

# Workers' Comp Legislative Activity

April 15, 2020 – June 1, 2020

## CALIFORNIA

### AB 2294

**Actions:** 05/04/2020 Amended  
04/24/2020 Referred to Assembly Insurance Committee  
02/14/2020 Introduced

**Summary:** Summary for 5/4/2020 Version

Specifically, this measure amends sections 139.5, 4603.2, 4603.6, 4610, 4616, 4616.2, and 5307.1 of the Labor Code to impose new requirements on medical provider networks, requiring a participating provider to participate at each location at which they treat patients for 8 or more hours per week, on a monthly average.

This measure also prohibits authorizations or certifications issued by a carrier, claims administrator, medical provider network, or utilization review entity from providing instruction or imposing a requirement as to the location of where a treatment takes place or the provider who will perform the treatment. This measure prohibits a vendor, provider, or group within the medical provider from being preferentially cited on an authorization or certification and would require the Administrative Director or the Division of Workers' Compensation to impose a fine of \$10,000 per authorization or certification that preferentially directs care within a medical provider network.

This measure requires all treatment authorization or certification, adjuster correspondence, or billing explanation of review or explanation of benefits to include the medical provider network identification number, medical provider network name, and the name of the network covering the claimant provided in that correspondence. This measure would require the Administrative Director to fine a medical provider network \$5,000 per document that fails to include required network information.

This measure requires the administrative director to maintain a written record of compliance and approval for all plans and modifications and to approve the plan or modification in writing and with attestation of compliance. This measure would require the Administrative Director to fine a medical provider network \$50,000 per occurrence, and to fine a carrier utilizing a medical network \$50,000, if the administrative director determines that a medical provider network failed to meet the access standard for a given specialty and denied an injured worker the right to seek care outside of the

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medical provider network.

This measure also requires the Administrative Director to adopt a medical fee schedule establishing reasonable minimum fees paid for medical services other than physician services, drug and pharmacy services, health care facility fees, home care facility fees, home health care, and all other treatment care, services, and goods. This measure would prohibit an insurance carrier, agent, or third-party contracting entity from contracting with providers of medical services for rates less than the official medical fee schedule adopted by the Administrative Director.

This measure requires a provider to be reimbursed with all fees associated with the filing of the review if that provider is found to be owed additional reimbursement by an independent medical review organization. This measure further requires that if the reimbursement is not made, a penalty of \$1,000 per month will accrue. This measure requires that if prospective or concurrent decision of a request for authorization is not made within 5 days from transmission of the request for authorization, or if a final decision is not properly communicated, as specified, that the request for authorization be presumed authorized.

This measure requires the administrative director, no later than January 1, 2022, to ensure that the Electronic Adjudication Management System (EAMS) contains the medical provider network identification number for each injured worker contained in EAMS. This measure requires the administrative director, by July 1, 2022, to report to the Legislature on the status of the EAMS requirement.

This measure gives a provider the right to file a petition for determination of non-independent bill review for matters not eligible for independent bill review. This measure requires a defendant to be deemed to have waived all objections to a providers billing, if one of 2 conditions occurs. This measure requires that a defendant be liable for a fee of not less than \$500 if the workers compensation appeals board determines that the defendant failed to comply with various requirements as a result of bad faith or tactics.

This measure requires that a provider be liable for a fee of not less than \$500 if the workers compensation appeals board determines that the provider improperly asserted that a defendant failed to comply with requirements.

**Outlook:** This measure was amended. This measure awaits further consideration before the Committee.

**Bill Links** [5/4/2020 Version](#)

## MISSOURI

### SB 1052

**Actions:** 05/01/2020 Referred to Senate Small Business and Industry Committee  
02/26/2020 Introduced

**Summary:** Summary for 2/26/2020 Version

The measure stipulates the employee may have the right to select the licensed treating physician, surgeon, chiropractic physician, or another health care provider as applicable for the treatment of care.

The measure requires health carriers to include such persons in their workers' compensation networks. The measure will take effect on August 28, 2020.

**Outlook:** This measure has been referred to the Senate Small Business and Industry Committee. This measure awaits further consideration in the committee of referral.

**Bill Links** [2/26/2020 Version](#)