

Effective 5/7/2025

34A-2-407 Reporting of industrial injuries -- Regulation of health care providers.

(1) As used in this section:

- (a) "Balance billing" means charging an individual, on whose behalf a workers' compensation insurance carrier or self-insured employer is obligated to pay covered medical services under this chapter or Chapter 3, Utah Occupational Disease Act, the amount calculated by subtracting the amount the workers' compensation insurance carrier or self-insured employer reimburses the health care provider for covered medical services from the amount the health care provider charges for the covered medical services.
- (b) "Covered medical services" means medical services provided by a health care provider that are covered by workers' compensation medical benefits under this chapter or Chapter 3, Utah Occupational Disease Act.
- (c) "Health care provider" means the same as that term is defined in Section 34A-2-111.
- (d) "Hospital" means the same as that term is defined in Section 26B-2-219.
- (e) "Physician" means the same as that term is defined in Section 34A-2-111.
- (f) "Self-insured employer" means the same as that term is defined in Section 34A-2-201.5.

(2)

- (a) An employee sustaining an injury arising out of and in the course of employment shall provide notification to the employee's employer promptly of the injury.
- (b) If the employee is unable to provide the notification required by Subsection (2)(a), the following may provide notification of the injury to the employee's employer:
 - (i) the employee's next of kin; or
 - (ii) the employee's attorney.
- (c) An employee claiming benefits under this chapter, or Chapter 3, Utah Occupational Disease Act, shall comply with the commission's requirements for disclosure of medical records for a work-related injury claim.

(3)

- (a) An employee is barred for any claim of benefits arising from an injury if the employee fails to notify within the time period described in Subsection (3)(b):
 - (i) the employee's employer in accordance with Subsection (2); or
 - (ii) the division.
- (b) An employee shall provide the notice required by Subsection (3)(a) within:
 - (i) 180 days after the day on which the injury occurs; or
 - (ii) in the case of an occupational hearing loss, the time period specified in Section 34A-2-506.

(4) The following constitutes notification of injury from the employee, the employee's next of kin, or the employee's attorney, as required by Subsection (2):

- (a) an employer's report once filed with:
 - (i) the division; or
 - (ii) the employer's workers' compensation insurance carrier;
- (b) a physician's injury report once filed with:
 - (i) the division;
 - (ii) the employer; or
 - (iii) the employer's workers' compensation insurance carrier;
- (c) a workers' compensation insurance carrier's report filed with the division; or
- (d) the payment of any medical or disability benefits by:
 - (i) the employer; or
 - (ii) the employer's workers' compensation insurance carrier.

(5)

- (a) An employer and the employer's workers' compensation insurance carrier, if any, shall file a report in accordance with the rules made under Subsection (5)(b) of a:
 - (i) work-related fatality; or
 - (ii) work-related injury resulting in:
 - (A) medical treatment;
 - (B) loss of consciousness;
 - (C) loss of work;
 - (D) restriction of work; or
 - (E) transfer to another job.
- (b)
 - (i)
 - (A) The commission may require additional reports for a previously reported injury by rule made after consulting with the workers' compensation advisory council and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
 - (B) An employer or the employer's workers' compensation insurance carrier, if any, shall file the report required by Subsection (5)(a) and any other report of a previously reported injury within the time limits and in the manner the commission establishes.
 - (ii) A rule made under this Subsection (5)(b) shall:
 - (A) be reasonable; and
 - (B) take into consideration the practicality and cost of complying with the rule.
- (c) An employer is not required to file a report for a minor injury, such as a cut or scratch that requires first aid treatment only, unless:
 - (i) a treating physician files a report with the division in accordance with Subsection (9); or
 - (ii) a treating physician is required to file a report with the division in accordance with Subsection (9).
- (6) An employer and the employer's workers' compensation insurance carrier, if any, required to file a report under Subsection (5) shall provide the employee with:
 - (a) a copy of the report submitted to the division; and
 - (b) a statement, as prepared by the division, of the employee's rights and responsibilities related to the industrial injury.
- (7) An employer shall maintain a record in a manner the commission provides by rule of all:
 - (a) work-related fatalities; or
 - (b) work-related injuries resulting in:
 - (i) medical treatment;
 - (ii) loss of consciousness;
 - (iii) loss of work;
 - (iv) restriction of work; or
 - (v) transfer to another job.
- (8)
 - (a) Except as provided in Subsection (8)(b), an employer or a workers' compensation insurance carrier that refuses or neglects to make a report, maintain a record, or file a report as required by this section is subject to a civil assessment:
 - (i) imposed by the division, subject to the requirements of Title 63G, Chapter 4, Administrative Procedures Act; and
 - (ii) that may not exceed \$500.
 - (b) An employer or workers' compensation insurance carrier is not subject to the civil assessment under this Subsection (8) if:

- (i) the employer or workers' compensation insurance carrier submits a report later than required by this section; and
 - (ii) the division finds that the employer or workers' compensation insurance carrier has shown good cause for submitting a report later than required by this section.
- (c)
- (i) The division shall deposit a civil assessment collected under this Subsection (8) into the Uninsured Employers' Fund created in Section 34A-2-704.
 - (ii) The administrator of the Uninsured Employers' Fund shall receive and distribute the money in accordance with Section 34A-2-704.
- (9)
- (a) A health care provider treating an injured employee shall comply with rules the commission establishes in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding:
 - (i) fees for covered medical services, other than a hospital's covered medical services;
 - (ii) fees for a hospital's covered medical services, which, if the commission establishes, shall be based on Medicare reimbursement rates;
 - (iii) disclosure of medical records of the employee medically relevant to the employee's work-related injury claim;
 - (iv) reports to the division regarding:
 - (A) the condition and treatment of an injured employee; or
 - (B) any other matter concerning employees with industrial cases that the health care provider is treating; and
 - (v) rules made under Section 34A-2-407.5.
 - (b) The commission's schedule of fees may reasonably differentiate compensation paid to health care providers for covered medical services based on:
 - (i) the severity of the employee's condition;
 - (ii) the nature of the treatment necessary; and
 - (iii) the facilities or equipment specially required to deliver that treatment.
 - (c) This Subsection (9) does not prohibit a contract with a health care provider of covered medical services relating to the pricing of goods and covered medical services.
 - (d) A health care provider may not engage in balance billing.
- (10) A health care provider treating an injured employee shall provide a copy of the initial report filed under Subsection (9)(a)(iv) to:
- (a) the division;
 - (b) the employee; and
 - (c)
 - (i) the employer; or
 - (ii) the employer's workers' compensation insurance carrier.
- (11)
- (a) Subject to appellate review under Section 34A-1-303, the commission has exclusive jurisdiction to hear and determine:
 - (i) whether goods or services provided to an employee are compensable under this chapter or Chapter 3, Utah Occupational Disease Act, including:
 - (A) covered medical services;
 - (B) medicines; and
 - (C) artificial means, appliances, or prosthesis;
 - (ii) except for amounts charged or paid under Subsection (9)(c), the reasonableness of the amounts charged or paid for a good or service described in Subsection (11)(a)(i); and

- (iii) collection issues related to a good or service described in Subsection (11)(a)(i).
- (b) Except as provided in Subsection (11)(a), Subsection 34A-2-211(6), or Section 34A-2-212, a person may not maintain a cause of action in any forum within this state other than the commission for collection or payment for goods or covered medical services described in Subsection (11)(a) that are compensable under this chapter or Chapter 3, Utah Occupational Disease Act.

Amended by Chapter 450, 2025 General Session