By: Representatives Guice, Formby

To: Insurance

HOUSE BILL NO. 729

AN ACT TO DISQUALIFY CERTAIN INCARCERATED WORKERS' 1 COMPENSATION CLAIMANTS FROM ENTITLEMENT TO BENEFITS; TO AMEND 2 SECTION 71-3-7, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT PREEXISTING CONDITIONS DO NOT HAVE TO BE OCCUPATIONALLY DISABLING FOR APPORTIONMENT TO APPLY IN A WORKERS' COMPENSATION CLAIM; TO 3 4 5 б AMEND SECTION 71-3-15, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT 7 CERTAIN MEDICAL INFORMATION SHALL BE EQUALLY ACCESSIBLE BY 8 EMPLOYEES AND EMPLOYERS IN WORKERS' COMPENSATION CASES; TO AMEND SECTION 71-3-25, MISSISSIPPI CODE OF 1972, TO PROVIDE AN EMPLOYER 9 THE RIGHT TO REQUIRE AN AUTOPSY IN CERTAIN DEATH CASES AT THE 10 11 EXPENSE OF THE EMPLOYER UNDER THE WORKERS' COMPENSATION LAWS; TO AMEND SECTION 71-3-35, MISSISSIPPI CODE OF 1972, TO PROVIDE THAT 12 WHEN AN EMPLOYEE RESIGNS, HIS EMPLOYMENT IS TERMINATED OR HE IS LAID OFF, A COMPENSABLE CLAIM MAY BE MAINTAINED ONLY IF THE 13 14 EMPLOYER HAS RECEIVED NOTICE OF THE INJURY BEFORE THE TERMINATION 15 16 DATE; AND FOR RELATED PURPOSES.

17 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI: 18 **SECTION 1.** (1) Notwithstanding any other provision of this chapter to the contrary, an injured worker is not eligible to 19 receive workers' compensation benefits or medical expenses for 20 21 periods of time during which the worker is incarcerated for the 22 commission of a crime unless the injured worker is receiving a 23 structured settlement due to a permanent and total loss of wage-earning capacity which was attributable to the work-related 24 25 injury.

(2) As used in this section, an individual is not
"incarcerated" if the individual is on parole or work release
status.

(3) If upon appeal such conviction is overturned, the benefits suspended during the period of incarceration shall be reinstated.

32 SECTION 2. Section 71-3-7, Mississippi Code of 1972, is 33 amended as follows:

H. B. No. 729 *HR40/R571* 05/HR40/R571 PAGE 1 (MS\BD)

G1/2

71-3-7. Compensation shall be payable for disability or 34 35 death of an employee from injury or occupational disease arising 36 out of and in the course of employment, without regard to fault as 37 to the cause of the injury or occupational disease. An 38 occupational disease shall be deemed to arise out of and in the 39 course of employment when there is evidence that there is a direct 40 causal connection between the work performed and the occupational disease. 41

Where a preexisting physical handicap, disease, or lesion is 42 43 shown by medical findings to be a material contributing factor in 44 the results following injury, the compensation which, but for this paragraph, would be payable shall be reduced by that proportion 45 46 which such preexisting physical handicap, disease, or lesion contributed to the production of the results following the injury. 47 The preexisting condition does not have to be occupationally 48 disabling for this apportionment to apply. 49

50 (a) Apportionment shall not be applied until the claimant51 has reached maximum medical recovery.

52 (b) The employer or carrier does not have the power to 53 determine the date of maximum medical recovery or percentage of 54 apportionment. This must be done by the attorney-referee, subject 55 to review by the commission as the ultimate finder of fact.

(c) After the date the claimant reaches maximum medical recovery, weekly compensation benefits and maximum recovery shall be reduced by that proportion which the preexisting physical handicap, disease, or lesion contributes to the results following injury.

(d) If maximum medical recovery has occurred before the hearing and order of the attorney-referee, credit for excess payments shall be allowed in future payments. Such allowances and method of accomplishment of the same shall be determined by the attorney-referee, subject to review by the commission. However,

H. B. No. 729 *HR40/R571* 05/HR40/R571 PAGE 2 (MS\BD) 66 no actual repayment of such excess shall be made to the employer 67 or carrier.

No compensation shall be payable if the intoxication of the 68 69 employee was the proximate cause of the injury, or if it was the 70 willful intention of the employee to injure or kill himself or 71 another.

Every employer to whom this chapter applies shall be liable 72 73 for and shall secure the payment to his employees of the 74 compensation payable under its provisions.

75 In the case of an employer who is a subcontractor, the 76 contractor shall be liable for and shall secure the payment of 77 such compensation to employees of the subcontractor, unless the 78 subcontractor has secured such payment.

79 SECTION 3. Section 71-3-15, Mississippi Code of 1972, is amended as follows: 80

71-3-15. (1) The employer shall furnish such medical, 81 82 surgical, and other attendance or treatment, nurse and hospital 83 service, medicine, crutches, artificial members, and other apparatus for such period as the nature of the injury or the 84 85 process of recovery may require. The injured employee shall have the right to accept the services furnished by the employer or, in 86 87 his discretion, to select one (1) competent physician of his choosing and such other specialists to whom he is referred by his 88 chosen physician to administer medical treatment. Referrals by the 89 90 chosen physician shall be limited to one (1) physician within a specialty or subspecialty area. Except in an emergency requiring 91 92 immediate medical attention, any additional selection of 93 physicians by the injured employee or further referrals must be approved by the employer, if self-insured, or the carrier prior to 94 obtaining the services of the physician at the expense of the 95 employer or carrier. If denied, the injured employee may apply to 96 97 the commission for approval of the additional selection or referral, and if the commission determines that such request is 98 *HR40/R571* H. B. No. 729 05/HR40/R571

PAGE 3 (MS\BD)

99 reasonable, the employee may be authorized to obtain such 100 treatment at the expense of the employer or carrier. Approval by 101 the employer or carrier does not require approval by the 102 commission. A physician to whom the employee is referred by his 103 employer shall not constitute the employee's selection, unless the 104 employee, in writing, accepts the employer's referral as his own 105 selection. Should the employer desire, he may have the employee examined by a physician other than of the employee's choosing for 106 107 the purpose of evaluating temporary or permanent disability or 108 medical treatment being rendered under such reasonable terms and 109 conditions as may be prescribed by the commission. If at any time during such period the employee unreasonably refuses to submit to 110 111 medical or surgical treatment, the commission shall, by order, suspend the payment of further compensation during such time as 112 such refusal continues, and no compensation shall be paid at any 113 time during the period of such suspension; provided, that no claim 114 115 for medical or surgical treatment shall be valid and enforceable, 116 as against such employer, unless within twenty (20) days following the first treatment the physician or provider giving such 117 118 treatment shall furnish to the employer, if self-insured, or its 119 carrier, a preliminary report of such injury and treatment, on a 120 form or in a format approved by the commission. Subsequent reports of such injury and treatment must be submitted at least 121 122 every thirty (30) days thereafter until such time as a final 123 report shall have been made. Reports which are required to be filed hereunder shall be furnished by the medical provider to the 124 125 employer or carrier, and it shall be the responsibility of the 126 employer or carrier receiving such reports to promptly furnish copies to the commission. The commission may, in its discretion, 127 128 excuse the failure to furnish such reports within the time 129 prescribed herein if it finds good cause to do so, and may, upon 130 request of any party in interest, order or direct the employer or

H. B. No. 729 *HR40/R571* 05/HR40/R571 PAGE 4 (MS\BD) 131 carrier to pay the reasonable value of medical services rendered 132 to the employee.

Whenever in the opinion of the commission a physician 133 (2) 134 has not correctly estimated the degree of permanent disability or 135 the extent of the temporary disability of an injured employee, the 136 commission shall have the power to cause such employee to be 137 examined by a physician selected by the commission, and to obtain 138 from such physician a report containing his estimate of such disabilities. The commission shall have the power in its 139 140 discretion to charge the cost of such examination to the employer, 141 if he is a self-insurer, or to the insurance company which is 142 carrying the risk.

143 In carrying out this section, the commission shall (3) 144 establish an appropriate medical provider fee schedule, medical 145 cost containment system and utilization review which incorporates one or more medical review panels to determine the reasonableness 146 147 of charges and the necessity for the services, and limitations on 148 fees to be charged by medical providers for testimony and copying or completion of records and reports and other provisions which, 149 150 at the discretion of the commission, are necessary to encompass a 151 complete medical cost containment program. The commission may 152 contract with a private organization or organizations to establish and implement such a medical cost containment system and fee 153 154 schedule with the cost for administering such a system to be paid 155 out of the administrative expense fund as provided in this chapter. All fees and other charges for such treatment or service 156 157 shall be limited to such charges as prevail in the same community 158 for similar treatment and shall be subject to regulation by the commission. No medical bill shall be paid to any doctor until all 159 160 forms and reports required by the commission have been filed. Any 161 employee receiving treatment or service under the provisions of 162 this chapter may not be held responsible for any charge for such treatment or service, and no doctor, hospital or other recognized 163 *HR40/R571* 729 H. B. No. 05/HR40/R571

PAGE 5 (MS\BD)

medical provider shall attempt to bill, charge or otherwise 164 165 collect from the employee any amount greater than or in excess of the amount paid by the employer, if self-insured, or its workers' 166 167 compensation carrier. Any dispute over the amount charged for 168 service rendered under the provisions of this chapter, or over the 169 amount of reimbursement for services rendered under the provisions of this chapter, shall be limited to and resolved between the 170 provider and the employer or carrier in accordance with the fee 171 dispute resolution procedures adopted by the commission. 172

(4) The liability of an employer for medical treatment as herein provided shall not be affected by the fact that his employee was injured through the fault or negligence of a third party, not in the same employ, provided the injured employee was engaged in the scope of his employment when injured. The employer shall, however, have a cause of action against such third party to recover any amounts paid by him for such medical treatment.

180 (5) An injured worker who believes that his best interest 181 has been prejudiced by the findings of the physician designated by the employer or carrier shall have the privilege of a medical 182 183 examination by a physician of his own choosing, at the expense of 184 the carrier or employer. Such examination may be had at any time 185 after injury and prior to the closing of the case, provided that 186 the charge shall not exceed One Hundred Dollars (\$100.00) and shall be paid by the carrier or employer where the previous 187 188 medical findings are upset, but paid by the employee if previous medical findings are confirmed. 189

190 (6) Medical and surgical treatment as provided in this 191 section shall not be deemed to be privileged insofar as carrying 192 out the provisions of this chapter is concerned. All findings <u>and</u> 193 <u>opinions pertaining to a medical, psychological or surgical</u> 194 <u>examination or treatment obtained in accordance with this chapter</u> 195 <u>shall be reported on commission forms and shall be equally</u> 196 accessible by the employee and the employer or their

H. B. No. 729 *HR40/R571* 05/hr40/r571 PAGE 6 (MS\BD) 197 representatives. This section shall not be interpreted so as to 198 prohibit or limit either the employee or employer from discussing 199 with any medical provider who treats or evaluates an employee for 200 an injury or medical condition for which claim is made any 201 information that is necessary to carry out the provisions of this 202 chapter. However, any information obtained under this section shall not be disseminated by the employer to any parties for 203 purposes inconsistent with this chapter unless authorized in 204 205 writing by the employee or his duly authorized representative or as otherwise required to do so by a court or administrative body 206 of competent jurisdiction. All findings pertaining to an 207 208 independent medical examination by order of the commission shall 209 be reported as provided in the order for such examination.

(7) Any medical benefits paid by reason of any accident or 210 health insurance policy or plan paid for by the employer, which 211 212 were for expenses of medical treatment under this section, are, 213 upon notice to the carrier prior to payment by it, subject to 214 subrogation in favor of the accident or health insurance company to the extent of its payment for medical treatment under this 215 216 section. Reimbursement to the accident or health insurance 217 company by the carrier or employer, to the extent of such 218 reimbursement, shall constitute payment by the employer or carrier 219 of medical expenses under this section. Under no circumstances, 220 shall any subrogation be had by any insurance company against any 221 compensation benefits paid under this chapter.

222 **SECTION 4.** Section 71-3-25, Mississippi Code of 1972, is 223 amended as follows:

71-3-25. (1) If the injury causes death, the compensation
shall be known as a death benefit and shall be payable in the
amount and to or for the benefit of the persons following:

(a) An immediate lump sum payment of Two Hundred Fifty
 Dollars (\$250.00) to the surviving spouse, in addition to other
 compensation benefits.

H. B. No. 729 *HR40/R571* 05/HR40/R571 PAGE 7 (MS\BD) (b) Reasonable funeral expenses not exceeding Two
Thousand Dollars (\$2,000.00) exclusive of other burial insurance
or benefits.

233 (C) If there be a surviving spouse and no child of the 234 deceased, to such surviving spouse thirty-five percent (35%) of 235 the average wages of the deceased during widowhood or dependent 236 widowhood and, if there be a surviving child or children of the 237 deceased, the additional amount of ten percent (10%) of such wages 238 for each such child. In case of the death or remarriage of such surviving spouse, any surviving child of the deceased employee 239 240 shall have his compensation increased to fifteen percent (15%) of such wages, provided that the total amount payable shall in no 241 242 case exceed sixty-six and two-thirds percent (66-2/3%) of such 243 wages, subject to the maximum limitations as to weekly benefits as set up in this chapter. The commission may, in its discretion, 244 245 require the appointment of a guardian for the purpose of receiving 246 the compensation of a minor dependent. In the absence of such a 247 requirement, the appointment of a guardian for such purposes shall not be necessary, provided that if no legal guardian be appointed, 248 249 payment to the natural guardian shall be sufficient.

(d) If there be a surviving child or children of the deceased but no surviving spouse, then for the support of each such child twenty-five percent (25%) of the wages of the deceased, provided that the aggregate shall in no case exceed sixty-six and two-thirds percent (66-2/3%) of such wages, subject to the maximum limitations as to weekly benefits as set up in this chapter.

256 (e) If there be no surviving spouse or child, or if the 257 amount payable to a surviving spouse and to children shall be less in the aggregate than sixty-six and two-thirds percent (66-2/3%) 258 259 of the average wages of the deceased, subject to the maximum 260 limitations as to weekly benefits as set up in this chapter, then 261 for the support of grandchildren or brothers and sisters, if 262 dependent upon the deceased at the time of the injury, fifteen *HR40/R571* 729 H. B. No. 05/HR40/R571

```
PAGE 8 (MS\BD)
```

percent (15%) of such wages for the support of each such person; 263 264 and for the support of each parent or grandparent of the deceased, if dependent upon him at the time of injury, fifteen percent (15%) 265 266 of such wages during such dependency. But in no case shall the 267 aggregate amount payable under this subsection exceed the 268 difference between sixty-six and two-thirds percent (66-2/3%) of 269 such wages and the amount payable as hereinbefore provided to 270 surviving spouse and for the support of surviving child or 271 children, subject to the maximum limitations as to weekly benefits 272 as set up in this chapter.

(f) The total weekly compensation payments to any or all beneficiaries in death cases shall not exceed the weekly benefits as set up in this chapter and shall in no case be paid for a longer period than four hundred fifty (450) weeks or for a greater amount than the multiple of four hundred fifty (450) weeks times sixty-six and two-thirds percent (66-2/3%) of the average weekly wage for the state.

(g) All questions of dependency shall be determined as
of the time of the injury. A surviving spouse, child or children
shall be presumed to be wholly dependent. All other dependents
shall be considered on the basis of total or partial dependence as
the facts may warrant.

285 (2) The employer shall have the right to require an autopsy
 286 at the expense of the employer unless autopsies are against the
 287 religious beliefs of the deceased or the family of the deceased.

288 SECTION 5. Section 71-3-35, Mississippi Code of 1972, is
289 amended as follows:

290 71-3-35. (1) No claim for compensation shall be maintained unless, within thirty (30) days after the occurrence of the 291 injury, actual notice was received by the employer or by an 292 293 officer, manager, or designated representative of an employer. Ιf 294 no representative has been designated by posters placed in one or 295 more conspicuous places, then notice received by any superior *HR40/R571* 729 H. B. No.

05/HR40/R571 PAGE 9 (MS\BD)

shall be sufficient. Absence of notice shall not bar recovery if 296 297 it is found that the employer had knowledge of the injury and was 298 not prejudiced by the employee's failure to give notice. 299 Regardless of whether notice was received, if no payment of 300 compensation (other than medical treatment or burial expense) is 301 made and no application for benefits filed with the commission 302 within two (2) years from the date of the injury or death, the 303 right to compensation therefor shall be barred.

304 (2) If a person who is entitled to compensation under this chapter is mentally incompetent or a minor, the limitation for 305 306 filing application for benefits shall not be applicable so long as 307 such person has no guardian or other authorized representative, 308 but shall be applicable in the case of a person who is mentally 309 incompetent or a minor from the date of appointment of such 310 guardian or other representative, or in the case of a minor, if no 311 guardian is appointed before he becomes of age, from the date he 312 becomes of age.

313 Where recovery is denied to any person, in a suit (3) brought at law or admiralty to recover damages in respect of 314 315 injury or death, on the ground that such person was an employee 316 and that the defendant was an employer within the meaning of this 317 chapter and that such employer had secured compensation to such 318 employee under this chapter, the limitation upon filing application for benefits shall begin to run only from the date of 319 320 termination of such suit.

321 (4) When an employee resigns, his employment is terminated 322 or he is laid off, no claim for physical injury shall be 323 maintained unless actual notice of the injury was received by the 324 employer on or before the date of the resignation, termination or 325 layoff.

326 **SECTION 6.** This act shall take effect and be in force from 327 and after July 1, 2005.

H. B. No. 729 05/HR40/R571 PAGE 10 (MS\BD) *HR40/R571* ST: Workers' Compensation; provide employers with certain rights and revise methods of determining payment of claims.