

Compliance and Regulations Newsletter

Demetria Woodson

Manager of Compliance and Regulations, EK Health Services, Inc.

CALIFORNIA

Debit Card Bill Amended to Include All Employers

Senate Bill 880, sponsored by Senator Richard Pan, originally included depositing temporary disability indemnity payments for the State Compensation Insurance Fund (SCIF) into a prepaid card account, allowing the employee access to such benefits via an ATM until January 1, 2023. The bill was recently amended to include any employer in California.

The prepaid card must meet the following requirements:

- Allow the employee to withdraw the entire card balance in one transaction without incurring fees.
- Allow the employee reasonable access to in-network ATMs.
- Allow the employee to make point-of-sale purchases without incurring fees from the financial institution.

Fees associated with using the prepaid card should be disclosed to the employee in writing. Permissible fees associated with the using a prepaid care are those for a replacement card, out-of-network ATM fees on the third and subsequent withdrawal per deposit, and fees for foreign transactions.

If an employee opts into the prepaid card system, the employer or the employee may opt to change the method of payment by providing a 30-day written notice to the other party.

Employers must provide data on their prepaid account programs to the Commission on Health and Safety and Workers' Compensation upon request. The report must include the number of employees who chose to receive their temporary disability indemnity payment in a prepaid account, the cash value of temporary disability benefits sent to prepaid accounts, and the number of employees who opted to change the method of payment from a prepaid account to another method.

SB 880 was referred to the Assembly Insurance Committee. A hearing was scheduled this week to discuss the amendments.

Source

NEW YORK

Bills Would Allow Additional Services to be Performed by Providers

Senate Bill 8812, sponsored by Senator Fred Akshar, and Assembly Bill 8387, sponsored by Assemblyman Gary Pretlow would both allow nurse practitioners and social workers to perform independent medical exams under certain circumstances.

SB 8812 allows a nurse practitioner or licensed certified social worker to perform an independent medical examination on behalf of an employer only to the extent that the examination concerns treatment rendered by an identical provider type. These providers may not perform an independent medical examination on behalf of the employer concerning the causal relationship of any condition to a work-related accident or occupational disease or the presence of a disability.

Prior to a New York licensed physician receiving authorization to render care under the workers' compensation system, the physician must submit an application to the Board of Workers' Compensation and submit an application to the medical society of the county in which the physician's office is located or a board designation by the county medical society. If no action on the physician's application is taken by the county medical society or board designation within 45 days, the Board of Workers' Compensation may complete the review of the application without such approval if these bills are passed into law.

Both bills have been referred to the Labor Committees in each chamber.

Senate Bill 6666, sponsored by Senator George Amedore, which passed on June 14th, allows licensed or certified acupuncturists authorized by the Board of Workers' Compensation to be reimbursed for treating injured workers.

To be reimbursed, the acupuncturist must furnish the employer a preliminary notice of injury and treatment within 48 hours of such treatment. Within 15 days thereafter, a complete report and subsequent progress reports must be submitted. Fees are only payable to licensed or certified acupuncturists.

Source 1, Source 2, Source 3

TEXAS

Proposed Changes to Designated Doctor Rules

Since the implementation of House Bill 2605, the Texas Department of Insurance, Division of Workers' Compensation has identified three areas to improve designated doctor functions that require rulemaking - the designated doctor assignment process, qualification standards, and certification requirements.

In 2012, medical doctors made up 75% of designated doctors and doctors of osteopathy made up 9% of designated doctors. In 2017, medical doctors made up only 30% of designated doctors and doctors of osteopathy represented 4%. As of September 1, 2017, there were approximately 344 designated doctors licensed as chiropractors, 157 designated doctors licensed as osteopathic doctors.

As licensed medical doctors and doctors of osteopathy are the only doctors qualified by rule to perform designated doctor examinations, a downward trend in program participation by these providers could have severe consequences for injured employees in need of a designated doctor examination.

A continuing decline in the number of available practitioners may result in injured workers traveling greater distances for an examination or delays in the dispute resolution process. Such a decline has prompted the division to focus on ensuring an adequate number of appropriately qualified doctors participate in the system.

Designated doctors willing to conduct exams in rural counties may have one examination assigned at a time. Assigning multiple examinations may offset costs associated with traveling to rural counties for one examination. Assigning multiple examinations to the next available qualified doctor benefits the designated doctors because it decreases their expenses and creates scheduling efficiency when travel is involved. Without improved efficiency and cost-effective methods, designated doctors may decline individual assignments when travel is involved.

If the new rules are approved, they would be effective December 6, 2018 to allow system participants time to prepare and update their systems. Results of a hearing scheduled for June 18th have not been posted to the state website.

<u>Source</u>