

SENATE  
STATE OF MINNESOTA  
NINETY-FIRST SESSION

S.F. No. 4130

| (SENATE AUTHORS: UTKE and Goggin) |       |   |
|-----------------------------------|-------|---|
| DATE                              | D-PG  | OFFICIAL STATUS   |
| 03/09/2020                        | 5341  | Introduction and first reading<br>Referred to Jobs and Economic Growth Finance and Policy         |
| 03/12/2020                        | 5466  | Author added Goggin   |
| 03/16/2020                        | 5472  | Comm report: To pass and re-referred to State Government Finance and Policy and Elections         |
| 05/13/2020                        | 6973a | Comm report: To pass as amended and re-refer to Finance   |
|                                   | 6975  | Rule 12.10: report of votes in committee<br>Joint rule 2.03, referred to Rules and Administration |
|                                   | 6978  | Comm report: Adopt previous comm report Jt. rule 2.03 suspended                                   |
| 05/14/2020                        |       | Comm report: To pass as amended<br>Second reading   |

1.1

A bill for an act

1.2

relating to workers' compensation; adopting recommendations of the 2020 Workers'

1.3

Compensation Advisory Council; establishing a mechanism for providing

1.4

reimbursement for certain COVID-19 workers' compensation costs; requiring

1.5

reports; appropriating money; amending Minnesota Statutes 2018, sections 79A.02,

1.6

subdivision 4; 79A.04, subdivision 2; 79A.06, subdivision 5; 79A.22, subdivision

1.7

13; 79A.24, subdivision 2; 176.011, subdivision 15, as amended; 176.102,

1.8

subdivision 10; 176.111, subdivision 22; 176.135, subdivision 1; 176.185, by

1.9

adding a subdivision; 176.223; Minnesota Statutes 2019 Supplement, sections

1.10

176.181, subdivision 2; 176.231, subdivisions 5, 6, 9, 9a; 176.2611, subdivision

1.11

5; 176.2612, subdivisions 1, 3; 176.275, subdivision 2; 176.285, subdivision 1;

1.12

repealing Minnesota Statutes 2018, section 176.181, subdivision 6.

1.13

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.14

Section 1. Minnesota Statutes 2018, section 79A.02, subdivision 4, is amended to read:

1.15

Subd. 4. **Recommendations to commissioner regarding revocation.** After each fifth

1.16

anniversary from the date each individual and group self-insurer becomes certified to

1.17

self-insure, the committee shall review all relevant financial data filed with the Department

1.18

of Commerce that is otherwise available to the public and make a recommendation to the

1.19

commissioner about whether each self-insurer's certificate should be revoked. For group

1.20

self-insurers who have been in existence for five years or more and have been granted

1.21

renewal authority, a level of funding in the common claims fund must be maintained at not

1.22

less than the greater of either: (1) one year's claim losses paid in the most recent year; or

1.23

(2) one-third of the security deposit posted with the Department of Commerce according

1.24

to section 79A.04, subdivision 2. ~~This provision supersedes any requirements under section~~

1.25

~~79A.03, subdivision 10, and Minnesota Rules, part 2780.5000.~~

2.1 Sec. 2. Minnesota Statutes 2018, section 79A.04, subdivision 2, is amended to read:

2.2 Subd. 2. **Minimum deposit.** The minimum deposit is 110 percent of the private  
2.3 self-insurer's estimated future liability. The deposit may be used to secure payment of all  
2.4 administrative and legal costs, and unpaid assessments required by section 79A.12,  
2.5 subdivision 2, relating to or arising from its or other employers' self-insuring. As used in  
2.6 this section, "private self-insurer" includes both current and former members of the  
2.7 self-insurers' security fund; and "private self-insurers' estimated future liability" means the  
2.8 private self-insurers' total of estimated future liability as determined by an Associate or  
2.9 Fellow of the Casualty Actuarial Society every year for group member private self-insurers  
2.10 and, for a nongroup member private self-insurer's authority to self-insure, every year for  
2.11 the first five years. After the first five years, the nongroup member's total shall be as  
2.12 determined by an Associate or Fellow of the Casualty Actuarial Society at least every two  
2.13 years, and each such actuarial study shall include a projection of future losses during the  
2.14 period until the next scheduled actuarial study, less payments anticipated to be made during  
2.15 that time.

2.16 All data and information furnished by a private self-insurer to an Associate or Fellow  
2.17 of the Casualty Actuarial Society for purposes of determining private self-insurers' estimated  
2.18 future liability must be certified by an officer of the private self-insurer to be true and correct  
2.19 with respect to payroll and paid losses, and must be certified, upon information and belief,  
2.20 to be true and correct with respect to reserves. The certification must be made by sworn  
2.21 affidavit. In addition to any other remedies provided by law, the certification of false data  
2.22 or information pursuant to this subdivision may result in a fine imposed by the commissioner  
2.23 of commerce on the private self-insurer up to the amount of \$5,000, and termination of the  
2.24 private self-insurers' authority to self-insure. The determination of private self-insurers'  
2.25 estimated future liability by an Associate or Fellow of the Casualty Actuarial Society shall  
2.26 be conducted in accordance with standards and principles for establishing loss and loss  
2.27 adjustment expense reserves by the Actuarial Standards Board, an affiliate of the American  
2.28 Academy of Actuaries. The commissioner may reject an actuarial report that does not meet  
2.29 the standards and principles of the Actuarial Standards Board, and may further disqualify  
2.30 the actuary who prepared the report from submitting any future actuarial reports pursuant  
2.31 to this chapter. Within 30 days after the actuary has been served by the commissioner with  
2.32 a notice of disqualification, an actuary who is aggrieved by the disqualification may request  
2.33 a hearing to be conducted in accordance with chapter 14. Based on a review of the actuarial  
2.34 report, the commissioner of commerce may require an increase in the minimum security  
2.35 deposit in an amount the commissioner considers sufficient.

3.1 In addition, the Minnesota self-insurers' security fund may, at its sole discretion and  
3.2 cost, undertake an independent actuarial review or an actuarial study of a private self-insurer's  
3.3 estimated future liability as defined in this subdivision. The review or study must be  
3.4 conducted by an associate or fellow of the Casualty Actuarial Society. The actuary has the  
3.5 right to receive and review data and information of the self-insurer necessary for the actuary  
3.6 to complete its review or study. A copy of this report must be filed with the commissioner  
3.7 and a copy must be furnished to the self-insurer.

3.8 Estimated future liability is determined by first taking the total amount of the self-insured's  
3.9 future liability of workers' compensation claims and then deducting the total amount which  
3.10 is estimated to be returned to the self-insurer from any specific excess insurance coverage,  
3.11 aggregate excess insurance coverage, and any supplementary benefits or second injury  
3.12 benefits which are estimated to be reimbursed by the special compensation fund. However,  
3.13 in the determination of estimated future liability, the actuary for the self-insurer shall not  
3.14 take a credit for any excess insurance or reinsurance which is provided by a captive insurance  
3.15 company which is wholly owned by the self-insurer. The opinion may discount liabilities  
3.16 to present value at a rate up to the lesser of four percent per annum, or the average of the  
3.17 applicable federal midterm rates, based on annual compounding, as published by the United  
3.18 States Secretary of the Treasury under United States Code, title 26, section 1274(d), for the  
3.19 12 months preceding the valuation date of the report. Supplementary benefits or second  
3.20 injury benefits will not be reimbursed by the special compensation fund unless the special  
3.21 compensation fund assessment pursuant to section 176.129 is paid and the reports required  
3.22 thereunder are filed with the special compensation fund. In the case of surety bonds, bonds  
3.23 shall secure administrative and legal costs in addition to the liability for payment of  
3.24 compensation reflected on the face of the bond. In no event shall the security be less than  
3.25 the last retention limit selected by the self-insurer with the Workers' Compensation  
3.26 Reinsurance Association, provided that the commissioner may allow former members to  
3.27 post less than the Workers' Compensation Reinsurance Association retention level if that  
3.28 amount is adequate to secure payment of the self-insurers' estimated future liability, as  
3.29 defined in this subdivision, including payment of claims, administrative and legal costs,  
3.30 and unpaid assessments required by section 79A.12, subdivision 2. The posting or depositing  
3.31 of security pursuant to this section shall release all previously posted or deposited security  
3.32 from any obligations under the posting or depositing and any surety bond so released shall  
3.33 be returned to the surety. Any other security shall be returned to the depositor or the person  
3.34 posting the bond.

As a condition for the granting or renewing of a certificate to self-insure, the commissioner may require a private self-insurer to furnish any additional security the commissioner considers sufficient to insure payment of all claims under chapter 176.

**EFFECTIVE DATE.** This section is effective January 1, 2021, and applies to actuarial opinions with a valuation date on or after that date.

Sec. 3. Minnesota Statutes 2018, section 79A.06, subdivision 5, is amended to read:

**Subd. 5. Private employers who have ceased to be self-insured.** (a) Private employers who have ceased to be private self-insurers shall discharge their continuing obligations to secure the payment of compensation which is accrued during the period of self-insurance, for purposes of Laws 1988, chapter 674, sections 1 to 21, by compliance with all of the following obligations of current certificate holders:

(1) Filing reports with the commissioner to carry out the requirements of this chapter;

(2) Depositing and maintaining a security deposit for accrued liability for the payment of any compensation which may become due, pursuant to chapter 176. However, if a private employer who has ceased to be a private self-insurer purchases an insurance policy from an insurer authorized to transact workers' compensation insurance in this state which provides coverage of all claims for compensation arising out of injuries occurring during the entire period the employer was self-insured, whether or not reported during that period, the policy will:

(i) discharge the obligation of the employer to maintain a security deposit for the payment of the claims covered under the policy;

(ii) discharge any obligation which the self-insurers' security fund has or may have for payment of all claims for compensation arising out of injuries occurring during the period the employer was self-insured, whether or not reported during that period; and

(iii) discharge the obligations of the employer to pay any future assessments to the self-insurers' security fund; provided, however, that a member that terminates its self-insurance authority on or after August 1, 2010, shall be liable for an assessment under paragraph (b). The actuarial opinion shall not take into consideration any transfer of the member's liabilities to an insurance policy if the member obtains a replacement policy as described in this subdivision within one year of the date of terminating its self-insurance.

A private employer who has ceased to be a private self-insurer may instead buy an insurance policy described above, except that it covers only a portion of the period of time during which the private employer was self-insured; purchase of such a policy discharges

any obligation that the self-insurers' security fund has or may have for payment of all claims for compensation arising out of injuries occurring during the period for which the policy provides coverage, whether or not reported during that period.

A policy described in this clause may not be issued by an insurer unless it has previously been approved as to the insurer, form, and substance by the commissioner; and

(3) Paying within 30 days all assessments of which notice is sent by the security fund, for a period of seven years from the last day its certificate of self-insurance was in effect. Thereafter, the private employer who has ceased to be a private self-insurer may either: (i) continue to pay within 30 days all assessments of which notice is sent by the security fund until it has no incurred liabilities for the payment of compensation arising out of injuries during the period of self-insurance; or (ii) pay the security fund a cash payment equal to four percent of the net present value of all remaining incurred liabilities for the payment of compensation under sections 176.101 and 176.111 as certified by a member of the casualty actuarial society. Assessments shall be based on the benefits paid by the employer during the calendar year immediately preceding the calendar year in which the employer's right to self-insure is terminated or withdrawn.

(b) With respect to a self-insurer who terminates its self-insurance authority after April 1, 1998, that member shall obtain and file with the commissioner an actuarial opinion of its outstanding liabilities as determined by an associate or fellow of the Casualty Actuarial Society within 120 days of the date of its termination. If the actuarial opinion is not timely filed, the self-insurers' security fund may, at its discretion, engage the services of an actuary for this purpose. The expense of this actuarial opinion must be assessed against and be the obligation of the self-insurer. The commissioner may issue a certificate of default against the self-insurer for failure to pay this assessment to the self-insurers' security fund as provided by section 79A.04, subdivision 9. ~~The opinion may discount liabilities up to four percent per annum to net present value~~ actuarial opinion must not apply a present value discount in computing future liabilities. Within 60 days after notification of approval of the actuarial opinion by the commissioner, the exiting member shall pay to the security fund an amount determined as follows: a percentage will be determined by dividing the security fund's members' deficit as determined by the most recent audited financial statement of the security fund by the total actuarial liability of all members of the security fund as calculated by the commissioner within 30 days of the exit date of the member. This quotient will then be multiplied by that exiting member's total future liability as contained in the exiting member's actuarial opinion. If the payment is not made within 30 days of the notification, interest on

it at the rate prescribed by section 549.09 must be paid by the former member to the security fund until the principal amount is paid in full.

(c) A former member who terminated its self-insurance authority before April 1, 1998, who has paid assessments to the self-insurers' security fund for seven years, and whose annualized assessment is \$15,000 or less, may buy out of its outstanding liabilities to the self-insurers' security fund by an amount calculated as follows: 1.35 multiplied by the indemnity case reserves at the time of the calculation, multiplied by the then current self-insurers' security fund annualized assessment rate.

(d) A former member who terminated its self-insurance authority before April 1, 1998, and who is paying assessments within the first seven years after ceasing to be self-insured under paragraph (a), clause (3), may elect to buy out its outstanding liabilities to the self-insurers' security fund by obtaining and filing with the commissioner an actuarial opinion of its outstanding liabilities as determined by an associate or fellow of the Casualty Actuarial Society. The opinion must separate liability for indemnity benefits from liability for medical benefits, ~~and must discount each up to four percent per annum to net present value.~~ Within 30 days after notification of approval of the actuarial opinion by the commissioner, the member shall pay to the security fund an amount equal to 120 percent of that discounted outstanding indemnity liability, multiplied by the greater of the average annualized assessment rate since inception of the security fund or the annual rate at the time of the most recent assessment.

(e) A former member who has paid the security fund according to paragraphs (b) to (d) and subsequently receives authority from the commissioner to again self-insure shall be assessed under section 79A.12, subdivision 2, only on indemnity benefits paid on injuries that occurred after the former member received authority to self-insure again; provided that the member furnishes verified data regarding those benefits to the security fund.

(f) In addition to proceedings to establish liabilities and penalties otherwise provided, a failure to comply may be the subject of a proceeding before the commissioner. An appeal from the commissioner's determination may be taken pursuant to the contested case procedures of chapter 14 within 30 days of the commissioner's written determination.

Any current or past member of the self-insurers' security fund is subject to service of process on any claim arising out of chapter 176 or this chapter in the manner provided by section 5.25, or as otherwise provided by law. The issuance of a certificate to self-insure to the private self-insured employer shall be deemed to be the agreement that any process

which is served in accordance with this section shall be of the same legal force and effect as if served personally within this state.

Sec. 4. Minnesota Statutes 2018, section 79A.22, subdivision 13, is amended to read:

Subd. 13. **Common claims fund; five-year exception.** For commercial group self-insurers who have been in existence for five years or more, a level of funding in the common claims fund must be maintained at not less than the greater of either:

(1) one year's claim losses paid in the most recent year; or

(2) one-third of the security deposit posted with the Department of Commerce according to section 79A.24, subdivision 2.

~~This provision supersedes any requirements under subdivisions 11 and 12 and Minnesota Rules, part 2780.5000.~~

Sec. 5. Minnesota Statutes 2018, section 79A.24, subdivision 2, is amended to read:

Subd. 2. **Minimum deposit.** The minimum deposit is 125 percent of the commercial self-insurance group's estimated future liability for the payment of compensation as determined by an actuary. If the group has been in existence for three years, this minimum deposit shall be 110 percent of the commercial self-insurance group's estimated future liability for the payment of workers' compensation as determined by an actuary. Each actuarial study shall include a projection of future losses during a one-year period until the next scheduled actuarial study, less payments anticipated to be made during that time. The opinion may discount liabilities to present value at a rate up to the lesser of four percent per annum, or the average of the applicable federal midterm rates, based on annual compounding, as published by the United States Secretary of the Treasury under United States Code, title 26, section 1274(d), for the 12 months preceding the valuation date of the report. Deduction should be made for the total amount which is estimated to be returned to the commercial self-insurance group from any specific excess insurance coverage, aggregate excess insurance coverage, and any supplementary benefits which are estimated to be reimbursed by the special compensation fund. Supplementary benefits will not be reimbursed by the special compensation fund unless the special compensation fund assessment pursuant to section 176.129 is paid and the required reports are filed with the special compensation fund. In the case of surety bonds, bonds shall secure administrative and legal costs in addition to the liability for payment of compensation reflected on the face of the bond. In no event shall the security be less than the group's selected retention limit of the Workers' Compensation Reinsurance Association. The posting or depositing of security under this section shall

release all previously posted or deposited security from any obligations under the posting or depositing and any surety bond so released shall be returned to the surety. Any other security shall be returned to the depositor or the person posting the bond.

**EFFECTIVE DATE.** This section is effective January 1, 2021, and applies to actuarial opinions with a valuation date on or after that date.

Sec. 6. Minnesota Statutes 2018, section 176.011, subdivision 15, as amended by Laws 2020, chapter 72, section 1, is amended to read:

Subd. 15. **Occupational disease.** (a) "Occupational disease" means a mental impairment as defined in paragraph (d) or physical disease arising out of and in the course of employment peculiar to the occupation in which the employee is engaged and due to causes in excess of the hazards ordinary of employment and shall include undulant fever. Physical stimulus resulting in mental injury and mental stimulus resulting in physical injury shall remain compensable. Mental impairment is not considered a disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer. Ordinary diseases of life to which the general public is equally exposed outside of employment are not compensable, except where the diseases follow as an incident of an occupational disease, or where the exposure peculiar to the occupation makes the disease an occupational disease hazard. A disease arises out of the employment only if there be a direct causal connection between the conditions under which the work is performed and if the occupational disease follows as a natural incident of the work as a result of the exposure occasioned by the nature of the employment. An employer is not liable for compensation for any occupational disease which cannot be traced to the employment as a direct and proximate cause and is not recognized as a hazard characteristic of and peculiar to the trade, occupation, process, or employment or which results from a hazard to which the worker would have been equally exposed outside of the employment.

(b) If immediately preceding the date of disablement or death, an employee was employed on active duty with an organized fire or police department of any municipality, as a member of the Minnesota State Patrol, conservation officer service, state crime bureau, as a forest officer by the Department of Natural Resources, state correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility, or sheriff or full-time deputy sheriff of any county, and the disease is that of myocarditis, coronary sclerosis, pneumonia or its sequel, and at the time of employment such employee was given a thorough physical examination by a licensed doctor



of medicine, and a written report thereof has been made and filed with such organized fire or police department, with the Minnesota State Patrol, conservation officer service, state crime bureau, Department of Natural Resources, Department of Corrections, or sheriff's department of any county, which examination and report negated any evidence of myocarditis, coronary sclerosis, pneumonia or its sequel, the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. If immediately preceding the date of disablement or death, any individual who by nature of their position provides emergency medical care, or an employee who was employed as a licensed police officer under section 626.84, subdivision 1; firefighter; paramedic; state correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; or licensed nurse providing emergency medical care; and who contracts an infectious or communicable disease to which the employee was exposed in the course of employment outside of a hospital, then the disease is presumptively an occupational disease and shall be presumed to have been due to the nature of employment and the presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors which shall be used to rebut this presumption and which are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability.

(c) A firefighter on active duty with an organized fire department who is unable to perform duties in the department by reason of a disabling cancer of a type caused by exposure to heat, radiation, or a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and the carcinogen is reasonably linked to the disabling cancer, is presumed to have an occupational disease under paragraph (a). If a firefighter who enters the service after August 1, 1988, is examined by a physician prior to being hired and the examination discloses the existence of a cancer of a type described in this paragraph, the firefighter is not entitled to the presumption unless a subsequent medical determination is made that the firefighter no longer has the cancer.

(d) For the purposes of this chapter, "mental impairment" means a diagnosis of post-traumatic stress disorder by a licensed psychiatrist or psychologist. For the purposes of this chapter, "post-traumatic stress disorder" means the condition as described in the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association. For purposes of section 79.34, subdivision 2, one or more compensable mental impairment claims arising out of a single event or occurrence shall constitute a single loss occurrence.

(e) If, preceding the date of disablement or death, an employee who was employed on active duty as: a licensed police officer; a firefighter; a paramedic; an emergency medical technician; a licensed nurse employed to provide emergency medical services outside of a medical facility; a public safety dispatcher; ~~an~~ a correctional officer or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; a sheriff or full-time deputy sheriff of any county; or a member of the Minnesota State Patrol is diagnosed with a mental impairment as defined in paragraph (d), and had not been diagnosed with the mental impairment previously, then the mental impairment is presumptively an occupational disease and shall be presumed to have been due to the nature of employment. This presumption may be rebutted by substantial factors brought by the employer or insurer. Any substantial factors that are used to rebut this presumption and that are known to the employer or insurer at the time of the denial of liability shall be communicated to the employee on the denial of liability. The mental impairment is not considered an occupational disease if it results from a disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer.

(f) Notwithstanding paragraph (a) and the rebuttable presumption for infectious or communicable diseases in paragraph (b), an employee who contracts COVID-19 is presumed to have an occupational disease arising out of and in the course of employment if the employee satisfies the requirements of clauses (1) and (2).

(1) The employee was employed as a licensed peace officer under section 626.84, subdivision 1; firefighter; paramedic; nurse or health care worker, correctional officer, or security counselor employed by the state or a political subdivision at a corrections, detention, or secure treatment facility; emergency medical technician; a health care provider, nurse, or assistive employee employed in a health care, home care, or long-term care setting, with direct COVID-19 patient care or ancillary work in COVID-19 patient units; and workers required to provide child care to first responders and health care workers under Executive Order 20-02 and Executive Order 20-19.

(2) The employee's contraction of COVID-19 must be confirmed by a positive laboratory test or, if a laboratory test was not available for the employee, as diagnosed and documented by the employee's licensed physician, licensed physician's assistant, or licensed advanced practice registered nurse (APRN), based on the employee's symptoms. A copy of the positive laboratory test or the written documentation of the physician's, physician assistant's, or APRN's diagnosis shall be provided to the employer or insurer.

(3) Once the employee has satisfied the requirements of clauses (1) and (2), the presumption shall only be rebutted if the employer or insurer shows the employment was not a direct cause of the disease. A denial of liability under this paragraph must meet the requirements for a denial under section 176.221, subdivision 1.

(4) The date of injury for an employee who has contracted COVID-19 under this paragraph shall be the date that the employee was unable to work due to a diagnosis of COVID-19, or due to symptoms that were later diagnosed as COVID-19, whichever occurred first.

(5) An employee who has contracted COVID-19 but who is not entitled to the presumption under this paragraph is not precluded from claiming an occupational disease as provided in other paragraphs of this subdivision or from claiming a personal injury under subdivision 16.

(6) The commissioner shall provide a detailed report on COVID-19 workers' compensation claims under this paragraph to the Workers' Compensation Advisory Council, and chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over workers' compensation, by January 15, 2021.

Sec. 7. Minnesota Statutes 2018, section 176.102, subdivision 10, is amended to read:

Subd. 10. **Rehabilitation; consultants, interns, and vendors.** (a) The commissioner shall approve rehabilitation consultants who may propose and implement plans if they satisfy rules adopted by the commissioner for rehabilitation consultants. A consultant may be an individual or public or private entity, and except for rehabilitation services, Department of Employment and Economic Development, a consultant may not be a vendor or the agent of a vendor of rehabilitation services. The commissioner shall also approve rehabilitation vendors if they satisfy rules adopted by the commissioner. An employer or insurer must be approved by the commissioner as a qualified rehabilitation firm and create an account in CAMPUS as a firm to employ a qualified rehabilitation consultant to provide rehabilitation services to an employee under this section.

(b) An applicant to be a qualified rehabilitation consultant intern must file in CAMPUS a plan of supervision prescribed by the commissioner and signed by the supervisor at the time the application is filed. The supervisor must be employed as a qualified rehabilitation consultant by the same firm as the intern applicant and meet experience requirements prescribed in rule by the commissioner. In the plan of supervision, the supervisor must agree to verify that the intern complies with all rehabilitation rules and statutes during the internship. All documents related to an employee's rehabilitation prepared by the intern that

12.1 are filed with the commissioner must be reviewed by the supervisor before they are filed.  
12.2 The supervisor need not sign the intern's written work, but the intern must verify that the  
12.3 supervisor has reviewed the document at the time the document is filed with the commissioner  
12.4 in CAMPUS. An intern must file a new signed plan of supervision if there is a change of  
12.5 supervisors.

12.6 ~~(b)~~ (c) An individual qualified rehabilitation consultant registered by the commissioner  
12.7 must not provide any medical, rehabilitation, or disability case management services related  
12.8 to an injury that is compensable under this chapter when these services are part of the same  
12.9 claim, unless the case management services are part of an approved rehabilitation plan.

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

12.11 Sec. 8. Minnesota Statutes 2018, section 176.111, subdivision 22, is amended to read:

12.12 Subd. 22. **Payments to estate; death of employee.** (a) In every case of death of an  
12.13 employee resulting from personal injury arising out of and in the course of employment  
12.14 where there are no persons entitled to monetary benefits of dependency compensation, the  
12.15 employer shall pay to the estate of the deceased employee the sum of \$60,000. This payment  
12.16 must be made within 14 days of notice to the insurer of one of the following:

12.17 (1) the appointment of a personal representative of the estate; or

12.18 (2) if there is no personal representative, presentation of a certified death record and an  
12.19 affidavit of collection of personal property according to the requirements of section  
12.20 524.3-1201 and 524.3-1202.

12.21 (b) Within 14 days of notice to the insurer of the death of the employee, the insurer must  
12.22 send notice to the estate, at the deceased employee's last known address, that this payment  
12.23 will be made after ~~a personal representative has been appointed by a probate court~~ receipt  
12.24 of the documentation in paragraph (a), clause (1) or (2).

12.25 **EFFECTIVE DATE.** This section is effective August 1, 2020.

12.26 Sec. 9. Minnesota Statutes 2018, section 176.135, subdivision 1, is amended to read:

12.27 Subdivision 1. **Medical, psychological, chiropractic, podiatric, surgical, hospital.** (a)  
12.28 The employer shall furnish any medical, psychological, chiropractic, podiatric, surgical and  
12.29 hospital treatment, including nursing, medicines, medical, chiropractic, podiatric, and  
12.30 surgical supplies, crutches and apparatus, including artificial members, or, at the option of  
12.31 the employee, if the employer has not filed notice as hereinafter provided, Christian Science  
12.32 treatment in lieu of medical treatment, chiropractic medicine and medical supplies, as may

13.1 reasonably be required at the time of the injury and any time thereafter to cure and relieve  
13.2 from the effects of the injury. This treatment shall include treatments necessary to physical  
13.3 rehabilitation.

13.4 (b) The employer shall pay for the reasonable value of nursing services provided by a  
13.5 member of the employee's family in cases of permanent total disability.

13.6 (c) Exposure to rabies is an injury and an employer shall furnish preventative treatment  
13.7 to employees exposed to rabies.

13.8 (d) The employer shall furnish replacement or repair for artificial members, glasses or  
13.9 spectacles, artificial eyes, podiatric orthotics, dental bridge work, dentures or artificial teeth,  
13.10 hearing aids, canes, crutches, or wheel chairs damaged by reason of an injury arising out  
13.11 of and in the course of the employment. For the purpose of this paragraph, "injury" includes  
13.12 damage wholly or in part to an artificial member. In case of the employer's inability or  
13.13 refusal seasonably to provide the items required to be provided under this paragraph, the  
13.14 employer is liable for the reasonable expense incurred by or on behalf of the employee in  
13.15 providing the same, including costs of copies of any medical records or medical reports that  
13.16 are in existence, obtained from health care providers, and that directly relate to the items  
13.17 for which payment is sought under this chapter, limited to the charges allowed by subdivision  
13.18 7, and attorney fees incurred by the employee.

13.19 (e) Both the commissioner and the compensation judges have authority to make  
13.20 determinations under this section in accordance with sections 176.106 and 176.305.

13.21 (f) An employer may require that the treatment and supplies required to be provided by  
13.22 an employer by this section be received in whole or in part from a managed care plan certified  
13.23 under section 176.1351 except as otherwise provided by that section.

13.24 (g) An employer may designate a pharmacy or network of pharmacies that employees  
13.25 must use to obtain outpatient prescription and nonprescription medications. An employee  
13.26 is not required to obtain outpatient medications at a designated pharmacy unless the pharmacy  
13.27 is located within 15 miles of the employee's place of residence.

13.28 (h) Notwithstanding any fees established by rule adopted under section 176.136, an  
13.29 employer may contract for the cost of medication provided to employees. All requests for  
13.30 reimbursement from the special compensation fund formerly codified under section 176.131  
13.31 for medication provided to an employee must be accompanied by the dispensing pharmacy's  
13.32 invoice showing its usual and customary charge for the medication at the time it was  
13.33 dispensed to the employee. The special compensation fund shall not reimburse any amount  
13.34 that exceeds the maximum amount payable for the medication under Minnesota Rules, part

14.1 5221.4070, subparts 3 and 4, notwithstanding any contract under Minnesota Rules, part  
14.2 5221.4070, subpart 5, that provides for a different reimbursement amount.

14.3 Sec. 10. Minnesota Statutes 2019 Supplement, section 176.181, subdivision 2, is amended  
14.4 to read:

14.5 Subd. 2. **Compulsory insurance; self-insurers.** (a) Every employer, except the state  
14.6 and its municipal subdivisions, liable under this chapter to pay compensation shall insure  
14.7 payment of compensation with some insurance carrier authorized to insure workers'  
14.8 compensation liability in this state, or obtain a written order from the commissioner of  
14.9 commerce exempting the employer from insuring liability for compensation and permitting  
14.10 self-insurance of the liability. The terms, conditions and requirements governing  
14.11 self-insurance shall be established by the commissioner pursuant to chapter 14. The  
14.12 commissioner of commerce shall also adopt, pursuant to paragraph (d), rules permitting  
14.13 two or more employers, whether or not they are in the same industry, to enter into agreements  
14.14 to pool their liabilities under this chapter for the purpose of qualifying as group self-insurers.  
14.15 With the approval of the commissioner of commerce, any employer may exclude medical,  
14.16 chiropractic and hospital benefits as required by this chapter. An employer conducting  
14.17 distinct operations at different locations may either insure or self-insure the other portion  
14.18 of operations as a distinct and separate risk. An employer desiring to be exempted from  
14.19 insuring liability for compensation shall make application to the commissioner of commerce,  
14.20 showing financial ability to pay the compensation, whereupon by written order the  
14.21 commissioner of commerce, on deeming it proper, may make an exemption. An employer  
14.22 may establish financial ability to pay compensation by providing financial statements of  
14.23 the employer to the commissioner of commerce. Upon ten days' written notice the  
14.24 commissioner of commerce may revoke the order granting an exemption, in which event  
14.25 the employer shall immediately insure the liability. As a condition for the granting of an  
14.26 exemption the commissioner of commerce may require the employer to furnish security the  
14.27 commissioner of commerce considers sufficient to insure payment of all claims under this  
14.28 chapter, consistent with subdivision 2b. If the required security is in the form of currency  
14.29 or negotiable bonds, the commissioner of commerce shall deposit it with the commissioner  
14.30 of management and budget. In the event of any default upon the part of a self-insurer to  
14.31 abide by any final order or decision of the commissioner of labor and industry directing and  
14.32 awarding payment of compensation and benefits to any employee or the dependents of any  
14.33 deceased employee, then upon at least ten days' notice to the self-insurer, the commissioner  
14.34 of commerce may by written order to the commissioner of management and budget require  
14.35 the commissioner of management and budget to sell the pledged and assigned securities or

a part thereof necessary to pay the full amount of any such claim or award with interest thereon. This authority to sell may be exercised from time to time to satisfy any order or award of the commissioner of labor and industry or any judgment obtained thereon. When securities are sold the money obtained shall be deposited in the state treasury to the credit of the commissioner of commerce and awards made against any such self-insurer by the commissioner of commerce shall be paid to the persons entitled thereto by the commissioner of management and budget upon payments requested by the commissioner of commerce out of the proceeds of the sale of securities. Where the security is in the form of a surety bond or personal guaranty the commissioner of commerce, at any time, upon at least ten days' notice and opportunity to be heard, may require the surety to pay the amount of the award, the payments to be enforced in like manner as the award may be enforced.

(b) No association, corporation, partnership, sole proprietorship, trust or other business entity shall provide services in the design, establishment or administration of a group self-insurance plan under rules adopted pursuant to this subdivision unless it is licensed, or exempt from licensure, pursuant to section 60A.23, subdivision 8, to do so by the commissioner of commerce. An applicant for a license shall state in writing the type of activities it seeks authorization to engage in and the type of services it seeks authorization to provide. The license shall be granted only when the commissioner of commerce is satisfied that the entity possesses the necessary organization, background, expertise, and financial integrity to supply the services sought to be offered. The commissioner of commerce may issue a license subject to restrictions or limitations, including restrictions or limitations on the type of services which may be supplied or the activities which may be engaged in. ~~The license is for a two-year period.~~

(c) To assure that group self-insurance plans are financially solvent, administered in a fair and capable fashion, and able to process claims and pay benefits in a prompt, fair and equitable manner, entities licensed to engage in such business are subject to supervision and examination by the commissioner of commerce.

(d) To carry out the purposes of this subdivision, the commissioner of commerce may promulgate administrative rules pursuant to sections 14.001 to 14.69. These rules may:

(1) establish reporting requirements for administrators of group self-insurance plans;

(2) establish standards and guidelines consistent with subdivision 2b to assure the adequacy of the financing and administration of group self-insurance plans;

(3) establish bonding requirements or other provisions assuring the financial integrity of entities administering group self-insurance plans;

(4) establish standards, including but not limited to minimum terms of membership in self-insurance plans, as necessary to provide stability for those plans;

(5) establish standards or guidelines governing the formation, operation, administration, and dissolution of self-insurance plans; and

(6) establish other reasonable requirements to further the purposes of this subdivision.

Sec. 11. Minnesota Statutes 2018, section 176.185, is amended by adding a subdivision to read:

**Subd. 11. Employment and insurance data.** (a) The following workers' compensation insurance coverage data reported to or collected by the department under this section, or otherwise created or received by the department, is public data, subject to the limitations provided in paragraph (b):

(1) all action on an insurance policy, but not including the policy itself. Examples of action on a policy are the date of issuance of a new policy, the date of cancellation, or copies of a correction, binder, reinstatement, expiration, cancellation, termination, or declaration page;

(2) the employer's legal name;

(3) every "doing business as" name used by the employer;

(4) the employer's legal form of ownership, such as corporation, partnership, limited partnership, or government entity, and the names of all owners and partners including, for limited partnerships, the names of general partners;

(5) the employer's complete mailing and physical addresses;

(6) the nature of the employer's business;

(7) the policy number;

(8) the effective and expiration dates of the policy;

(9) the name of the insurance carrier;

(10) if the policy has been canceled, the type of cancellation, reason for cancellation, and effective date of cancellation; and

(11) the employer's unemployment account number.

(b) The commissioner shall release the insurance coverage data listed in paragraph (a) only in response to an inquiry about an employer in which the requester provides employer



identifying information required by the commissioner. The commissioner or an entity with whom the department has contracted pursuant to subdivision 10 shall provide a website for such public inquiries and may impose access restrictions necessary to limit access to individual inquiries and to otherwise deter the use of the website for purposes other than insurance verification. Persons who obtain the data prescribed in paragraph (a) from the department are prohibited from using the data for commercial purposes.

(c) For purposes of this subdivision, "employer" includes a policyholder and any other entities listed on the same insurance policy as the employer.

(d) For purposes of this subdivision, "commercial purposes" means the sale or use of insurance coverage data listed in paragraph (a) for marketing or profit.

(e) An entity with whom the department has contracted pursuant to subdivision 10 has a private right of action to enforce the prohibition in paragraph (b) against a person who uses the data for commercial purposes. The entity may bring a civil action to recover damages and costs and disbursements, including reasonable attorney fees, from the person, and for other equitable relief as determined by the court.

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

Sec. 12. Minnesota Statutes 2018, section 176.223, is amended to read:

**176.223 PROMPT PAYMENT FIRST ACTION REPORT.**

(a) For purposes of this section:

(1) "insurer" means a workers' compensation insurer licensed in Minnesota and a self-insured employer approved to self-insure by the commissioner of commerce;

(2) "prompt first action" means that an insurer commenced payment of wage loss benefits, or filed a denial of liability for an injury or for wage loss benefits, within the time frames required by section 176.221, subdivision 1; and

(3) "wage loss benefits" means temporary total disability, temporary partial disability, and permanent total disability benefits, as described in section 176.101.

(b) No later than March 15 of each year, the department shall publish an annual a report providing data on the promptness of all insurers and self-insurers in making first payments on a claim for injury. The report shall identify all insurers and self-insurers and state the percentage of first payments made within 14 days from the last date worked for each of the insurers and self-insurers. The report shall also list the total number of claims and the number of claims paid within the 14-day standard. for each insurer on the total number of the insurer's

claims, and the number and percentage of the insurer's claims with prompt first action. The report must be based on data that the insurer reported to the commissioner in the previous calendar year. Each report shall contain the required information for each of the last four years the report has been compiled so that a total of five years is included. The department shall make the report available to employers and shall provide a copy to each insurer ~~and self-insurer~~ listed in the report for the current year.

(c) On or before January 15 of each year the department must provide each insurer listed in the report with notice of the data on that insurer that the department plans to include in the report. By February 15 the insurer must notify the department in writing of inaccurate data reported to the commissioner and of any corrections to the data that should be reflected in the March 15 report. Effective August 31, 2020, the insurer must electronically file the corrected data with the commissioner in CAMPUS.

Sec. 13. Minnesota Statutes 2019 Supplement, section 176.231, subdivision 5, is amended to read:

Subd. 5. **Electronic reports filed under this section.** (a) The commissioner shall prescribe the manner and format for providing the reports and other documents required by this section.

(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 and service 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 or obsolete rule. The commissioner may amend or repeal conflicting or obsolete rules, using the procedures in section 14.388 or 14.3895. 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.

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

Sec. 14. Minnesota Statutes 2019 Supplement, section 176.231, subdivision 6, is amended to read:

Subd. 6. **Commissioner of the Department of labor and industry; duty to keep informed.** (a) ~~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. In addition to other data required to be filed or reported under this chapter, the insurer or self-insured employer must keep report to the department advised of all any payments of compensation, and attorney fees; the amounts of payments made, and the date of the first payment; and any amounts withheld from compensation paid, whether paid voluntarily or by order of a compensation judge, the workers' compensation court of appeals, or the Minnesota Supreme Court. 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. The reports must be made within 14 days of the following events: the date of the first payment, a denial of primary liability, a denial of any part of compensation, a change in the compensation amount or type, commencement of an additional compensation type, reinstatement of compensation after previous discontinuance, or final payment of compensation. Additional reporting requirements are as provided in paragraphs (b) to (g).~~ (a) 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. In addition to other data required to be filed or reported under this chapter, the insurer or self-insured employer must keep report to the department advised of all any payments of compensation, and attorney fees; the amounts of payments made, and the date of the first payment; and any amounts withheld from compensation paid, whether paid voluntarily or by order of a compensation judge, the workers' compensation court of appeals, or the Minnesota Supreme Court. 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. The reports must be made within 14 days of the following events: the date of the first payment, a denial of primary liability, a denial of any part of compensation, a change in the compensation amount or type, commencement of an additional compensation type, reinstatement of compensation after previous discontinuance, or final payment of compensation. Additional reporting requirements are as provided in paragraphs (b) to (g).

(b) Starting 180 days after the date of injury and every six months thereafter, the self-insured employer or insurer shall report to the commissioner all compensation paid to an employee, any amounts withheld from compensation paid, and any amounts paid for attorney fees.

(c) A report of permanent partial disability benefits commenced or paid must include a copy of (1) the medical report supporting the permanent partial disability benefit paid; and (2) the form prescribed by the commissioner that was served on the employee showing the permanent partial disability benefit that was or will be paid.

(d) A final report must be filed to show that the self-insured employer or insurer has ceased payment of all indemnity and rehabilitation benefits where no litigation is pending. The report must be filed within 180 days of the cessation.

(e) A self-insured employer or insurer must report a change in the number of dependents receiving benefits within 14 days of the change.

(f) A self-insured employer or insurer must report when a claim is acquired from another self-insured employer or insurer, and whether benefits are currently being paid. A third-party administrator must report when it begins administering a claim and whether benefits are currently being paid. The reports under this paragraph must be filed within 30 days of the acquisition, or a change in the third-party administrator.

(g) The reports required under this section must be filed electronically according to the requirements of subdivision 5 in the form and manner required by the commissioner. The reports must be served on or provided to the employee as follows:

(1) If service is required under this chapter, the self-insured employer or insurer must serve the report on the employee or dependents within the time limits required, and must retain a proof of service as required by section 176.285, subdivision 3.

(2) If the report is not required to be served under this chapter, the self-insured employer or insurer must, no later than two business days of acceptance of the report by the commissioner, send the report to the employee by first class United States mail or another method agreed to by the employee, and specify on the report the date it was sent.

(3) A report served or provided to the employee under this chapter must contain the information designated by the commissioner in the format required by the commissioner, according to the requirements specified under subdivision 5.

**EFFECTIVE DATE.** This section is effective for reports filed on or after August 31, 2020.

21.1 Sec. 15. Minnesota Statutes 2019 Supplement, section 176.231, subdivision 9, is amended  
21.2 to read:

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

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

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

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

21.14 (4) the special compensation fund for the purpose of auditing assessments under section  
21.15 176.129; and

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

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

21.20 (1) be in writing;

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

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

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

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

(c) For purposes of authorization to access the division file under this subdivision and access to the division file under subdivision 9a, an "employee" includes an employee's guardian under section 176.092; a dependent of a deceased employee under section 176.111; a representative of the decedent under section 13.10; or legal heir of a deceased employee's estate; if a court order or other legal documentation is submitted that establishes the person's legal status as a guardian, dependent, representative, or legal heir.

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

Sec. 16. Minnesota Statutes 2019 Supplement, section 176.231, subdivision 9a, is amended to read:

Subd. 9a. **Access to division file without an authorization; attorney access.** (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, or insurer, ~~or dependent~~, as described in clauses (1) to ~~(6)~~ (7):

(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,~~ as described in subdivision 9, paragraph (c), has 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

23.1 the employee's vocational rehabilitation or a dispute about vocational rehabilitation under  
23.2 section 176.102; ~~and~~

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

23.6 (7) the program administrator for a collective bargaining agreement approved by the  
23.7 commissioner under section 176.1812 has access to the division file for a claim that is  
23.8 covered by the agreement.

23.9 (b) An attorney who has filed with the commissioner: ~~a written authorization signed by~~  
23.10 ~~a person listed in paragraph (a), clause (1) or (2); or a retainer agreement, in CAMPUS a~~  
23.11 ~~notice of appearance or representation, or a pleading or a response to a pleading, on behalf~~  
23.12 ~~of a person or entity listed in paragraph (a); has the same access to documents in the division~~  
23.13 ~~file that the authorizing represented person or entity has, unless the attorney specifies when~~  
23.14 ~~filing the notice that access is~~ should be limited by the authorization, retainer agreement,  
23.15 ~~or notice of appearance or representation. If the attorney represents an employee as described~~  
23.16 in subdivision 9, paragraph (c), one of the following documents signed by the employee  
23.17 must be attached to the notice: a written authorization, a retainer agreement, or a document  
23.18 initiating or responding to a workers' compensation dispute filed under this chapter.

23.19 (c) If the attorney's access is not limited by one of the documents in this paragraph an  
23.20 authorization, notice of representation, or the represented person or entity's access under  
23.21 paragraph (a), the attorney's access continues until one of the following occurs, whichever  
23.22 is later:

23.23 (1) one year after an authorization is filed;

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

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

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

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

~~(e)~~ (d) 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)~~ (e) 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.

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

Sec. 17. Minnesota Statutes 2019 Supplement, 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.

This paragraph expires August 31, 2020.

(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) 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.

(e) Each agency must be provided with complete, read-only electronic access, as defined in paragraph (b), to the other agency's case management system. This paragraph expires August 31, 2020.

(f) 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.

Sec. 18. Minnesota Statutes 2019 Supplement, section 176.2612, subdivision 1, is amended to read:

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 generate an audit trail when the division file is accessed by a person; and

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

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

Sec. 19. Minnesota Statutes 2019 Supplement, section 176.2612, subdivision 3, is amended to read:

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. To create an account in CAMPUS, a person must provide the commissioner of labor and industry with information needed to

27.1 create the account and authenticate the person's identity. The person must also agree to  
27.2 terms and conditions that are needed to safeguard the security and privacy of data and  
27.3 comply with the requirements of this chapter related to CAMPUS.

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

27.6 (1) an employee with a workers' compensation claim, ~~the employee's guardian under~~  
27.7 ~~section 176.092, or the deceased employee's dependent under section 176.111~~ or other  
27.8 person who has access to the division file under section 176.231, subdivision 9, paragraph  
27.9 (c);

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

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

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

27.14 (5) a registered rehabilitation provider under section 176.102;

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

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

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

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

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

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

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

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

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

contact. A program administrator for a collective bargaining agreement approved by the commissioner under section 176.1812 must create an account to view documents related to a claim that is covered by the agreement. A health care provider must create an account to file a request for an administrative conference if permitted under section 176.136, subdivision 2.

(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. 20. Minnesota Statutes 2019 Supplement, section 176.275, subdivision 2, is amended to read:

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, an affidavit of service, or a notarized statement on a document, the requirement is satisfied by 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 of a document on a person when the party is ~~served electronically by the agency and the agency has issued a proof of service~~ uses the agency's electronic system to serve the person.

(e) A party to a claim who uses an agency's electronic system to (1) improperly file a document that is unrelated to the workers' compensation claim in which the document was filed, or (2) send or serve a document on a recipient who is not entitled to receive it under this chapter must, upon discovery or notification of the improper release, promptly notify the recipient, the agency, and the subject whose data was improperly released. The agency whose electronic system was used to send, serve, or file the document is not responsible under section 3.971 and chapter 13 for the improper release, but must promptly correct its files or remove the document from its electronic system upon discovery or notification.

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

Sec. 21. Minnesota Statutes 2019 Supplement, section 176.285, subdivision 1, is amended to read:

Subdivision 1. **Service by mail.** Service of documents shall be by first class United States mail or personal service, 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.

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

Sec. 22. **WORKERS' COMPENSATION COVID-19 REIMBURSEMENT.**

Subdivision 1. **Fund created.** The workers' compensation COVID-19 reimbursement fund is created in the state treasury to reimburse workers' compensation providers for COVID-19 workers' compensation costs paid with respect to employees in job classifications entitled to the presumption established by Laws 2020, chapter 72, section 1. The fund shall be managed by the Minnesota State Board of Investment. Reimbursements shall be made from the fund to eligible workers' compensation providers by the commissioner of labor and industry.

30.1 Subd. 2. **Definitions.** (a) For the purposes of this section, the terms defined in this  
30.2 subdivision have the meanings given.

30.3 (b) "Commissioner" means the commissioner of labor and industry.

30.4 (c) "Employee" has the meaning given in Minnesota Statutes, section 176.011, subdivision  
30.5 9.

30.6 (d) "Employer" has the meaning given in Minnesota Statutes, section 176.011, subdivision  
30.7 10.

30.8 (e) "Fund" means the workers' compensation COVID-19 reimbursement fund created  
30.9 in subdivision 1.

30.10 (f) "Local government" means a statutory or home rule charter city, a county, a school  
30.11 district, a town, or an instrumentality of any of the foregoing.

30.12 (g) "Presumptive classes" means the employee occupations specified in the presumption  
30.13 established in Laws 2020, chapter 72, section 1.

30.14 (h) "Workers' compensation costs" means the actual loss amount that a workers'  
30.15 compensation provider is obligated to pay and that is paid by the provider for workers'  
30.16 compensation benefits payable under Minnesota Statutes, chapter 176.

30.17 (i) "Workers' compensation provider" means an employer or other entity providing  
30.18 workers' compensation coverage to employees that are included in the presumptive classes  
30.19 and that is: (1) a self-insured local government entity; (2) a local government self-insurance  
30.20 pool created pursuant to Minnesota Statutes, section 471.981; (3) a self-insurer authorized  
30.21 under Minnesota Statutes, section 176.181; or (4) an insurance carrier authorized to insure  
30.22 workers' compensation in this state.

30.23 Subd. 3. **Reimbursement eligibility threshold amounts.** (a) A workers' compensation  
30.24 provider shall be eligible for reimbursement for COVID-19 workers' compensation costs  
30.25 for presumptive classes in excess of the deductible amounts listed as provided in paragraphs  
30.26 (b) and (c).

30.27 (b) A workers' compensation provider that is a self-insured local government entity,  
30.28 local government self-insurance pool, or a self-insurer having an annual premium of less  
30.29 than \$5,000,000 is eligible for reimbursement from the fund when the workers' compensation  
30.30 provider has paid total COVID-19-related workers' compensation costs of \$100,000 for  
30.31 claims arising from an employee or employees in a presumptive class.

(c) A workers' compensation provider other than a workers' compensation provider described in paragraph (b) is eligible for reimbursement from the fund when the workers' compensation provider has paid total COVID-19-related workers' compensation costs of \$1,000,000 for claims arising from an employee or employees in a presumptive class.

Subd. 4. **Submission for reimbursement.** A workers' compensation provider shall submit to the commissioner in a format prescribed by the commissioner information regarding the amounts in excess of the deductible provided in subdivision 3 to be reimbursed from the fund. The commissioner shall make reimbursements to workers' compensation providers on a first-come, first-served basis. No funds may be reimbursed after December 30, 2020.

Subd. 5. **Amounts from other insurance.** Reimbursement from the fund to a workers' compensation provider under this section shall be reduced by any amounts received from the Workers' Compensation Reinsurance Association created under Minnesota Statutes, section 79.34, or other third-party sources and made to the workers' compensation provider as a result of a COVID-19-related workers' compensation claim arising from an employee or employees in a presumptive class.

Subd. 6. **Aggregation of claims.** Claims paid to employees within presumptive classes may be aggregated and count toward the deductible amounts specified in subdivision 3, paragraphs (b) and (c).

Subd. 7. **Report to legislature.** By August 1, 2020, November 1, 2020, and January 15, 2021, the commissioner shall report to the legislature regarding reimbursements paid to workers' compensation providers under this section.

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

**Sec. 23. APPROPRIATION; WORKERS' COMPENSATION COVID-19 REIMBURSEMENTS.**

\$375,000,000 in fiscal year 2020 is appropriated from the coronavirus relief account in the federal fund to the commissioner of management and budget for deposit in the workers' compensation COVID-19 reimbursement fund to provide reimbursements as specified in section 22. This is a onetime appropriation. No money in this appropriation may be spent until the commissioner of management and budget determines that the appropriation in this section is an eligible use of the coronavirus relief account in the federal fund. Funds are available until December 30, 2020.

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

- 32.1      Sec. 24. **REPEALER.**
- 32.2      Minnesota Statutes 2018, section 176.181, subdivision 6, is repealed.



APPENDIX  
Repealed Minnesota Statutes: S4130-1

**176.181 INSURANCE.**

Subd. 6. **Financial statements.** No employer shall be required to provide financial statements certified by an "independent certified public accountant" or "certified public accountant" as a condition of approval for group self-insurance.