**Enrolled Copy** S.B. 190

1

## **Workers' Compensation Modifications**

## 2025 GENERAL SESSION STATE OF UTAH

	Chief Sponsor: Scott D. Sandall
	House Sponsor: James A. Dunnigan
LON	IG TITLE
Gen	eral Description:
-	This bill amends the Workers' Compensation Act.
High	alighted Provisions:
<u></u>	Γhis bill:
	defines terms;
	expands the Labor Commission's authority to disclosures by health care providers;
	expands the Labor Commission's authority over fees for health care providers;
	expands the prohibition of balance billing for workers' compensation claims to health care
prov	iders; and
	makes technical changes.
Mon	ey Appropriated in this Bill:
]	None
Othe	er Special Clauses:
]	None
Utal	Code Sections Affected:
AMI	ENDS:
ŝ	34A-2-407, as last amended by Laws of Utah 2021, Chapter 64
_	
Be it	enacted by the Legislature of the state of Utah:
	Section 1. Section <b>34A-2-407</b> is amended to read:

- 24 34A-2-407 . Reporting of industrial injuries -- Regulation of health care
- 25 providers.
- (1) As used in this section[, "physician" is as defined in Section 34A-2-111.] : 26
- (a) "Balance billing" means charging an individual, on whose behalf a workers' 27

S.B. 190 Enrolled Copy

28	compensation insurance carrier or self-insured employer is obligated to pay covered
29	medical services under this chapter or Chapter 3, Utah Occupational Disease Act, the
30	amount calculated by subtracting the amount the workers' compensation insurance
31	carrier or self-insured employer reimburses the health care provider for covered
32	medical services from the amount the health care provider charges for the covered
33	medical services.
34	(b) "Covered medical services" means medical services provided by a health care
35	provider that are covered by workers' compensation medical benefits under this
36	chapter or Chapter 3, Utah Occupational Disease Act.
37	(c) "Health care provider" means the same as that term is defined in Section 34A-2-111.
38	(d) "Hospital" means the same as that term is defined in Section 26B-2-219.
39	(e) "Physician" means the same as that term is defined in Section 34A-2-111.
40	(f) "Self-insured employer" means the same as that term is defined in Section
41	<u>34A-2-201.5.</u>
42	(2)(a) An employee sustaining an injury arising out of and in the course of employment
43	shall provide notification to the employee's employer promptly of the injury.
44	(b) If the employee is unable to provide the notification required by Subsection (2)(a),
45	the following may provide notification of the injury to the employee's employer:
46	(i) the employee's next of kin; or
47	(ii) the employee's attorney.
48	(c) [An employee claiming benefits under this chapter or Chapter 3, Utah Occupational
49	Disease Act, shall comply with rules adopted by the commission regarding disclosure
50	of medical records of the employee medically relevant to the industrial accident or
51	occupational disease claim.] An employee claiming benefits under this chapter, or
52	Chapter 3, Utah Occupational Disease Act, shall comply with the commission's
53	requirements for disclosure of medical records for a work-related injury claim.
54	(3)(a) An employee is barred for any claim of benefits arising from an injury if the
55	employee fails to notify within the time period described in Subsection (3)(b):
56	(i) the employee's employer in accordance with Subsection (2); or
57	(ii) the division.
58	(b) [The-] An employee shall provide the notice required by Subsection (3)(a) [shall be
59	made-]within:
60	(i) 180 days [of] after the day on which the injury occurs; or
51	(ii) in the case of an occupational hearing loss, the time period specified in Section

Enrolled Copy S.B. 190

62	34A-2-506.
63	(4) The following [constitute] constitutes notification of injury from the employee, the
64	employee's next of kin, or the employee's attorney, as required by Subsection (2):
65	(a) an employer's report <u>once</u> filed with:
66	(i) the division; or
67	(ii) the employer's workers' compensation insurance carrier;
68	(b) a physician's injury report once filed with:
69	(i) the division;
70	(ii) the employer; or
71	(iii) the employer's workers' compensation insurance carrier;
72	(c) a workers' compensation insurance carrier's report filed with the division; or
73	(d) the payment of any medical or disability benefits by:
74	(i) the employer; or
75	(ii) the employer's workers' compensation insurance carrier.
76	(5)(a) An employer and the employer's workers' compensation insurance carrier, if any,
77	shall file a report in accordance with the rules made under Subsection (5)(b) of a:
78	(i) work-related fatality; or
79	(ii) work-related injury resulting in:
80	(A) medical treatment;
81	(B) loss of consciousness;
82	(C) loss of work;
83	(D) restriction of work; or
84	(E) transfer to another job.
85	(b)(i)(A) [An employer or the employer's workers' compensation insurance
86	earrier, if any, shall file a report required by Subsection (5)(a), and any
87	subsequent reports of a previously reported injury as may be required by the
88	commission, within the time limits and in the manner established by rule by the
89	commission made after consultation with the workers' compensation advisory
90	council and in accordance with Title 63G, Chapter 3, Utah Administrative
91	Rulemaking Act. ] The commission may require additional reports for a
92	previously reported injury by rule made after consulting with the workers'
93	compensation advisory council and in accordance with Title 63G, Chapter 3,
94	Utah Administrative Rulemaking Act.
95	(B) An employer or the employer's workers' compensation insurance carrier, if

S.B. 190 Enrolled Copy

96	any, shall file the report required by Subsection (5)(a) and any other report of a
97	previously reported injury within the time limits and in the manner the
98	commission establishes.
99	(ii) A rule made under this Subsection (5)(b) shall:
100	[(i)] (A) be reasonable; and
101	[(ii)] (B) take into consideration the practicality and cost of complying with the
102	rule.
103	(c) [A] An employer is not required to file a report [is not required to be filed under this
104	Subsection (5)-] for a minor injury, such as a cut or scratch that requires first aid
105	treatment only, unless:
106	(i) a treating physician files a report with the division in accordance with Subsection
107	(9); or
108	(ii) a treating physician is required to file a report with the division in accordance
109	with Subsection (9).
110	(6) An employer and [its] the employer's workers' compensation insurance carrier, if any,
111	required to file a report under Subsection (5) shall provide the employee with:
112	(a) a copy of the report submitted to the division; and
113	(b) a statement, as prepared by the division, of the employee's rights and responsibilities
114	related to the industrial injury.
115	(7) An employer shall maintain a record in a manner [prescribed by ]the commission
116	<u>provides</u> by rule of all:
117	(a) work-related fatalities; or
118	(b) work-related injuries resulting in:
119	(i) medical treatment;
120	(ii) loss of consciousness;
121	(iii) loss of work;
122	(iv) restriction of work; or
123	(v) transfer to another job.
124	(8)(a) Except as provided in Subsection (8)(b), an employer or a workers' compensation
125	insurance carrier [who] that refuses or neglects to make a report, maintain a record, or
126	file a report as required by this section is subject to a civil assessment:
127	(i) imposed by the division, subject to the requirements of Title 63G, Chapter 4,
128	Administrative Procedures Act; and
129	(ii) that may not exceed \$500.

Enrolled Copy S.B. 190

130	(b) An employer or workers' compensation insurance carrier is not subject to the civil
131	assessment under this Subsection (8) if:
132	(i) the employer or workers' compensation insurance carrier submits a report later
133	than required by this section; and
134	(ii) the division finds that the employer or workers' compensation insurance carrier
135	has shown good cause for submitting a report later than required by this section.
136	(c)(i) [A-] The division shall deposit a civil assessment collected under this
137	Subsection (8) [shall be deposited ]into the Uninsured Employers' Fund created in
138	Section 34A-2-704[-to be used for a purpose specified in Section 34A-2-704].
139	(ii) The administrator of the Uninsured Employers' Fund shall [eollect] receive and
140	distribute the money [required to be deposited into the Uninsured Employers'
141	Fund under this Subsection (8)(c) in accordance with Section 34A-2-704.] in
142	accordance with Section 34A-2-704.
143	(9)(a) A [physician attending] health care provider treating an injured employee shall
144	comply with rules [established by ]the commission establishes in accordance with
145	Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding:
146	(i) fees for [physician's] covered medical services, other than a hospital's covered
147	medical services;
148	(ii) fees for a hospital's covered medical services, which, if the commission
149	establishes, shall be based on Medicare reimbursement rates;
150	[(ii)] (iii) disclosure of medical records of the employee medically relevant to the
151	employee's [industrial accident or occupational disease] work-related injury claim;
152	[(iii)] (iv) reports to the division regarding:
153	(A) the condition and treatment of an injured employee; or
154	(B) any other matter concerning employees with industrial cases that the [
155	physician ] health care provider is treating; and
156	[(iv)] (v) rules made under Section 34A-2-407.5.
157	[(b) A physician who is associated with, employed by, or bills through a hospital is
158	subject to Subsection (9)(a).]
159	[(c) A hospital providing services for an injured employee is not subject to the
160	requirements of Subsection (9)(a) except for rules made by the commission that are
161	described in Subsection (9)(a)(ii) or (iii) or Section 34A-2-407.5.]
162	[(d)] (b) The commission's schedule of fees may reasonably differentiate [remuneration
163	to be compensation paid to health care providers [of health services] for covered

S.B. 190 Enrolled Copy

164	medical services based on:
165	(i) the severity of the employee's condition;
166	(ii) the nature of the treatment necessary; and
167	(iii) the facilities or equipment specially required to deliver that treatment.
168	[(e)] (c) This Subsection (9) does not prohibit a contract with a health care provider of [
169	health services] covered medical services relating to the pricing of goods and covered
170	medical services.
171	(d) A health care provider may not engage in balance billing.
172	(10) A health care provider treating an injured employee shall provide a copy of the initial
173	report filed under Subsection [(9)(a)(iii) shall be furnished ] (9)(a)(iv) to:
174	(a) the division;
175	(b) the employee; and
176	(c)(i) the employer; or
177	(ii) the employer's workers' compensation insurance carrier.
178	[(11)(a) As used in this Subsection (11):]
179	[(i) "Balance billing" means charging a person, on whose behalf a workers'
180	compensation insurance carrier or self-insured employer is obligated to pay
181	medical benefits under this chapter or Chapter 3, Utah Occupational Disease Act
182	for the difference between what the workers' compensation insurance carrier or
183	self-insured employer reimburses the hospital for covered medical services and
184	what the hospital charges for those covered medical services.]
185	[(ii) "Covered medical services" means medical services provided by a hospital that
186	are covered by workers' compensation medical benefits under this chapter or
187	Chapter 3, Utah Occupational Disease Act.]
188	[(iii) "Self-insured employer" means the same as that term is defined in Section
189	34A-2-201.5.]
190	[(b) Subject to Subsection (11)(d), a workers' compensation insurance carrier or
191	self-insured employer may contract, either in writing or by mutual oral agreement,
192	with a hospital to establish reimbursement rates.]
193	[(e) Subject to Subsection (11)(d), for the time period beginning on May 8, 2018, and
194	ending on July 1, 2021, a workers' compensation insurance carrier or self-insured
195	employer that is reimbursing a hospital for covered medical services shall reimburse
196	the hospital:]
197	[(i) in accordance with a contract described in Subsection (11)(b); or]

Enrolled Copy S.B. 190

198	[(ii)(A) if the hospital is located in a county of the first, second, or third class, as
199	classified in Section 17-50-501, at 75% of the billed hospital fees for the
200	covered medical services; or]
201	[(B) if the hospital is located in a county of the fourth, fifth, or sixth class, as
202	classified in Section 17-50-501, at 85% of the billed hospital fees for the
203	covered medical services.]
204	[(d) A hospital may not engage in balance billing.]
205	[(12)] (11)(a) Subject to appellate review under Section 34A-1-303, the commission has
206	exclusive jurisdiction to hear and determine:
207	(i) whether goods [provided to-]or services [rendered-] provided to an employee are
208	compensable [pursuant to] under this chapter or Chapter 3, Utah Occupational
209	Disease Act, including:
210	(A) [medical, nurse, or hospital-] covered medical services;
211	(B) medicines; and
212	(C) artificial means, appliances, or prosthesis;
213	(ii) except for amounts charged or paid under Subsection [(11)] (9)(c), the
214	reasonableness of the amounts charged or paid for a good or service described in
215	Subsection $[(12)(a)(i)]$ $(11)(a)(i)$ ; and
216	(iii) collection issues related to a good or service described in Subsection [(12)(a)(i)]
217	(11)(a)(i).
218	(b) Except as provided in Subsection [(12)(a)] (11)(a), Subsection 34A-2-211(6), or
219	Section 34A-2-212, a person may not maintain a cause of action in any forum within
220	this state other than the commission for collection or payment for goods or covered
221	<u>medical</u> services described in Subsection $[(12)(a)]$ (11)(a) that are compensable under
222	this chapter or Chapter 3, Utah Occupational Disease Act.
223	Section 2. Effective Date.
224	This bill takes effect on May 7, 2025.