

Chris Steller

From: Rutz, Patricia (DLI) <patricia.rutz@state.mn.us>
Sent: Monday, June 3, 2019 10:02 AM
To: Chris Steller
Cc: Rutz, Patricia (DLI)
Subject: 2019 Legislation - Workers' Compensation
Attachments: Workers' Compensation Legislation Final.pdf

Attached please find 2019 Legislation concerning Chapter 176 in response to your request. Two paper copies have been submitted to your offices. Thank you.

Topic: Recommendations with respect to amendments to Minnesota Statutes chapter 176 (workers compensation) and views upon any pending bill relating to chapter 176 to the proper legislative committee.

Patty Rutz
Executive Secretary to the Workers' Compensation Advisory Council

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Laws of Minnesota 2019
2019 First Special Session
Chapter 7, Article 12
Workers' Compensation Advisory Council

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All sections are effective August 31, 2020, except:

- Section 5, paragraphs (a) and (b) are effective June 1, 2019
- Section 9 is effective the day after final enactment
- Section 10, paragraph (b) is effective the day following final enactment
- Section 15 is effective July 1, 2019

ARTICLE 12

WORKERS' COMPENSATION ADVISORY COUNCIL

Section 1. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to read:

Subd. 1c. **Agency.** "Agency" means, unless the context indicates otherwise, the commissioner of the Department of Labor and Industry, the Department of Labor and Industry, the Department's workers' compensation division, the Office of Administrative Hearings, the chief administrative law judge, and the Workers' Compensation Court of Appeals.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 2. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to read:

Subd. 1d. **CAMPUS.** "CAMPUS" means the workers' compensation Claims Access and Management Platform User System, developed pursuant to the appropriations in Laws 2015, First Special Session chapter 1, article 1, section 5, as amended by Laws 2017, chapter 94, article 2, section 17, and Laws 2017, chapter 94, article 1, section 4, and referenced as the workers' compensation modernization program in section 176.2611 and as described in section 176.2612.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 3. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to read:

Subd. 8d. **Division file.** "Division file" means the official file created and maintained by the department within CAMPUS to retain imaged or electronic documents and data related to an employee's workers' compensation claim or injury under chapter 176, including documents transmitted to the commissioner under sections 176.281 and 176.2611. The division file does not include:

(1) paper, images, or electronic data created, used, or maintained for internal operational purposes by an agency, the special compensation fund, or the vocational rehabilitation unit;

(2) a confidential mediation statement, including any documents submitted with the statement for the mediator's review and any additional documents submitted to or sent by the mediator in furtherance of mediation efforts; and

(3) work product of a compensation judge, mediator, or commissioner that is not issued or sent to a party to a claim. Examples of work product include personal notes of hearings or conferences and draft decisions or orders.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 4. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to read:

Subd. 8e. **Document.** "Document" includes a form, record, report, notice, order, and paper. Document also includes information and data, regardless of format, that are required or authorized by this chapter to be filed with or served on or by an agency. Document excludes physical objects such as clothing, flash drives, compact discs, or physical objects used as demonstrative evidence.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 5. Minnesota Statutes 2018, section 176.1812, subdivision 2, is amended to read:

Subd. 2. **Filing and review.** (a) A copy of the agreement and the approximate number of employees who will be covered under it must be filed with the commissioner. Within 21 days of receipt of an agreement, the commissioner shall review the agreement for compliance with this section and the benefit provisions of this chapter and notify the parties of any additional information required or any recommended modification that would bring the agreement into compliance. Upon receipt of any requested information or modification, the commissioner must notify the parties within 21 days whether the agreement is in compliance with this section and the benefit provisions of this chapter.

(b) After an agreement is approved by the commissioner under paragraph (a), a qualified employer may join or withdraw from a qualified group of employers without commissioner review or approval. The commissioner must be notified within 30 days when a qualified employer joins or withdraws from a qualified group of employers.

(c) In order for any agreement to remain in effect, it must provide for a timely and accurate method of reporting to the commissioner necessary information regarding service cost and utilization the individual claims covered by the agreement and claim-specific dispute resolution data, in the form and manner prescribed by the commissioner. Dispute resolution data includes information about facilitation, mediation, and arbitration and shall be provided annually to the commissioner to enable the commissioner to annually report aggregate dispute data to the legislature. The information provided to the commissioner must include aggregate data on the:

~~(i) person hours and payroll covered by agreements filed;~~

~~(ii) number of claims filed;~~

~~(iii) average cost per claim;~~

~~(iv) number of litigated claims, including the number of claims submitted to arbitration, the Workers' Compensation Court of Appeals, the Office of Administrative Hearings, the district court, the Minnesota Court of Appeals or the supreme court;~~

~~(v) number of contested claims resolved prior to arbitration;~~

~~(vi) projected incurred costs and actual costs of claims;~~

~~(vii) employer's safety history;~~

~~(viii) number of workers participating in vocational rehabilitation; and~~

~~(ix) number of workers participating in light duty programs.~~

EFFECTIVE DATE. Paragraphs (a) and (b) are effective June 1, 2019. Paragraph (c) is effective August 31, 2020.

Sec. 6. Minnesota Statutes 2018, section 176.231, is amended to read:

176.231 REPORT OF DEATH OR INJURY TO COMMISSIONER OF DEPARTMENT OF LABOR AND INDUSTRY.

Subdivision 1. **Time limitation.** (a) Where death or serious injury occurs to an employee during the course of employment, the employer shall report the injury or death to the commissioner and insurer within

48 hours after its occurrence. Where any other injury occurs which wholly or partly incapacitates the employee from performing labor or service for more than three calendar days, the employer shall report the injury to the insurer on a form prescribed by the commissioner within ten days from its occurrence.

(b) An insurer and self-insured employer shall report the injury to the commissioner no later than 14 days from its occurrence. If an injury has not previously been required to be reported, the insurer or self-insured employer must report the injury to the commissioner, in the manner and format prescribed by the commissioner, no later than 14 days after the date that:

- (1) any document initiating a dispute is filed under this chapter;
- (2) a rehabilitation consultation report or a rehabilitation plan is filed under this chapter; or
- (3) permanent partial disability is ascertainable under section 176.101, subdivision 3.

(c) Where an injury has once been reported but subsequently death ensues, the employer shall report the death to the commissioner and insurer within 48 hours after the employer receives notice of this fact.

(d) An employer who provides notice to the Occupational Safety and Health Division of the Department of Labor and Industry of a fatality within the eight-hour time frame required by law, or of an inpatient hospitalization, amputation, or loss of an eye, within the 24-hour time frame required by law, has satisfied the employer's obligation under ~~this section paragraph (a)~~.

(e) At the time an injury is required to be reported under paragraph (b), the insurer or self-insured employer must also specify whether the injury is covered by a collective bargaining agreement approved by the commissioner under section 176.1812. Notice must be provided in the format and manner prescribed by the commissioner.

Subd. 2. **Initial report, written report.** (a) Where subdivision 1 requires an injury to be reported within 48 hours, the employer may make an initial report to the commissioner by telephone or personal notice, and ~~file a written~~ must report of the injury to the insurer within seven days from its occurrence ~~or within such time as the commissioner of labor and industry designates~~. After receiving this notice, the insurer or self-insured employer must report the injury to the commissioner as provided in subdivision 1. All ~~written~~ reports of ~~injuries~~ injury required by subdivision 1 or this subdivision shall include the date of injury. The reports shall be ~~on a form designed~~ made in the manner and format designated by the commissioner, with a clear copy suitable for imaging to the commissioner, one copy to the insurer, and one copy to the employee. The employer must give the employee the "Minnesota Workers' Compensation System Employee Information Sheet" at the time the employee is given a copy of the first report of injury. Within two business days after a report of injury filed by a self-insured employer or insurer is accepted by the commissioner, the self-insured employer or insurer must serve the report on the employee in the manner and format prescribed by the commissioner.

(b) If an insurer or ~~self-insurer~~ self-insured employer repeatedly fails to pay benefits within three days of the due date, pursuant to section 176.221, the insurer or ~~self-insurer~~ self-insured employer shall be ordered by the commissioner to explain, in person, the failure to pay benefits due in a reasonable time. If prompt payments are not thereafter made, the commissioner shall refer the insurer or ~~self-insurer~~ self-insured employer to the commissioner of commerce for action pursuant to section 176.225, subdivision 4.

Subd. 3. **Physicians, chiropractors, or other health care providers to report injuries.** A physician, chiropractor, or other health care provider who has examined, treated, or has special knowledge of an injury to an employee which may be compensable under this chapter, shall report to the commissioner all facts relating to the nature and extent of the injury and disability, and the treatment provided for the injury or

disability, within ten days after the health care provider has received a written request for the information from the commissioner or an authorized representative of the commissioner.

Subd. 4. **Supplementary reports.** The commissioner or an authorized representative may require the filing of supplementary reports of accidents as is deemed necessary to provide information required by law.

Supplementary reports or other documents related to the current nature and extent of the employee's injury, disability, or treatment may be requested from a physician, surgeon, chiropractor, or other health care provider by the commissioner or a representative, an employer or insurer, or the employee.

Subd. 5. ~~Forms for reports~~ **Electronic reports filed under this section.** (a) The commissioner shall prescribe ~~forms~~ the manner and format for use in making providing the reports and other documents required by this section. ~~Forms for reports required by this section shall be as prescribed by the commissioner and shall be the only forms used by an employer, insurer, self-insurer, group self-insurer, and all health care providers.~~

(b) A report or other document that is required to be filed with the commissioner under this section must be filed electronically in the manner and format required by the commissioner. Except as provided in paragraph (d), the commissioner must give at least 60 days' notice to self-insured employers and insurers, and publish notice in the State Register, of the effective date of required electronic filing of the report or other document.

(c) Where specified by the commissioner under paragraph (d), a self-insured employer or insurer must file a report or other document with the commissioner electronically according to the version of the Claims Release Standard published by the International Association of Industrial Accident Boards and Commissions (IAIABC) adopted by the commissioner. The commissioner must publish on the department's website a Minnesota implementation guide that prescribes reporting requirements consistent with this chapter.

(d) The commissioner must give notice to self-insured employers and insurers, and publish notice in the State Register, of intent to adopt a version of the Claims Release Standard for a report or other document required to be filed with the commissioner. The notice must include a link to the Minnesota implementation guide. Interested parties must have at least 90 days to submit comments to the commissioner. After considering the comments, the commissioner must publish notice of the adopted version of the Claims Release Standard and Minnesota implementation guide in the State Register at least 90 days before the effective date of the Standard and Guide. The commissioner must also give at least 30 days' notice to self-insured employers and insurers, and publish notice in the State Register, of any updates to the Minnesota implementation guide. The requirements in the adopted versions of the Claims Release Standard and the Minnesota implementation guide supersede any conflicting rule. The adopted versions of the Claims Release Standards and Minnesota implementation guides adopted by the commissioner under this section are not rules under chapter 14, but have the force and effect of law as of the effective date specified in the notice published in the State Register. The commissioner may publish the initial notices in this subdivision before August 31, 2020, to ensure the adopted versions of the Standard and Guide are effective on that date.

Subd. 6. **Commissioner of the Department of Labor and Industry; duty to keep informed.** The commissioner of the Department of Labor and Industry shall keep fully informed of the nature and extent of all injuries compensable under this chapter, their resultant disabilities, and of the rights of employees to compensation. The insurer or self-insured employer must keep the department advised of all payments of compensation, the amounts of payments made, and the date of the first payment. Where a physician or surgeon has examined, treated, or has special knowledge relating to an injury which may be compensable

under this chapter, the commissioner of the Department of Labor and Industry or any member or employee thereof shall request in writing a report from such person of the attendant facts.

Subd. 7. **Medical reports.** If requested by the division, a compensation judge, the Workers' Compensation Court of Appeals, or any member or employee thereof an employer, insurer, or employee shall file with the commissioner a ~~verified~~ copy suitable for imaging of any medical report or other document in possession which bears upon the case and shall also file a ~~verified~~ copy of the same report or document with the agency or individual who made the request.

Subd. 8. **No public inspection of reports.** Subject to subdivision 9, a report or other document, or its copy, which has been filed with the commissioner of the Department of Labor and Industry under this section is not available to public inspection. Any person who has access to such a report shall not disclose its contents to anyone in any manner.

A person who unauthorizedly discloses a report or its contents to another is guilty of a misdemeanor.

Subd. 9. **Uses that may be made of reports; access to division file.** (a) Reports ~~filed with the commissioner under this section~~ and other documents in the division file are private data on individuals and nonpublic data as those terms are defined in section 13.02, except that the reports and documents in the division file may be used in hearings held under this chapter, and for the purpose of state investigations and for statistics. ~~These~~ The reports and documents in the division file are also available without authorization to:

(1) the Department of Revenue for use in enforcing Minnesota income tax and property tax refund laws, and the information shall be protected as provided in chapter 270B;

(2) an agency, as needed to perform its responsibilities under this chapter;

(3) the Workers' Compensation Reinsurance Association for use by the association in carrying out its responsibilities under chapter 79;

(4) the special compensation fund for the purpose of auditing assessments under section 176.129; and

(5) the persons and entities allowed access under subdivisions 9a, 9b, and 9c.

~~(b) The division or Office of Administrative Hearings or Workers' Compensation Court of Appeals may permit the examination of its file by the employer, insurer, employee, or dependent of a deceased employee or any person who furnishes signed authorization to do so from the employer, insurer, employee, or dependent of a deceased employee. Reports filed under this section and other information the commissioner has regarding injuries or deaths shall be made available to the Workers' Compensation Reinsurance Association for use by the association in carrying out its responsibilities under chapter 79.~~

(b) A person with an authorization signed by the employer, insurer, employee, or dependent of a deceased employee has access to reports and other documents in the division file as provided in the authorization. An authorization must:

(1) be in writing;

(2) include the printed name and dated signature of the employee or dependent of an employee, employer, or insurer representative who is authorizing the documents to be released;

(3) specify the employer, date of injury, and worker identification or Social Security number;

(4) include the name of the individual or entity that is authorized to receive the documents. If the authorization is signed by the employer or insurer, the authorization must specify that the access is granted to a person acting on the employer or insurer's behalf in performing responsibilities under chapter 176;

(5) specify the time period within which the authorization is valid, which may not exceed one year from the date the authorization was signed, except that access to the division file may exceed one year if provided in subdivision 9a, paragraph (b); and

(6) include a statement that the person signing the authorization may revoke the authorization by filing written notice with the department at any time, which shall be effective upon receipt by the department.

Subd. 9a. Access to division file without an authorization. (a) Access to the division file established for a specific claimed date or dates of injury under this chapter is allowed without an authorization from the employee, employer, insurer, or dependent, as described in clauses (1) to (6):

(1) an employee, an employee's guardian under section 176.092, and a deceased employee's legal heir or dependent as defined in section 176.011, have access to the division file established for the employee's claimed date or dates of injury;

(2) an employer and insurer have access to the division file for a workers' compensation claim to which the employer and insurer are parties;

(3) the Department of Administration under section 13.43, subdivision 18, the assigned risk plan under chapter 79, the special compensation fund established under section 176.129, the self-insurers security fund under chapter 79A, and the Minnesota insurance guarantee association under chapter 60C have access to all of the documents in the division file for a claim to which they are a party or are otherwise providing, paying, or reimbursing workers' compensation benefits under this chapter;

(4) a person who has filed a motion to intervene in a pending dispute at an agency has access to the documents in the division file that are filed in connection with the dispute in which the person has filed a motion to intervene;

(5) a registered rehabilitation provider assigned to provide rehabilitation services to an employee has access to the documents in the division file that are filed in connection with the employee's vocational rehabilitation or a dispute about vocational rehabilitation under section 176.102; and

(6) a third-party administrator licensed under section 60A.23, subdivision 8, has access to the division file for a claim it has contracted to administer on behalf of any of the entities listed in this subdivision.

(b) An attorney who has filed with the commissioner: a written authorization signed by a person listed in paragraph (a), clause (1) or (2); or a retainer agreement, a notice of appearance or representation, or a pleading or a response to a pleading, on behalf of a person or entity listed in paragraph (a); has the same access to documents in the division file that the authorizing person has, unless access is limited by the authorization, retainer agreement, or notice of appearance or representation. If the attorney's access is not limited by one of the documents in this paragraph, the attorney's access continues until one of the following occurs, whichever is later:

(1) one year after an authorization is filed;

(2) five years after the date a retainer agreement or notice of appearance or representation was filed where no dispute has been initiated;

(3) five years after the date the attorney filed a document initiating or responding to a workers' compensation dispute under this chapter;

(4) five years after the date an award on stipulation was served and filed if the award was related to a dispute in which the attorney represented a party in paragraph (a); or

(5) five years after the date a final order or final penalty assessment was issued as defined in subdivision 9c, paragraph (a), clause (3), if the final order or penalty assessment was related to a dispute in which the attorney represented a party in paragraph (a).

Notwithstanding the time frames in clauses (1) to (5), an attorney no longer has access to the division file as of the date the attorney files a notice of withdrawal from the case, or the date the department receives written notice that the authorization is withdrawn or that the attorney no longer represents the person. However, if a dispute over an attorney's fees is pending at the office, the attorney has continued access to the division file until a final order or award on stipulation resolving the attorney fee dispute is received by the commissioner.

(c) The division may provide the worker identification number assigned under section 176.275, subdivision 1, without a signed authorization required under paragraph (b) to an:

- (1) attorney who represents one of the persons described in paragraph (b);
- (2) attorney who represents an intervenor or potential intervenor under section 176.361;
- (3) intervenor; or
- (4) employee's assigned qualified rehabilitation consultant under section 176.102.

(d) If the department receives information that indicates that identifying or contact information for an employee, dependent, employer, insurer, or third-party administrator for an employer or insurer is erroneous or no longer accurate, the department may update the information in all relevant workers' compensation files to reflect:

(1) the current and accurate name, address, Social Security number or worker identification number, and contact information for an employee, unless the employee notifies the commissioner in writing that the information in a workers' compensation file for a specific date of injury may not be updated; and

(2) the current and accurate name, address, and contact information for an employer, insurer, or third-party administrator for an employer or insurer.

Subd. 9b. Interagency access to documents and data related to workers' compensation disputes. An agency shall, without the need for an authorization, have full, read-only, real-time, electronic access to view all documents, document contents, dispositions, outcomes, and other data related to a workers' compensation dispute at one of the other agencies, except for the following:

(1) paper, images, or electronic data created, used or maintained for internal operational purposes by an agency, the special compensation fund, or the vocational rehabilitation unit;

(2) a confidential mediation statement, including any documents submitted with the statement for the mediator's review and any additional documents submitted to or sent by the mediator in furtherance of mediation efforts; and

(3) the work product of a compensation judge, Workers' Compensation Court of Appeals judge, a mediator at the office or department, or the commissioner that is not issued or sent to a party to a claim. Examples of work product include personal notes of hearings or conferences and draft decisions or orders.

This subdivision is not intended to allow interagency access to non-dispute related paper, images, or electronic data created, used or maintained solely for an agency's internal operational purposes.

Each agency's responsible authority as defined in section 13.02 is responsible for its own employees' use and dissemination of the data and documents in CAMPUS and the office's case management system as required by section 13.05, subdivision 5.

Subd. 9c. **Investigative and enforcement data.** (a) For purposes of this subdivision, the terms in this paragraph have the meanings given.

(1) "Enforcement action" means a proceeding initiated by the department, commissioner, medical services review board under section 176.103, or rehabilitation review panel under section 176.102, that may result in a penalty, fine, or sanction for violation of workers' compensation laws or that may result in an order for compliance with workers' compensation laws.

(2) "Investigation" includes an investigation, inspection, audit, file review, inquiry, or examination performed by the department or commissioner to administer, enforce, and monitor compliance with workers' compensation laws within the department's jurisdiction.

(3) "Final order" or "final penalty assessment," means that:

(i) no objection, appeal, or request for hearing has been filed in the manner and within the time required by law;

(ii) an objection, appeal, or request for hearing has been withdrawn;

(iii) a settlement agreement or stipulation resolving all or part of the matter has been signed by all parties and, if required by law, has been approved by a judge; or

(iv) all appeals have been exhausted or waived.

(b) A claim-specific final order or final penalty assessment issued by the department or commissioner pursuant to a workers' compensation investigation or enforcement proceeding shall be placed in the division file for that employee's claim. Access to the final enforcement order or penalty assessment in the division file shall be as provided in subdivision 9a. Before the enforcement order or penalty assessment is final, only the employee, dependent of a deceased employee, employer, or insurer who are parties to the claim, and any respective attorney representing the party, shall have access to it.

(c) Enforcement orders and penalty assessments issued by the department, commissioner, medical services review board, or rehabilitation review panel pursuant to workers' compensation investigations or enforcement proceedings that are not claim-specific shall not be placed in the division file. The data practices classification of these orders and penalties is as provided in sections 13.39 and 13.41, except that the names, Social Security numbers, and worker identification numbers of employees with workers' compensation claims and their dependents, and the identity of persons filing a complaint with the department about the subject of the investigation or enforcement action, are private or nonpublic data as those terms are defined in section 13.02 when maintained by a government entity.

Subd. 10. **Failure to file required report, penalty.** If an employer, qualified rehabilitation consultant or rehabilitation vendor, insurer, physician, chiropractor, or other health provider fails to file with the

commissioner any report or other document required by this chapter in the manner and within the time limitations prescribed, or otherwise fails to provide a report or other document required by this chapter in the manner provided by this chapter, the commissioner may impose a penalty of up to \$500 for each failure.

The imposition of a penalty may be appealed to a compensation judge within 30 days of notice of the penalty.

Penalties collected by the state under this subdivision shall be payable to the commissioner for deposit into the assigned risk safety account.

Subd. 11. Failure to file required report; substitute filing. Where this section requires the employer to file a report of injury with the commissioner, and the employer is unable or refuses to file the report, the insurer shall file the report within ten days of a request from the division. The report shall be filed in the manner prescribed by this section. If both the employer and the insurer fail to file the report within 30 days of notice of the injury, the commissioner shall file the report.

The filing of a report of injury by the commissioner does not subject an employee or the dependents of an employee to the three-year time limitations under section 176.151, paragraphs (a) and (b).

A substitute filing under this subdivision shall not be a defense to a penalty assessed under subdivision 10.

Subd. 12. Reports; electronic monitoring. Beginning July 1, 1995, the commissioner shall monitor electronically all reports of injury, all payments for reported injuries, and compliance with all reporting and payment timelines.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 7. Minnesota Statutes 2018, section 176.253, is amended to read:

176.253 INSURER, EMPLOYER, AND THIRD-PARTY ADMINISTRATOR; PERFORMANCE OF ACTS.

Subdivision 1. Definitions. (a) The terms used in this section have the meanings given to them in this subdivision.

(b) "Department" has the meaning in section 176.011, subdivision 8b.

(c) "Employer" means an employer as defined in section 176.011, subdivision 10, against whom a workers' compensation claim has been asserted or who is liable for a workers' compensation injury under this chapter. Employer includes:

(1) an employer authorized to self-insure by the Department of Commerce under chapter 79A; and

(2) the state or a political subdivision that is not required to be authorized to self-insure by the commissioner of commerce in order to pay its workers' compensation claims.

(d) "Insurer" means a workers' compensation insurer licensed by the Department of Commerce under section 60A.

(e) "Third-party administrator" means an administrator that is licensed by the Department of Commerce to administer a workers' compensation self-insurance or insurance plan under section 60A.23, subdivision 8, with a contract to act on behalf of an employer or insurer.

Subd. 2. General. Where this chapter requires an employer to perform an act, the insurer of the employer may perform that act. Where the insurer acts in behalf of the employer, the employer is responsible for the authorized acts of the insurer and for any delay, failure, or refusal of the insurer to perform the act. This section does not relieve the employer from any penalty or forfeiture which this chapter imposes on the employer.

Subd. 3. Authority of a third-party administrator. A third-party administrator that has an active account in CAMPUS under section 176.2612 may act on behalf of the employer or insurer as provided in the contract between the administrator and the employer or insurer. If the department or commissioner issues an order or assesses a penalty against an employer or insurer, the order or penalty must be served on any administrator acting on behalf of the employer or insurer. A third-party administrator has the authority to act on behalf of the employer or insurer in responding to a commissioner or department inquiry, order or penalty assessment, or paying a penalty, until the insurer or administrator notifies the department in writing that the administrator does not have authority.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 8. Minnesota Statutes 2018, section 176.2611, subdivision 2, is amended to read:

Subd. 2. Applicability. Subject to further amendments pursuant to section 176.2612, subdivision 2, this section governs filing requirements pending completion of the workers' compensation modernization program specifies whether documents must be filed with the office or the commissioner, and governs access to dispute-related documents and data in the office's case management system, the workers' compensation Informix imaging system, and the system that will be developed as a result of the workers' compensation modernization program at the office or department. This section prevails over any conflicting provision in this chapter, Laws 1998, chapter 366, or corresponding rules.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 9. Minnesota Statutes 2018, section 176.2611, subdivision 5, is amended to read:

Subd. 5. Form revision and access to documents and data. (a) The commissioner must revise dispute resolution forms, in consultation with the chief administrative law judge, to reflect the filing requirements in this section.

(b) For purposes of this subdivision, "complete, read-only electronic access" means the ability to view all data and document contents, including scheduling information, related to workers' compensation disputes, except for the following:

(1) a confidential mediation statement, including any documents submitted with the statement for the mediator's review and any additional documents submitted to or sent by the mediator in furtherance of mediation efforts;

(2) work product of a compensation judge, mediator, or commissioner that is not issued. Examples of work product include personal notes of hearings or conferences and draft decisions;

(3) the department's Vocational Rehabilitation Unit's case management system data;

(4) the special compensation fund's case management system data; and

(5) audit trail information.

~~(e) The office must be provided with continued, complete, read-only electronic access to the workers' compensation Informix imaging system.~~

~~(d) The department must be provided with read-only electronic access to the office's case management system, including the ability to view all data, including scheduling information, but excluding access into filed documents.~~

(c) Until August 31, 2020, the office must send the department all documents that are accepted for filing or issued by the office. The office must send the documents to the department, electronically or by courier, within two business days of when the documents are accepted for filing or issued by the office. Beginning August 31, 2020, all dispute-related documents accepted for filing or issued by the office, and all dispute-related documents filed with the department that are referred to the office under section 176.106, must be immediately transmitted between the office's case management system and CAMPUS using application programming interfaces.

~~(d)~~ (d) The department must place documents that the office sends to the department in the appropriate imaged file for the employee. This paragraph expires August 31, 2020.

~~(g) The department must send the office copies of the following documents, electronically or by courier, within two business days of when the documents are filed with or issued by the department:~~

- ~~(1) notices of discontinuance;~~
- ~~(2) decisions issued by the department; and~~
- ~~(3) mediated agreements.~~

~~(h) Upon integration of the office's case management system and the department's system resulting from the workers' compensation modernization program;~~ (e) Each agency will must be provided with complete, read-only electronic access, as defined in paragraph (b), to the other agency's case management system.

~~(i)~~ (e) Each agency's responsible authority pursuant to section 13.02, subdivision 16, is responsible for its own employees' use and dissemination of the data and documents in the workers' compensation Informix imaging system, the office's case management system, and the system developed as a result of the workers' compensation modernization program. This paragraph expires August 31, 2020.

EFFECTIVE DATE. This section is effective the day following final enactment.

Sec. 10. Minnesota Statutes 2018, section 176.2611, subdivision 6, is amended to read:

Subd. 6. **Data privacy.** (a) All documents filed with or issued by ~~the department or~~ the office under this chapter are private data on individuals and nonpublic data pursuant to chapter 13, except that the documents are available to the following:

- (1) the office;
- (2) the department;
- (3) the employer;
- (4) the insurer;
- (5) the employee;

- (6) the dependent of a deceased employee;
- (7) an intervenor in the dispute;
- (8) the attorney to a party in the dispute;
- (9) a person who furnishes written authorization from the employer, insurer, employee, or dependent of a deceased employee; and
- (10) a person, agency, or other entity allowed access to the documents under this chapter or other law.

Once a document filed with or issued by the office under this chapter is transmitted to the commissioner under subdivision 5 or section 176.281, access to the document in the division file is as provided in section 176.231.

(b) The office and department may post notice of scheduled proceedings on the agencies' websites and at their principal places of business in any manner that protects the employee's identifying information. Identifying information includes the employee's name or any part of the employee's name.

EFFECTIVE DATE. This section is effective August 31, 2020, except that the amendments to paragraph (b) are effective the day following final enactment.

Sec. 11. **[176.2612] THE WORKERS' COMPENSATION CLAIMS ACCESS AND MANAGEMENT PLATFORM USER SYSTEM (CAMPUS).**

Subdivision 1. **Requirements.** (a) The commissioner shall maintain the workers' compensation Claims Access and Management Platform User System (CAMPUS) as defined in section 176.011, subdivision 1d. This section applies to the department and the Workers' Compensation Court of Appeals. Except for paragraph (b), clause (4), this subdivision does not apply to the office.

(b) CAMPUS must:

(1) provide a single filing system for users to electronically file documents required or authorized to be filed under this chapter with the commissioner or the Workers' Compensation Court of Appeals;

(2) maintain and retain the division file and other claim-related documents;

(3) accept filings by electronic data entry and by uploaded images of supplemental documents, such as a medical or narrative report or document;

(4) electronically and securely transmit data, and images of documents, between each agency to allow the agency to perform its statutory functions;

(5) electronically and securely serve documents;

(6) organize electronic data filed in the division file into an image for viewing or printing by parties to a claim and staff at each agency;

(7) provide electronic access to the division file by parties and each agency to workers' compensation documents and other data as authorized or required by this chapter; and

(8) allow authorized stakeholders, the department, and the Workers' Compensation Court of Appeals to manage and monitor claims and perform statutorily required functions.

Subd. 2. **Plan and proposal for improvement.** By January 11, 2021, the commissioner must recommend to the Workers' Compensation Advisory Council a plan and proposed statutory amendments for the most effective means, based on an assessment of benefits and value, to implement improvements to CAMPUS and the case management system at the office, including ensuring a single calendaring system and a single filing system. The filing requirements in section 176.2611, subdivisions 3 and 4, remain in effect until further amendments related to a single filing system in CAMPUS are enacted pursuant to the recommendations of the Workers' Compensation Advisory Council.

Subd. 3. **Creating a CAMPUS account.** (a) For purposes of this subdivision, "employer," "insurer," and "third-party administrator" have the meanings given in section 176.253, subdivision 1.

(b) Electronic access to view or file documents in CAMPUS shall be granted according to the requirements established by the department and MN.IT services to authenticate the identity of the person or entity creating the account and authorize access to the documents that the person or entity is entitled to under this chapter.

(c) The persons or entities in clauses (1) to (12) must create and maintain an account in CAMPUS to electronically access or file documents.

(1) an employee with a workers' compensation claim, the employee's guardian under section 176.092, or the deceased employee's dependent under section 176.111;

(2) an employer with a workers' compensation claim;

(3) a licensed workers' compensation insurer acting on behalf of an employer with a Minnesota workers' compensation claim;

(4) an intervenor or potential intervenor in a workers' compensation dispute;

(5) a registered rehabilitation provider under section 176.102;

(6) the state or a political subdivision or school district that is not required to be self-insured by the commissioner of the Department of Commerce in order to pay its workers' compensation claims;

(7) the assigned risk plan under chapter 79A;

(8) the Workers' Compensation Reinsurance Association under chapter 79;

(9) the Minnesota Insurance Guarantee Association established under chapter 60C;

(10) the self-insurers' security fund under chapter 79A;

(11) a third-party administrator that has contracted to act on behalf of any of the entities listed in this subdivision; and

(12) an attorney representing a person or entity listed above.

(d) The commissioner may require that any person or entity listed in paragraph (c), clauses (2) to (12), create and maintain an account in CAMPUS if the person or entity is a party to a workers' compensation claim or associated with an enforcement action of the department.

(e) A designated medical contact under section 176.135 and a managed care organization certified by the department under section 176.1351 must create and maintain an account to file and view documents related to the certified managed care plan or designated medical contact.

(f) If a person or entity is required to create and maintain an account under this subdivision and fails to do so:

(1) unless good cause is shown, the commissioner may assess a \$500 penalty against the person or entity for each 30-day period that an account is not created or maintained following the commissioner's notice that one is required;

(2) failure to create or maintain an account shall not be a defense to untimely filing where electronic filing is required under this chapter; and

(3) failure to create or maintain an account results in the appointment of the commissioner and successors in office as the person's agent to receive service by the commissioner or the Workers' Compensation Court of Appeals where service is required under this chapter, provided that the commissioner attempts service by United States mail on the party at the last known address.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 12. Minnesota Statutes 2018, section 176.275, is amended to read:

176.275 FILING OF PAPERS; PROOF OF SERVICE.

Subdivision 1. **Filing.** If a document is required to be filed by this chapter or any rules adopted pursuant to authority granted by this chapter, the filing shall be completed ~~by the receipt upon acceptance of the document at the division, department, office, or the court of appeals by the agency. The division, department, office, and the court of appeals shall accept any document which has been delivered to it for legal filing, but may refuse to accept~~ Any ~~form or~~ document that lacks information required by statute or rule, or is not filed in the manner and format required by this chapter, may be rejected. ~~The division, department, office, and court of appeals are~~ A document rejected for any of these reasons is not considered filed. An agency is not required to maintain, and may destroy, a duplicate of a ~~form or~~ document that has already been filed. If a workers' compensation identification number has been assigned by the department, it ~~may~~ must be substituted for the Social Security number on a ~~form or~~ document. ~~If the injured employee has fewer than three days of lost time from work, the party submitting the required document must attach to it, at the time of filing, a copy of the first report of injury.~~

A notice or other document required to be served or filed at either the department, the office, or the court of appeals which is inadvertently served or filed at the wrong one of these agencies by an unrepresented employee shall be deemed to have been served or filed with the proper agency. The receiving agency shall note the date of receipt of a document and shall forward the documents to the proper agency no later than two working days following receipt.

Subd. 2. **Proof of service; affidavits and notarized statements.** (a) Whenever a provision of this chapter or rules adopted pursuant to authority granted by this chapter require either a proof of service or, an affidavit of service, or a notarized statement on a document, the requirement is satisfied by the inclusion of a proof of service on the document which has been served, in a form acceptable by the state district courts or approved by the commissioner a document that meets the definition of an affidavit under Rule 15 of the General Rules of Practice for the district courts.

(b) An agency is not required to verify the accuracy of a proof or affidavit of service filed by a party before accepting a document for filing. This does not prevent a party from asserting insufficient or lack of service in a proceeding.

(c) Service on a party's attorney constitutes service on the represented party, unless service on the employee is specifically required by this chapter.

(d) A party is not required to file a proof or affidavit of service when the party is served electronically by the agency and the agency has issued a proof of service.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 13. Minnesota Statutes 2018, section 176.281, is amended to read:

176.281 ORDERS, DECISIONS, AND AWARDS; FILING; SERVICE.

(a) When the commissioner or compensation judge or Office of Administrative Hearings or the Workers' Compensation Court of Appeals has ~~rendered a final~~ issued correspondence, a notice, order, decision, ~~or~~ award, or other disposition or outcome of a dispute, or an amendment to an order, decision, or award, it shall be filed immediately with the commissioner.

(b) The agencies' systems must be configured so that transmission of data and documents described in paragraph (a) and section 176.261I, subdivision 5, paragraph (c), are immediately transmitted between the Office of Administrative Hearings' case management system and CAMPUS using application programming interfaces.

(c) If the commissioner, compensation judge, Office of Administrative Hearings, or Workers' Compensation Court of Appeals has rendered a final order, decision, or award, or amendment thereto, the commissioner or the Office of Administrative Hearings or the Workers' Compensation Court of Appeals shall immediately serve a copy upon every party in interest, together with a notification of the date the order was filed.

(d) On all orders, decisions, awards, and other documents, the commissioner or compensation judge or Office of Administrative Hearings or the Workers' Compensation Court of Appeals may digitize the signatures of all officials, including judges, for the use of electronic data interchange and clerical automation. These signatures shall have the same legal authority of an original signature, provided that proper security is used to safeguard the use of the digitized signatures and each digitized signature has been certified by the division, department, office, or court of appeals before its use, in accordance with rules adopted by that agency or court.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 14. Minnesota Statutes 2018, section 176.285, is amended to read:

176.285 SERVICE OF PAPERS AND NOTICES; ELECTRONIC FILING.

Subdivision 1. **Service by mail.** Service of ~~papers and notices~~ documents shall be by United States mail ~~or otherwise as the commissioner or the chief administrative law judge may by rule direct~~ except where electronic service is authorized or required under this section and section 176.275. An employee cannot be required to accept electronic service where service on the employee is required. Where service is by mail, service is effected at the time mailed if properly addressed and stamped. If it is so mailed, it is presumed the paper or notice reached the party to be served. However, a party may show by competent evidence that that party did not receive it or that it had been delayed in transit for an unusual or unreasonable period of time. In case of nonreceipt or delay, an allowance shall be made for the party's failure to assert a right within the prescribed time.

Subd. 2. **Electronic service and filing on an agency.** (a) Where a statute or rule authorizes or requires a document to be filed with or served on ~~an agency~~ the office, the document may be filed electronically if electronic filing is authorized by the ~~agency~~ office and if the document is transmitted in the manner and in the format specified by the ~~agency~~ office. Where a statute or rule authorizes or requires a document to be filed with or served on the commissioner or the Workers' Compensation Court of Appeals, the document must be filed electronically in the manner and format specified by the commissioner. An employee must not be required to file a document electronically at any agency unless the document is filed by an attorney on behalf of the employee.

(b) If electronic filing of a document is authorized by the ~~agency~~ office or required under this subdivision and a statute or rule requires a copy of the document to be provided or served on another person or party, the document filed electronically with the agency and provided or served on the other person or party must contain the same information in the format required by the ~~commissioner~~ agency.

(c) For purposes of serving on and filing with an agency under this chapter, "electronic" and "electronically" excludes facsimile and e-mail unless authorized by the agency. A document is deemed filed with an agency on the business day it is accepted for filing on or before 11:59 p.m.

Subd. 2a. **Electronic signatures.** ~~(b)~~ (a) Where a statute or rule authorizes or requires a person's signature on a document to be filed with or served on an agency, the signature may be an electronic signature, as defined by section 325L.02, or transmitted electronically, if authorized by the agency and if the signature is transmitted in the manner and format specified by the agency. The commissioner may require that a document authorized or required to be filed with the commissioner, department, or division be filed electronically in the manner and format specified by the commissioner, except that an employee must not be required to file a document electronically unless the document is filed by an attorney on behalf of an employee. The department or court may adopt rules for the certification of signatures.

(b) If a rehabilitation provider files a rehabilitation plan or other document that requires the signature of the employee, employer, or insurer pursuant to section 176.102, or rules adopted under section 176.102, the rehabilitation provider shall specify whether each party's signature has been obtained. The rehabilitation provider must retain the document with the original signature or signatures of the employee and insurer or self-insured employer for five years after the rehabilitation plan is closed and must make the signed document available to the commissioner or compensation judge upon request.

Subd. 2b. **Electronic service of documents on a party through the office's case management system or CAMPUS.** ~~(c)~~ ~~An agency~~ (a) The office may serve a document electronically on a payer, rehabilitation provider, or attorney. An agency The office may serve a document on any other party if the recipient agrees to receive it in an electronic format. The date of electronic service of a document is the date the recipient is sent a document electronically, or the date the recipient is notified that the document is available on a website, whichever occurs first.

(b) The commissioner, the Workers' Compensation Court of Appeals, and a party may electronically serve through CAMPUS a document required to be served on a party or filed with the commissioner on any person with an account in CAMPUS under section 176.2612. Service through CAMPUS must be either by secure e-mail or by e-mailing a notice that the document may be accessed through a web portal. Service of a document through CAMPUS on an attorney for a party is considered to be service on the party, except where service on the employee is specifically required by this chapter.

(c) An employee must not be electronically served unless the employee has created an account and has agreed to accept electronic service through the office's case management system or CAMPUS.

(d) The date of electronic service of a document is the date the recipient is sent a document electronically, or the date the recipient is notified that the document is available on a website, whichever occurs first.

Subd. 2c. Time to assert a right when a document is served or filed electronically. (d) When the electronic filing of a legal document with ~~the department~~ an agency marks the beginning of a prescribed time for another party to assert a right, the prescribed time for another party to assert a right shall be ~~lengthened~~ extended by two calendar days when it can be shown that service to ~~the other~~ another party was by United States mail, and extended by one business day if the document was electronically served on the party in CAMPUS or the office's case management system after 4:30 p.m.

Subd. 3. Proof of service of documents served by parties and agencies. (a) The commissioner ~~and~~, the chief administrative law judge and the chief judge of the Workers' Compensation Court of Appeals shall ensure that proof of service of all papers and notices served by their respective agencies is ~~placed in~~ transmitted to the ~~official~~ division file ~~of the case~~ in the manner described in section 176.281.

(b) If a document unrelated to a dispute, such as a first report of injury, is required to be filed with the commissioner and required to be served on the employee or other party, the serving party must retain the proof of service and provide it to the commissioner or compensation judge upon request.

Subd. 4. Definitions; applicability. (a) For purposes of this section, "agency" means the workers' compensation division, the Department of Labor and Industry, the commissioner of the Department of Labor and Industry, the Office of Administrative Hearings, the chief administrative law judge, or the Workers' Compensation Court of Appeals. "Document" includes documents, reports, notices, orders, papers, forms, information, and data elements that are authorized or required to be filed with an agency or the commissioner or that are authorized or required to be served on or by an agency or the commissioner. "payer" means a workers' compensation insurer, self-insurer employer, or third-party administrator.

(b) Except as otherwise modified by this section chapter, the provisions of chapter 325L apply to electronic signatures and the electronic transmission of documents under this section chapter.

EFFECTIVE DATE. This section is effective August 31, 2020.

Sec. 15. Minnesota Statutes 2018, section 176.312, is amended to read:

176.312 AFFIDAVITS OF PREJUDICE AND PETITIONS FOR REASSIGNMENT.

In accordance with rules adopted by the chief administrative law judge, an affidavit of prejudice for cause may be filed by each party to the claim against a compensation judge assigned to hear a case.

A petition for reassignment of a case to a different compensation judge for hearing may be filed once, in any case, by each party to the claim within ~~ten~~ 20 days after the filing party has received notice of the assigned judge. Upon receipt of a timely petition for reassignment, the chief administrative law judge shall assign the case to another judge.

An affidavit of prejudice or a petition for reassignment shall be filed with the chief administrative law judge and shall not result in the continuance or delay of a hearing scheduled under section 176.341.

This section does not apply to prehearing ~~or~~, settlement conferences, or administrative conferences.

EFFECTIVE DATE. This section is effective July 1, 2019.

Presented to the governor May 28, 2019