensation
judge, the appealing party shall request a hearing before the department. The department shall grant a
hearing, and the which may be conducted by telephone or by videoconference. The department's final
determination may not be issued until after the hearing.

- (2) Appeals from a final determination of the department must be made to the workers' compensation judge within 30 days after the department has issued its final determination. The judge, after a hearing held pursuant to 39-71-2903 and 39-71-2904, shall make a final determination concerning the claimant's claim. The judge may overrule the department only on the basis that the department's determination is:
 - (a) in violation of constitutional or statutory provisions;
 - (b) in excess of the statutory authority of the agency;
 - (c) made upon unlawful procedure;
 - (d) affected by other error of law;
- (e) clearly erroneous in view of the reliable, probative, and substantial evidence on the whole record; or
- (f) arbitrary or capricious or characterized by abuse of discretion or clearly unwarranted exercise of discretion."

<u>NEW SECTION.</u> Section 25. Saving clause. [This act] does not affect rights and duties that matured, penalties that were incurred, or proceedings that were begun before [the effective date of this act].

NEW SECTION. Section 26. 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 27. Applicability. (1) [Section 10 9] applies retroactively, within the meaning of 1-2-109, to all occurrences beginning after October 1, 1977.
 - (2) [Section 48 17] applies retroactively, within the meaning of 1-2-109, to all occurrences

<u> 1995.</u>

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1	beginning after October 1, 1973.
2	(3) [Sections 5 and $\frac{25}{24}$] apply to hearings or appeals requested on or after [the effective date
3	of this act].
4	
5	NEW SECTION. Section 28. Effective dates. (1) [Sections 5, 13, 22, and 25 through 28 12, 21,
6	AND 24 THROUGH 27 and this section] are effective on passage and approval.
7	(2) [Sections 1 through 4 , 6 through 12, 14 through 21, 23, and 24 <u>11, 13 THROUGH 20, 22, </u>
8	AND 231 are effective October 1, 1995 AND 6 ARE EFFECTIVE JULY 1, 1995.
9	(3) [SECTIONS 7 THROUGH 11, 13 THROUGH 20, 22, AND 23] ARE EFFECTIVE OCTOBER 1,

11 -END-

