1	SENATE BILL NO. 62
2	INTRODUCED BY SPRAGUE
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE PROCESS FOR PAYING REHABILITATION
6	BENEFITS TO DISABLED WORKERS' COMPENSATION CLAIMANTS INJURED ON OR BEFORE JUNE 30
7	1997; LIMITING FUNDING FOR CERTAIN REHABILITATION BENEFIT PAYMENTS; PROVIDING FOR DIRECT
8	PAYMENT OF REHABILITATION BENEFITS BY INSURERS TO DISABLED WORKERS INJURED ON OR AFTER
9	JULY 1, 1997; AMENDING SECTIONS 39-71-1003, 39-71-1004, 39-71-1006, 39-71-1011, 39-71-1014
10	39-71-1031, AND 39-71-1032, MCA; REPEALING SECTION 39-71-1013, MCA; AND PROVIDING AN
11	EFFECTIVE DATE."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
14	
15	Section 1. Section 39-71-1003, MCA, is amended to read:
16	"39-71-1003. Eligibility Payment for vocational rehabilitation expenses for injuries occurring or
17	or before June 30, 1997. (1) Upon certification by the department of public health and human services Fol
18	injuries occurring on or before June 30, 1997, a disabled worker may be paid vocational rehabilitation
19	expenses from funds provided in 39-71-1004, in addition to benefits payable under the Workers'
20	Compensation Act.
21	(2) The appeal process provided for in 53-7-106 is the exclusive remedy for an injured worker
22	aggrioved in the receipt of vocational rehabilitation services provided by the department of public health
23	and human services."
24	
25	Section 2. Section 39-71-1004, MCA, is amended to read:
26	"39-71-1004. Industrial accident rehabilitation account. (1) The payments provided in 39-71-1003
27	must be made from the industrial accident rehabilitation account in the state special revenue fund
28	Payments to the account must be made on or before July 1 of each year as follows:
29	(a) by each employer operating under the provisions of plan No. 1 of the Workers' Compensation
30	Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to the

- employer's injured employees in Montana for the preceding fiscal year;
 - (b) by each insurer insuring employers under the provisions of plan No. 2 of the Workers' Compensation Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to injured employees of its insured in Montana during the preceding fiscal year;
 - (c) by the department state fund, an amount to be determined assessed by the department, not exceeding 1% of the compensation paid by the state fund to injured employees in Montana from the industrial incurance expendable trust fund and the occupational disease expendable trust fund for during the preceding fiscal year.
 - (2) Separate accounts of the amounts <u>that were</u> collected and disbursements <u>that were</u> made from the industrial accident rehabilitation account in the state special revenue fund must be kept for each of the plans. If in any fiscal year the amount <u>that was</u> collected from the employers under any plan exceeds the amount of payments for employees of the employers under the plan, the assessment against the employers under the plan for the following year must be reduced.
 - (3) The payments provided for in this section must be made to the department, which shall credit the sums paid to the industrial accident rehabilitation account in the custody of the state treasurer. Disbursements from the account must be made after approval by the department of administration.
 - (4) The funds allocated or contributed as provided in this section may not be used for payment of administrative expenses of the department of public health and human services.
 - (5) The methods and processes used to disburse rehabilitation expense payments to eligible disabled workers are procedural and do not affect the substantive rights of those disabled workers."

Section 3. Section 39-71-1006, MCA, is amended to read:

- "39-71-1006. Rehabilitation benefits. (1) A disabled worker as defined in 39-71-1011 is eligible for rehabilitation benefits if:
 - (a) the worker has an actual wage loss as a result of the injury;
- (b) a rehabilitation provider, as designated by the insurer, certifies that the injured worker has reasonable vocational goals and reemployment opportunity and will have a reasonable reduction in the worker's actual wage loss with rehabilitation; and
- (c) a rehabilitation plan is agreed upon by the injured worker and the insurer is filed with the



department. The plan must take into consideration the worker's age, education, training, work history,
residual physical capacities, and vocational interests. The plan must specify a beginning $\underline{\text{date}}$ and $\underline{\text{a}}$
completion date. If the plan calls for the expenditure of funds under 39-71-1004, the department shall
authorize the department of public health and human services to use the funds The plan must specify the
cost of tuition, fees, books, and other reasonable and necessary retraining expenses required to complete
the plan.

- (2) After filing the rehabilitation plan with the department, the A disabled worker is entitled to receive biweekly compensation benefits at the injured worker's temporary total disability rate. The benefits must be paid for the period specified in the rehabilitation plan, not to exceed 104 weeks. The rehabilitation plan must be completed within 26 weeks of the completion date specified in the plan. Rehabilitation benefits must be paid biweekly while the worker is satisfactorily progressing in the agreed-upon rehabilitation plan. Benefits under this section are not subject to the lump-sum provisions of 39-71-741.
- (3) In addition to rehabilitation benefits payable under subsection (2), a disabled worker who was injured on or after July 1, 1997, is entitled to receive payment for tuition, fees, books, and other reasonable and necessary retraining expenses, excluding travel and living expenses, as specified in the rehabilitation plan. Expenses must be paid directly by the insurer.
- (3)(4) A worker may not receive temporary total benefits and the benefits under subsection (2) during the same period of time.
- (4)(5) A rehabilitation provider authorized by the insurer shall continue to assist the injured worker until the rehabilitation plan is completed.
- (5)(6) To be eligible for benefits under this section, a worker is required to begin the rehabilitation plan within 78 weeks of reaching maximum medical healing.
- (6)(7) A worker may not receive both wages and rehabilitation benefits without the written consent of the insurer. A worker who receives both wages and rehabilitation benefits without written consent of the insurer is guilty of theft and may be prosecuted under 45-6-301."

- Section 4. Section 39-71-1011, MCA, is amended to read:
- "39-71-1011. Definitions. As used in this chapter, the following definitions apply:
- (1) "Board of rehabilitation certification" means the nonprofit, independent, fee-structured organization that is a member of the national commission for health certifying agencies and that is

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- (2) "Disabled worker" means a worker who has a permanent impairment, established by objective medical findings, resulting from a work-related injury that precludes the worker from returning to the job the worker held at the time of the injury or to a job with similar physical requirements and who has an actual wage loss as a result of the injury.
- (3) "Rehabilitation benefits" means benefits provided in 39-71-1003, 39-71-1006, and 39-71-1025.
 - (4) "Rehabilitation plan" means an a written individualized plan that assists a disabled worker in acquiring skills or aptitudes to return to work through job placement, on-the-job training, education, training, or specialized job modification and that reasonably reduces the worker's actual wage loss.
 - (5) "Rehabilitation provider" means a rehabilitation counselor certified by the board for rehabilitation certification and designated by the insurer to the department or a department of public health and human services counselor when a worker has been certified by the department of public health and human services under 39-71-1003.
 - (6) "Rehabilitation services" means a program of evaluation, planning, and implementation of a rehabilitation plan to assist a disabled worker to return to work."

18 Section 5. Section 39-71-1014, MCA, is amended to read:

"39-71-1014. Rehabilitation services -- required and provided by insurers and department of public health and human services. (1) Rehabilitation services are required for disabled workers and may be initiated by:

- (a) an insurer by designating a rehabilitation provider and notifying the department;
- 23 (b) the department by requiring the insurer to designate a rehabilitation provider; or
 - (e)(b) a disabled worker through a request to the department. The department shall then require the insurer to designate a rehabilitation provider.
 - (2) Rehabilitation services provided under this part must be delivered:
- 27 (a) through a rehabilitation counselor certified by the board of rehabilitation certification;
- 28 (b) by a vocational rehabilitation counselor employed by the department of public health and human
 29 services; or
- 30 (e) by both.



1	(3) A disabled-worker served by the department of public health and human services may receive
2	only those vocational rehabilitation services as provided in Title 53, chapter 7, parts 1 and 2."
3	•
4	Section 6. Section 39-71-1031, MCA, is amended to read:
5	"39-71-1031. Exchange of information. The department of public health and human services, the
6	insurer's designated rehabilitation provider, and the department shall provide to one another case
7	information as necessary to carry out the purposes of this part."
8	
9	Section 7. Section 39-71-1032, MCA, is amended to read:
10	"39-71-1032. Termination of benefits for noncooperation with rehabilitation provider department
11	hearing and appeal. (1) If an insurer believes that a worker is refusing unreasonably to cooperate with the
12	rehabilitation provider, the insurer, with 14 days' notice to the worker and the department on a form
13	approved by the department, may terminate any benefits, except medical benefits and the impairment
14	award, that the worker is receiving until the worker cooperates.
15	(2) The worker may contest the insurer's termination of benefits by filing a written exception to
16	the department within 20 working days after the date of the 14-day notice. The worker or insurer may
17	request a hearing before the department. The department shall hold a hearing within 30 days of receipt of
18.	the request. The department shall issue an order within 15 days of the hearing.
19	(3) If the worker prevails at a hearing before the department, it may award attorney fees and costs
20	to the worker under 39-71-612.
21	(4) Within 30 days after the department mails its order to the party's last-known address, a party
22	may appeal to the workers' compensation court."
23	
24	NEW SECTION. Section 8. Repealer. Section 39-71-1013, MCA, is repealed.
25	
26	NEW SECTION. Section 9. Saving clause. [This act] does not affect rights and duties that
27	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this
28	act].
29	

NEW SECTION. Section 10. Effective date. [This act] is effective July 1, 1997.

STATE OF MONTANA - FISCAL NOTE

Fiscal Note for SB0062, as introduced

DESCRIPTION OF PROPOSED LEGISLATION:

An act clarifying the process for paying rehabilitation benefits to disabled workers' compensation claimants injured on or before June 30, 1997; limiting funding for certain rehabilitation benefit payments; and providing for direct payment of rehabilitation benefits by insurers to disabled workers injured on or after July 1, 1997.

ASSUMPTIONS:

- 1. The current process provides for a workers' compensation claimant to develop a rehabilitation plan with their workers' compensation insurer. The plan is submitted to the Department of Labor and Industry (DoLI) for authorization, which allows the Department of Public Health and Human Services (DPHHS) to expend funds from the Industrial Accident Rehabilitation Account (IARA) for the claimant's rehabilitation expenses.
- 2. The DoLI collects the rehabilitation assessment (39-71-1004,MCA) from insurers to pay for the rehabilitation benefit payments incurred by DPHHS.
- 3. The actual cost to the State Fund for its portion of the Rehabilitation Assessment in fiscal year 1996 was \$149,685. The fiscal year 1997 cost is projected to be \$162,746.
- 4. Rehabilitation benefit payments and the process for qualifying for the payments on claims prior to July 1, 1997, Will remain unchanged.
- 5. The rehabilitation assessment will continue to be charged to the State Fund to pay the rehabilitation benefits of claims prior to July 1, 1997.
- 6. The bill provides for insurers to make direct payments of rehabilitation benefits to disabled workers injured on or after July 1, 1997.
- 7. The bill would streamline the administrative processes for funding rehabilitation plans.
- 8. The bill would streamline the process for receiving rehabilitation benefit payments for injuries occurring on or after July 1, 1997. The insurer and the claimant would come to agreement on "reasonable and necessary" rehabilitation expenses. The expenses would be paid directly by the insurer.
- 9. The current rehabilitation assessment is an unallocated expense, it does not impact a specific claim file and does not impact employers' loss experience. Under direct payment by an insurer, required in this bill, the rehabilitation benefits would be allocated to a specific claim file as a direct loss of that claim and impact the employer's loss experience.
- 10. This bill would remove DPHHS from the Industrial Accident Rehabilitation process and the requirement that DoLI pay rehabilitation benefits.
- 11. The Executive Budget contains funding to replace the loss of Workers' Compensation funds for the Vocational Rehabilitation Program in DPHHS.
- 12. The average annual case load is twenty; each case requires between two and eight payments a year. It takes approximately five minutes to process a warrant. Thus, to process the benefit payment warrants would take 13 additional hours per year for DoLI. [20x8x5=800minutes/60 = 13 hours]. Thirteen hours of workload can be absorbed by DoLI.

FISCAL IMPACT:

None anticipated above the level recommended in the Executive Budget. The State Fund will make direct benefit payments for rehabilitation expenses verses paying the rehabilitation assessment to DoLI.

DAVE LEWIS, BUDGET DIRECTOR DATE
Cffice of Budget and Program Planning

MIKE SPRAGUE, PRIMARY SPONS

DATE

Fiscal Note for SB0062, as introduced

Legislative Services Division

APPROVED BY COM ON LABOR & EMPLOYMENT RELATIONS

1	SENATE BILL NO. 62
2	INTRODUCED BY SPRAGUE
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE PROCESS FOR PAYING REHABILITATION
6	BENEFITS TO DISABLED WORKERS' COMPENSATION CLAIMANTS INJURED ON OR BEFORE JUNE 30,
7	1997; LIMITING FUNDING FOR CERTAIN REHABILITATION BENEFIT PAYMENTS; PROVIDING FOR DIRECT
8	PAYMENT OF REHABILITATION BENEFITS BY INSURERS TO DISABLED WORKERS INJURED ON OR AFTER
9	JULY 1, 1997; AMENDING SECTIONS 39-71-1003, 39-71-1004, 39-71-1006, 39-71-1011, 39-71-1014,
10	39-71-1031, AND 39-71-1032, MCA; REPEALING SECTION 39-71-1013, MCA; AND PROVIDING AN
11	EFFECTIVE DATE."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
14	
15	Section 1. Section 39-71-1003, MCA, is amended to read:
16	"39-71-1003. Eligibility Payment for vocational rehabilitation expenses for injuries occurring on
17	or before June 30, 1997. (1) Upon certification by the department of public health and human services For
18	injuries occurring on or before June 30, 1997, a disabled worker may be paid vocational rehabilitation
19	expenses from funds provided in 39-71-1004, in addition to benefits payable under the Workers'
20	Compensation Act.
21	(2) The appeal process provided for in 53-7-106 is the exclusive remedy for an injured worker
22	aggrieved in the receipt of vocational rehabilitation services provided by the department of public health
23	and human services."
24	
25	Section 2. Section 39-71-1004, MCA, is amended to read:
26	"39-71-1004. Industrial accident rehabilitation account. (1) The payments provided in 39-71-1003
27	must be made from the industrial accident rehabilitation account in the state special revenue fund.
28	Payments to the account must be made en or before July 1 of each year UPON AN ASSESSMENT BY THE
29	DEPARTMENT as follows:
30	(a) by each employer operating under the provisions of plan No. 1 of the Workers' Compensation

Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to the
employer's injured employees in Montana for the preceding fiscal year;

- (b) by each insurer insuring employers under the provisions of plan No. 2 of the Workers' Compensation Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to injured employees of its insured in Montana during the preceding fiscal year;
- (c) by the department <u>state fund</u>, an amount to be determined <u>assessed</u> by the department, not exceeding 1% of the compensation paid <u>by the state fund</u> to injured employees in Montana from the industrial insurance expendable trust fund and the occupational disease expendable trust fund for <u>during</u> the preceding fiscal year.
- (2) Separate accounts of the amounts that were collected and disbursements that were made from the industrial accident rehabilitation account in the state special revenue fund must be kept for each of the plans. If in any fiscal year the amount that was collected from the employers under any plan exceeds the amount of payments for employees of the employers under the plan, the assessment against the employers under the plan for the following year must be reduced.
- (3) The payments provided for in this section must be made to the department, which shall credit the sums paid to the industrial accident rehabilitation account in the custody of the state treasurer. Disbursements from the account must be made after approval by the department of public health and human services and upon audit and approval by the department of administration.
- (4) The funds allocated or contributed as provided in this section may not be used for payment of administrative expenses of the department of public health and human services.
- (5) The methods and processes used to disburse rehabilitation expense payments to eligible disabled workers are procedural and do not affect the substantive rights of those disabled workers."

Section 3. Section 39-71-1006, MCA, is amended to read:

"39-71-1006. Rehabilitation benefits. (1) A disabled worker as defined in 39-71-1011 is eligible for rehabilitation benefits if:

- (a) the worker has an actual wage loss as a result of the injury;
- (b) a rehabilitation provider, as designated by the insurer, certifies that the injured worker has reasonable vocational goals and reemployment opportunity and will have a reasonable reduction in the worker's actual wage loss with rehabilitation; and



- 2 - SB 62

(c) a rehabilitation plan <u>is</u> agreed upon by the injured worker and the insurer is filed with the
department AND A WRITTEN COPY OF THE PLAN IS PROVIDED TO THE WORKER. The plan must take
into consideration the worker's age, education, training, work history, residual physical capacities, and
vocational interests. The plan must specify a beginning date and a completion date. If the plan calls for the
expenditure of funds under 39-71-1004, the department shall authorize the department of public health and
human services to use the funds The plan must specify the cost of tuition, fees, books, and other
reasonable and necessary retraining expenses required to complete the plan.
(2) After filing the rehabilitation plan with the department, the \underline{A} disabled worker is entitled to
receive biweekly compensation benefits at the injured worker's temporary total disability rate. The benefits

- (2) After filing the rehabilitation plan with the department, the A disabled worker is entitled to receive biweekly compensation benefits at the injured worker's temporary total disability rate. The benefits must be paid for the period specified in the rehabilitation plan, not to exceed 104 weeks. The rehabilitation plan must be completed within 26 weeks of the completion date specified in the plan. Rehabilitation benefits must be paid biweekly while the worker is satisfactorily progressing in the agreed-upon rehabilitation plan. Benefits under this section are not subject to the lump-sum provisions of 39-71-741.
- (3) In addition to rehabilitation benefits payable under subsection (2), a disabled worker who was injured on or after July 1, 1997, is entitled to receive payment for tuition, fees, books, and other reasonable and necessary retraining expenses, excluding travel and living expenses PAID PURSUANT TO THE PROVISIONS OF 39-71-1025, as SET FORTH IN DEPARTMENT RULES AND AS specified in the rehabilitation plan. Expenses must be paid directly by the insurer.
- (3)(4) A worker may not receive temporary total benefits and the benefits under subsection (2) during the same period of time.
- (4)(5) A rehabilitation provider authorized by the insurer shall continue to assist the injured worker until the rehabilitation plan is completed.
- (5)(6) To be eligible for benefits under this section, a worker is required to begin the rehabilitation plan within 78 weeks of reaching maximum medical healing.
- (6)(7) A worker may not receive both wages and rehabilitation benefits without the written consent of the insurer. A worker who receives both wages and rehabilitation benefits without written consent of the insurer is guilty of theft and may be prosecuted under 45-6-301."

29 Section 4. Section

Section 4. Section 39-71-1011, MCA, is amended to read:

"39-71-1011. Definitions. As used in this chapter, the following definitions apply:



- 3 - SB 62

(1)	"Boar	d o	f reh	abilita	ation	ce	ertification	on"	means	the	nonpro	fit,	indepe	ndent,	fe	e-str	ıctur	ed
organizat	tion	that	is a	a mer	mber	of th	е	national	со	mmissio	n fo	r health	cei	rtifying	agenci	es	and	that	is
establish	ed	to cer	tify	rehab	ilitati	on pr	act	itioners	•										

- (2) "Disabled worker" means a worker who has a permanent impairment, established by objective medical findings, resulting from a work-related injury that precludes the worker from returning to the job the worker held at the time of the injury or to a job with similar physical requirements and who has an actual wage loss as a result of the injury.
- (3) "Rehabilitation benefits" means benefits provided in 39-71-1003, 39-71-1006, and 39-71-1025.
- (4) "Rehabilitation plan" means an a written individualized plan that assists a disabled worker in acquiring skills or aptitudes to return to work through job placement, on-the-job training, education, training, or specialized job modification and that reasonably reduces the worker's actual wage loss.
- (5) "Rehabilitation provider" means a rehabilitation counselor certified by the board for rehabilitation certification and designated by the insurer to the department or a department of public health and human services counselor when a worker has been certified by the department of public health and human services under 39.71.1003.
- (6) "Rehabilitation services" means a program of evaluation, planning, and implementation of a rehabilitation plan to assist a disabled worker to return to work."

Section 5. Section 39-71-1014, MCA, is amended to read:

"39-71-1014. Rehabilitation services -- required and provided by insurers and department of public health and human services. (1) Rehabilitation services are required for disabled workers and may be initiated by:

- (a) an insurer by designating a rehabilitation provider and notifying the department;
- (b) the department by requiring the insurer to designate a rehabilitation provider; or
- (e)(b) a disabled worker through a request to the department. The department shall then require the insurer to designate a rehabilitation provider.
 - (2) Rehabilitation services provided under this part must be delivered:
- 29 (a) through a rehabilitation counselor certified by the board of rehabilitation certification;
 - (b) by a vocational rehabilitation counselor employed by the department of public health and human



1	services; or
2	(e) by both .
3	(3) A disabled worker served by the department of public health and human services may receive
4	only those vocational rehabilitation services as provided in Title 53, chapter 7, parts 1 and 2."
5	
6	Section 6. Section 39-71-1031, MCA, is amended to read:
7	"39-71-1031. Exchange of information. The department of public health and human services, the
8	insurer's designated rehabilitation provider, and the department shall provide to one another case
9	information as necessary to carry out the purposes of this part."
10	
11	Section 7. Section 39-71-1032, MCA, is amended to read:
12	"39-71-1032. Termination of benefits for noncooperation with rehabilitation provider department
13	hearing and appeal. (1) If an insurer believes that a worker is refusing unreasonably to cooperate with the
14	rehabilitation provider, the insurer, with 14 days' WRITTEN notice to the worker and the department on a
15	form approved by the department, may terminate any benefits, except medical benefits and the impairment
16	award, that the worker is receiving until the worker cooperates.
17	(2) The worker may contest the insurer's termination of benefits by filing a written exception to
18	the department within 20 working days after the date of the 14-day notice. The worker or insurer may
19	request a hearing before the department. The department shall hold a hearing within 30 days of receipt of
20	the request. The department shall issue an order within 15 days of the hearing.
21	(3) If the worker prevails at a hearing before the department, it may award attorney fees and costs
22	to the worker under 39-71-612.
23	(4) Within 30 days after the department mails its order to the party's last-known address, a party
24	may appeal to the workers' compensation court."
25	
26	NEW SECTION. Section 8. Repealer. Section 39-71-1013, MCA, is repealed.
27	
28	NEW SECTION. Section 9. Saving clause. [This act] does not affect rights and duties that
29	matured, penalties that were incurred, or proceedings that were begun before [the effective date of this



act].

29

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1 NEW SECTION. Section 10. Effective date. [This act] is effective July 1, 1997.

2 -END-



1	SENATE BILL NO. 02
2	INTRODUCED BY SPRAGUE
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE PROCESS FOR PAYING REHABILITATION
6	BENEFITS TO DISABLED WORKERS' COMPENSATION CLAIMANTS INJURED ON OR BEFORE JUNE 30,
7	1997; LIMITING FUNDING FOR CERTAIN REHABILITATION BENEFIT PAYMENTS; PROVIDING FOR DIRECT
8	PAYMENT OF REHABILITATION BENEFITS BY INSURERS TO DISABLED WORKERS INJURED ON OR AFTER
9	JULY 1, 1997; AMENDING SECTIONS 39-71-1003, 39-71-1004, 39-71-1006, 39-71-1011, 39-71-1014,
10	39-71-1031, AND 39-71-1032, MCA; REPEALING SECTION 39-71-1013, MCA; AND PROVIDING AN
11	EFFECTIVE DATE."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

THERE ARE NO CHANGES IN THIS BILL AND IT WILL NOT BE REPRINTED. PLEASE REFER TO SECOND READING COPY (YELLOW) FOR COMPLETE TEXT.



1	SENATE BILL NO. 62
2	INTRODUCED BY SPRAGUE
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE PROCESS FOR PAYING REHABILITATION
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8	PAYMENT OF REHABILITATION BENEFITS BY INSURERS TO DISABLED WORKERS INJURED ON OR AFTER
9	JULY 1, 1997; AMENDING SECTIONS 39-71-1003, 39-71-1004, 39-71-1006, 39-71-1011, 39-71-1014,
10	39-71-1031, AND 39-71-1032, MCA; REPEALING SECTION 39-71-1013, MCA; AND PROVIDING AN
11	EFFECTIVE DATE."
12	
13	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

THERE ARE NO CHANGES IN THIS BILL AND IT WILL NOT BE REPRINTED. PLEASE REFER TO THIRD READING COPY (BLUE) FOR COMPLETE TEXT.

1	SENATE BILL NO. 62
2	INTRODUCED BY SPRAGUE
3	BY REQUEST OF THE DEPARTMENT OF LABOR AND INDUSTRY
4	
5	A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE PROCESS FOR PAYING REHABILITATION
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9	JULY 1, 1997; AMENDING SECTIONS 39-71-1003, 39-71-1004, 39-71-1006, 39-71-1011, 39-71-1014
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1	EFFECTIVE DATE."
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3	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
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15	Section 1. Section 39-71-1003, MCA, is amended to read:
16	"39-71-1003. Eligibility Payment for vocational rehabilitation expenses for injuries occurring or
17	or before June 30, 1997. (1) Upon certification by the department of public health and human cervices For
18	injuries occurring on or before June 30, 1997, a disabled worker may be paid vocational rehabilitation
19	expenses from funds provided in 39-71-1004, in addition to benefits payable under the Workers'
20	Compensation Act.
21	(2) The appeal process provided for in 53-7-106 is the exclusive remedy for an injured worker
22	aggrieved in the receipt of vecational rehabilitation services provided by the department of public health
23	and human services."
24	
25	Section 2. Section 39-71-1004, MCA, is amended to read:
26	"39-71-1004. Industrial accident rehabilitation account. (1) The payments provided in 39-71-1003
27	must be made from the industrial accident rehabilitation account in the state special revenue fund.
28	Payments to the account must be made en or before July 1 of each year <u>UPON AN ASSESSMENT BY THE</u>
29	DEPARTMENT as follows:
30	(a) by each employer operating under the provisions of plan No. 1 of the Workers' Compensation

REFERENCE BILL

SB 62

1	Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to the
2	employer's injured employees in Montana for the preceding fiscal year;

- (b) by each insurer insuring employers under the provisions of plan No. 2 of the Workers' Compensation Act, an amount to be assessed by the department, not exceeding 1% of the compensation paid to injured employees of its insured in Montana during the preceding fiscal year;
- (c) by the department state fund, an amount to be determined assessed by the department, not exceeding 1% of the compensation paid by the state fund to injured employees in Montana from the industrial insurance expendable trust fund and the occupational disease expendable trust fund for during the preceding fiscal year.
- (2) Separate accounts of the amounts that were collected and disbursements that were made from the industrial accident rehabilitation account in the state special revenue fund must be kept for each of the plans. If in any fiscal year the amount that was collected from the employers under any plan exceeds the amount of payments for employees of the employers under the plan, the assessment against the employers under the plan for the following year must be reduced.
- (3) The payments provided for in this section must be made to the department, which shall credit the sums paid to the industrial accident rehabilitation account in the custody of the state treasurer. Disbursements from the account must be made after approval by the department of public health and human services and upon audit and approval by the department of administration.
- (4) The funds allocated or contributed as provided in this section may not be used for payment of administrative expenses of the department of public health and human services.
- (5) The methods and processes used to disburse rehabilitation expense payments to eligible disabled workers are procedural and do not affect the substantive rights of those disabled workers."

Section 3. Section 39-71-1006, MCA, is amended to read:

- "39-71-1006. Rehabilitation benefits. (1) A disabled worker as defined in 39-71-1011 is eligible for rehabilitation benefits if:
 - (a) the worker has an actual wage loss as a result of the injury;
- (b) a rehabilitation provider, as designated by the insurer, certifies that the injured worker has reasonable vocational goals and reemployment opportunity and will have a reasonable reduction in the worker's actual wage loss with rehabilitation; and



1	(c) a rehabilitation plan <u>is</u> agreed upon by the injured worker and the insurer is filed with the
2	department AND A WRITTEN COPY OF THE PLAN IS PROVIDED TO THE WORKER. The plan must take
3	into consideration the worker's age, education, training, work history, residual physical capacities, and
4	vocational interests. The plan must specify a beginning \underline{date} and \underline{a} completion date. If the plan calls for the
5	expenditure of funds under 39-71-1004, the department shall authorize the department of public health and
6	human services to use the funds The plan must specify the cost of tuition, fees, books, and othe
7	reasonable and necessary retraining expenses required to complete the plan.
8	(2) After filing the rehabilitation plan with the department, the \underline{A} disabled worker is entitled to
9	receive biweekly compensation benefits at the injured worker's temporary total disability rate. The benefits
10	must be paid for the period specified in the rehabilitation plan, not to exceed 104 weeks. The rehabilitation
11	plan must be completed within 26 weeks of the completion date specified in the plan. Rehabilitation
12	benefits must be paid biweekly while the worker is satisfactorily progressing in the agreed-upon
13	rehabilitation plan. Benefits under this section are not subject to the lump-sum provisions of 39-71-741.
14	(3) In addition to rehabilitation benefits payable under subsection (2), a disabled worker who was
15	injured on or after July 1, 1997, is entitled to receive payment for tuition, fees, books, and other reasonable
16	and necessary retraining expenses, excluding travel and living expenses PAID PURSUANT TO THE
17	PROVISIONS OF 39-71-1025, as SET FORTH IN DEPARTMENT RULES AND AS specified in the
18	rehabilitation plan. Expenses must be paid directly by the insurer.
19	(3)(4) A worker may not receive temporary total benefits and the benefits under subsection (2)
20	during the same period of time.
21	(4)(5) A rehabilitation provider authorized by the insurer shall continue to assist the injured worker
22	until the rehabilitation plan is completed.
23	(5)(6) To be eligible for benefits under this section, a worker is required to begin the rehabilitation
24	plan within 78 weeks of reaching maximum medical healing.
25	(6)[7] A worker may not receive both wages and rehabilitation benefits without the written consent

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Section 4. Section 39-71-1011, MCA, is amended to read:

the insurer is guilty of theft and may be prosecuted under 45-6-301."

"39-71-1011. Definitions. As used in this chapter, the following definitions apply:



of the insurer. A worker who receives both wages and rehabilitation benefits without written consent of

1	(1) "Board of rehabilitation certification" means the nonprofit, independent, fee-structured
2	organization that is a member of the national commission for health certifying agencies and that is
3	established to certify rehabilitation practitioners.
4	(2) "Disabled worker" means a worker who has a permanent impairment, established by objective
5	medical findings, resulting from a work-related injury that precludes the worker from returning to the job
6	the worker held at the time of the injury or to a job with similar physical requirements and who has an
7	actual wage loss as a result of the injury.
8	(3) "Rehabilitation benefits" means benefits provided in $39.71.1003$, $39.71.1006$, and
9	39-71-1025.
10	(4) "Rehabilitation plan" means an a written individualized plan that assists a disabled worker in
11	acquiring skills or aptitudes to return to work through job placement, on-the-job training, education, training,
12	or specialized job modification and that reasonably reduces the worker's actual wage loss.
13	(5) "Rehabilitation provider" means a rehabilitation counselor certified by the board for rehabilitation
14	certification and designated by the insurer to the department or a department of public health and human
15	services counselor when a worker has been certified by the department of public health and human services
16	under 39-71-1003 .
17	(6) "Rehabilitation services" means a program of evaluation, planning, and implementation of a
18	rehabilitation plan to assist a disabled worker to return to work."
19	
20	Section 5. Section 39-71-1014, MCA, is amended to read:
21	"39-71-1014. Rehabilitation services required and provided by insurers and department of public
22	health and human services. (1) Rehabilitation services are required for disabled workers and may be initiated
23	by:
24	(a) an insurer by designating a rehabilitation provider and notifying the department;
25	(b) the department by requiring the insurer to designate a rehabilitation previder; or
26	(a)(b) a disabled worker through a request to the department. The department shall then require
27	the insurer to designate a rehabilitation provider.
28	(2) Rehabilitation services provided under this part must be delivered.
29	(a) through a rehabilitation counselor certified by the board of rehabilitation certification;



(b) - by a vocational rehabilitation counselor employed by the department of public health and human

services; or

2	(c) by both .
3	(3) A disabled worker served by the department of public health and human services may receive
4	only those vocational rehabilitation services as provided in Title 53, chapter 7, parts 1 and 2."
5	
6	Section 6. Section 39-71-1031, MCA, is amended to read:
7	"39-71-1031. Exchange of information. The dopartment of public health and human services, the
8	insurer's designated rehabilitation provider, and the department shall provide to one another case
9	information as necessary to carry out the purposes of this part."
10	
11	Section 7. Section 39-71-1032, MCA, is amended to read:
12	"39-71-1032. Termination of benefits for noncooperation with rehabilitation provider department
13	hearing and appeal. (1) If an insurer believes that a worker is refusing unreasonably to cooperate with the
14	rehabilitation provider, the insurer, with 14 days' WRITTEN notice to the worker and the department en-
15	form approved by the department, may terminate any benefits, except medical benefits and the impairment
16	award, that the worker is receiving until the worker cooperates.
17	(2) The worker may contest the insurer's termination of benefits by filing a written exception to
18	the department within 20 working days after the date of the 14-day notice. The worker or insurer may
19	request a hearing before the department. The department shall hold a hearing within 30 days of receipt of
20	the request. The department shall issue an order within 15 days of the hearing.
21	(3) If the worker prevails at a hearing before the department, it may award attorney fees and costs
22	to the worker under 39-71-612.
23	(4) Within 30 days after the department mails its order to the party's last-known address, a party
24	may appeal to the workers' compensation court."
25	
26	NEW SECTION. Section 8. Repealer. Section 39-71-1013, MCA, is repealed.
27	
28	NEW SECTION. Section 9. Saving clause. [This act] does not affect rights and duties that
29	matured, penalties that were incurred, or proceedings that were begun before (the effective date of this
30	act).



1 NEW SECTION. Section 10. Effective date. [This act] is effective July 1, 1997.

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