

Workers' Comp Legislative Activity

November 15, 2019 – January 1, 2020

ILLINOIS

HB 2480 – Worker Comp-MRSA/Hearing Loss

Issues: Workers' Compensation (Medical Coverage and Reimbursement)

Summary for 2/13/19 Version: This measure provides that all managed care plans shall ensure that all claims and indemnities concerning health care services shall be paid within 30 days after receipt of a claim that has provided specified information on a CMS-1500 Health Insurance Claim Form or a UB-04 (CMS-1450) form.

This measure provides that certain health care providers shall be notified of any known failure of the claim and provide detailed information on how the claim may be satisfied to receive payment within 30 days after receipt. This measure provides that any undisputed portions of a claim must be reimbursed by the managed care plan within 30 days after receipt.

This measure grants the Department of Insurance specific authority to issue a cease and desist order, fine, or otherwise penalize managed care plans that violate provisions concerning timely payment for health care services. This measure provides that a policy issued or delivered to the Department of Healthcare and Family Services that provides coverage to certain persons is subject to the provisions concerning timely payment for health care services.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links:

- [4/8/2019 Proposed House Committee Amendment No. 2](#)
- [3/27/2019 Proposed House Committee Amendment No. 1](#)
- [2/13/2019 Version](#)

Status History:

- **02/13/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee

Note: This information is neither intended to be all-inclusive for the industry, nor for public redistribution. Please feel free to send your questions, comments, suggestions, and requests for further information to Coventry at Regulatory@cvt.com.

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- **03/06/2019** - Hearing held
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **04/08/2019** - Amendment No. 2 Filed
- **04/12/2019** - Rule 19(a) / Re-referred to Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

ILLINOIS

HB 2792 – Workers Comp Fee Schedule

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 2/14/19 Version: This measure makes existing medical fee schedules inoperative after August 31, 2020 and stipulates that the Illinois Workers' Compensation Commission must establish new medical fee schedules applicable on and after September 1, 2020 in accordance with specified criteria.

This measure provides for non-hospital fee schedules and hospital fee schedules applicable to different geographic areas of the State.

The measure sets forth a procedure for petitioning the Commission if a maximum fee causes a significant limitation on access to quality health care in either a specific field of health care services or a specific geographic limitation on access to health care.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links: [2/14/2019 Version](#)

Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held; Referred to House Workforce Development Subcommittee
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing held
- **03/29/2019** - Rule 19(a)/ Re-referred to House Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

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ILLINOIS

HB 2795 - An act concerning employment.

Issues: Workers' Compensation (Prescription Drug Formulary)

Summary for 2/14/2019 Version: This measure addresses a prescription drug formulary within the workers' compensation program. This measure stipulates, by September 1, 2020, the Workers' Compensation Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board, must promulgate by rule an evidence-based drug formulary and any rules necessary for its administration. Prescriptions prescribed for workers' compensation cases shall be limited to the prescription drugs and doses on the closed formulary.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Illinois, the Legislature's rules allow for measures to be carried over from regular sessions in odd-numbered years to regular sessions in even-numbered years. All bills and resolutions are referred to either the House Rules Committee or the Senate Assignments Committee. The status of each measure and resolution will be the same at the beginning of the next regular session as it was immediately before the adjournment of the previous regular session. The Illinois Legislature is expected to convene for the 2020 Legislative Session in January.

Links: [2/14/2019 Version](#)

Status History:

- **02/14/2019** - Introduced
- **02/26/2019** - Referred to House Labor & Commerce Committee
- **03/06/2019** - Hearing held; Referred to House Workforce Development Subcommittee
- **03/13/2019** - Hearing held
- **03/20/2019** - Hearing held
- **03/27/2019** - Hearing held
- **03/29/2019** - Rule 19(a)/ Re-referred to House Rules Committee
- **06/02/2019** - Carried over to 2020 Legislative Session

IOWA

HF 97 - A bill for an act relating to the state's workers' compensation laws

Issues: Workers' Compensation (Medical Coverage and Reimbursement)

Summary for 1/24/19: The measure modifies existing workers' compensation laws. The measure relates to the state's workers' compensation laws by modifying alternate care procedures for medical treatment, creating registries of physicians who treat and evaluate work-related injuries, providing for the retention of a medical director, creating a state workplace injury care providers registry fund,

establishing a workers' compensation advisory council, providing for and appropriating fees, and including effective date provisions.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Iowa, the Legislature's rules allow for measures to be carried over from the first to the second regular session and to any extraordinary session of the same general assembly. The status of each bill and resolution will be the same at the beginning of each second session as it was immediately before adjournment of the previous regular or extraordinary session. However, rules of either house may provide for re-referral of some or all bills and resolutions to standing committees upon adjournment of each session or at the beginning of a subsequent regular or extraordinary session, except those which have been adopted by both houses in different forms. The Iowa Legislature is expected to convene for the 2020 Legislative Session January 13, 2020.

Links: [1/24/2019 Version](#)

Status History:

- **01/24/2019** - Introduced; Referred to House Commerce Committee
- **04/27/2019** - Carried over to 2020 session

NEBRASKA

LB 316 - Adopt the Pharmacy Benefit Fairness and Transparency Act

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 04/24/2019 Version: This measure prohibits a pharmacy benefit manager from subjecting a pharmacist or contracted pharmacy to penalties or removal from a network or plan for sharing information regarding the cost, price, or copayment of a prescription drug with a covered individual or a covered individual's caregiver. The measure also prohibits a pharmacy benefit manager from prohibiting or inhibiting a pharmacist or contracted pharmacy from discussing any such information or selling a more affordable alternative to a covered individual or a covered individual's caregiver.

The measure prohibits an insurer that covers prescription drugs from requiring a covered individual to make a payment for a prescription drug at the point of sale in an amount that exceeds the lesser of: (i.) the covered individual's copayment, deductible, or coinsurance for such prescription drug; or (ii.) the amount any individual would pay for such prescription drug if that individual paid in cash.

Outlook: This measure was signed by Governor Pete Ricketts (R) on April 24. This measure will become effective immediately.

Links:

- [4/24/2019 Final Version](#)
- [4/15/2019 Version](#)
- [4/10/2019 Kolterman AM1187 Amendment](#)

- [4/10/2019 Enrollment and Review ER59 Amendment](#)
- [3/25/2019 Adopted Amendment](#)
- [1/16/2019 Version](#)

Status History:

- **01/16/2019** - Introduced
- **01/18/2019** - Referred to the Senate Banking, Commerce and Insurance Committee
- **03/04/2019** - Hearing held
- **03/19/2019** - Placed on General File
- **03/25/2019** - Amended; advanced to Enrollment and Review Initial
- **03/27/2019** - Placed on Select File
- **04/10/2019** - Amended; advanced to Enrollment and Review for Engrossment
- **04/15/2019** - Placed on Final Reading
- **04/18/2019** - Passed Final Reading; sent to Governor Pete Ricketts (R)
- **04/24/2019** - Signed by Governor Pete Ricketts (R)

NEBRASKA

LB 487 - Require the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary

Issues: Workers' Compensation (Prescription Drug Formulary)

Summary for 1/22/2019 Version: This measure establishes a formulary for workers' compensation drugs. This measure permits the Nebraska Workers' Compensation Court to adopt an evidence-based drug formulary consisting of prescription drugs listed in Schedules II, III, IV and V. The formulary will apply to prescription drugs that are prescribed and dispensed for outpatient use in connection with workers' compensation claims with a date of injury on or after January 1, 2018.

A prescription drug included in the formulary adopted by the compensation court and recommended may be prescribed and dispensed without obtaining prior authorization from the workers' compensation insurer, risk management pool or self-insured employer.

A prescription drug not included in the formulary adopted by the compensation court or that is included but not recommended is presumed to be reasonable if prior authorization for such drugs is obtained from the workers' compensation insurer, risk management pool or self-insured employer.

The measure requires the compensation court to consult with stakeholders regarding the adoption of a drug formulary. The stakeholders should include employers, insurers, private sector employee representatives, public sector employee representatives, treating physicians actively practicing medicine, pharmacists, and attorneys representing injured workers or employers.

Any party may request a finding by an independent medical examiner if the workers' compensation insurer, risk management pool or self-insured employer denies payment for a prescription drug that is not included in the formulary adopted by the compensation court or that is included but not

recommended in such formulary or if prior authorization is denied. The compensation court may adopt and promulgate rules and regulations necessary to implement this provision.

Outlook: This measure is eligible to be carried over to the 2020 Legislative Session. In Nebraska, all bills on which no final action has been taken by the time of adjournment of the regular session in odd-numbered years shall be held over for consideration at the regular session convening in even-numbered years.

Links: [1/22/2019 Version](#)

Status History:

- **01/22/2019** - Introduced
- **01/24/2019** - Referred to Business and Labor Committee
- **03/04/2019** - Hearing held
- **05/31/2019** - Carried over to 2020 Legislative Session

NEW YORK

AB 864 - Relates to prescription prices and pharmacies for injured employees

Issues: Workers' Compensation (Direction of Care)

Summary for 1/11/2019 Version: This measure allows a workers' compensation claimant to utilize a pharmacy of their choice. This measure prohibits an employer or carrier from refusing to allow a claimant to utilize a pharmacy of their choice to furnish prescribed medications required by the claimant so long as the pharmacy's charges are below the pharmaceutical fee schedule.

Outlook: The New York State Legislature recessed on June 20, 2019. The Assembly may reconvene at the discretion of the Speaker, Carl E. Heastie (D). At that time, this measure will be eligible for consideration as it currently stands.

Links: [1/11/2019 Version](#)

Status History: **01/11/2019** - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 2679 - Ensures timely access to high-quality medical care

Issues: Workers' Compensation (Opioid Limits)

Summary for 1/24/2019 Version: This measure will ensure timely access to high-quality medical care for workers' compensation claimants. The measure stipulates that prior authorization procedures shall be issued and maintained for the purpose of expediting authorization of treatment of injured workers. The pre-authorization list must not be construed or relied upon to support the premise that procedures not included on the pre-authorized list should be denied. Pre-authorized procedures shall not be given

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preference over alternative forms of treatment that are not on the pre-authorized procedures list. The pre-authorization list must include current enrollment in addiction treatment program for all injured works subject to opioid weaning.

Outlook: The New York State Legislature recessed on June 20, 2019. The Assembly may reconvene at the discretion of the Speaker, Carl E. Heastie (D). At that time, this measure will be eligible for consideration as it currently stands.

Links: [1/24/2019 Version](#)

Status History: **01/24/2019** - Introduced; referred to Assembly Labor Committee

NEW YORK

AB 8117 - Relates to contracted network pharmacy use

Issues: Workers' Compensation (Pharmacy Fee Schedule)

Summary for 6/3/2019 Version: This measure removes the ability of an employer or workers' compensation carrier to require a claimant to obtain prescribed medications from a contracted pharmacy. This measure allows an employer or carrier to contract with a network pharmacy and encourage claimants to use it, however claimants ultimately may obtain prescribed medications at the pharmacy or pharmacies of their choice, so long as that pharmacy is registered as a resident, in-state pharmacy. The measure further provides that the employer or carrier will be liable for the charges for such prescriptions in accordance with the workers' compensation fee schedule. The measure does not apply to out-of-state pharmacies or compound medications that the claimant is prescribed.

Outlook: This measure has been introduced and referred to the Assembly Labor Committee, chaired by Assembly member Marcos Crespo (D). The measure is now eligible for consideration by the Assembly Labor Committee.

Links: [6/3/2019 Version](#)

Status History: **06/03/2019** - Introduced; referred to Assembly Labor Committee

NEW YORK

SB 2054 - An act in relation to health coverage for medical marijuana

Issues: Workers' Compensation (Medical Marijuana)

Summary for 1/22/2019 Version: This measure relates to medical marijuana. This measure adds coverage of medical marijuana to public insurance programs and clarify that it may be covered by private insurance.

Outlook: This measure has been introduced and referred to the Assembly Insurance Committee. This measure awaits a hearing. If scheduled, the hearing will be open to the public.

Links: [1/22/2019 Version](#)

Status History: 01/22/2019 - Introduced; referred to Senate Health Committee

PENNSYLVANIA

HM 28852 - Workers' compensation healthcare network

Issues: Workers' Compensation (Networks)

Summary for 3/18/2019: Representative David Hickernell (R) has announced his intention to address providing employers with an option to use a workers' compensation healthcare network.

In his statement: "I will be introducing legislation to improve the workers' compensation (WC) system in Pennsylvania by providing an option for employers to utilize a healthcare network. Current law only allows employers to utilize a network approach for the first 90 days of treatment. This network option – known in WC as a 'provider panel' – has benefited patients. "

"The PA Department of Labor and Industry conducts regular surveys of injured workers' and a series of questions delve into patient experience as it relates to network care. The survey consistently shows that patients have better experience and outcomes when their employers provide a network option. The most recent survey released in 2017 showed that patients who received treatment through a network were more likely to be satisfied with their care, the timing of their return to work; and more likely to have their rights explained to them. Indeed, the survey also found that injured workers who did not have access to a network on average lost 33 percent more work-days. Utilization of networks also helps control costs without compromising patient care."

"Working in Pennsylvania has never been safer as employers continue to emphasize and invest in workplace safety and employee health, and as we've transitioned to a more service-based economy. The result has been a gradual decline in the number of workplace accidents. At the same time, the average cost of individual claims continues to increase and can still spiral out of control – which can lead to significant insurance cost increases on employers and worse outcomes for the worker." "Rising healthcare costs is a challenge for all types of health insurance, which is why strategies have been broadly implemented to mitigate costs. Provider networks are one such strategy that is fairly standard in group health, commercial and public health insurance. Network care helps ensure acceptable standards of provider quality and integrity and allows for more effective coordination among health professionals, which helps eliminate unnecessary services, excessive or duplicative treatment and over-prescribing of medication. It also helps prevent abuse from some of the bad apples in the system who use injured workers to enrich themselves rather than focus on patient care. We have seen such examples recently in Pennsylvania and they are unacceptable."

"According to the Workers' Compensation Research Institute, most states provide employers a managed care option. Many states, like New Jersey for example, allow employers to choose the providers – no network or time limit. It would certainly appear that providing a network option for Pennsylvania employers is a reasonable compromise and aligned with national standards. "

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"The time period in which employers can utilize network care has been increased over the years – from 14 days, to 30 days and eventually 90 days – as its benefits to the patient and system have become apparent. This experiment has been a demonstrable success and it is time to allow for network care for the duration of the claim. "

"Providing for a network option will help control costs, prevent and combat fraud and abuse and make Pennsylvania more competitive; all while helping to ensure that quality care and employee health remain the top priority. "

Outlook: This measure was formally introduced as HB 1784. HB 1784 will act as the main vehicle for this measure going forward.

Links: [3/18/2019 Version](#)

Status History:

- **03/18/2019** - Co-Sponsorship Memo Posted
- **08/30/2019** - Introduced as HB 178