
BILL REQUEST - CODE REVISER'S OFFICE

BILL REQ. #: S-4081.1/16

ATTY/TYPIST: LL:akl

BRIEF DESCRIPTION: Addressing industrial insurance claims made to
self-insurers.

1 AN ACT Relating to industrial insurance claims made to self-
2 insurers; and amending RCW 51.14.130.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 51.14.130 and 1993 c 122 s 3 are each amended to
5 read as follows:

6 ~~((The self-insurer shall request allowance or denial of a claim
7 within sixty days from the date that the claim is filed.))~~ (1) When a
8 self-insurer has determined to allow or deny an industrial insurance
9 claim, the self-insurer must issue an order allowing or denying the
10 claim to the injured worker and the department within sixty days from
11 the date of notice of a claim. The department may review any protest
12 by the injured worker to the order denying the claim.

13 (2) When a self-insurer requires additional time to determine
14 whether to allow or deny the claim, the self-insurer must issue an
15 interlocutory order to the injured worker and the department within
16 sixty days from the date of notice of the claim. The self-insurer
17 must complete its investigation and issue an order allowing or
18 denying the claim within sixty days of the date of the interlocutory
19 order. The interlocutory order must state the reasons why the self-
20 insurer requires additional time to determine whether to allow or
21 deny the claim. During the sixty-day period after the interlocutory

1 order was issued, the self-insurer must pay provisional time loss and
2 other benefits as entitled if the attending provider certifies that
3 the worker cannot return to work because of the injury or illness
4 provided in the claim, and pay for any medical examination or test
5 required by the self-insurer to determine whether to allow or deny
6 the claim. In the event the claim is denied, any provisional time
7 loss and other benefits paid must be returned to the self-insurer by
8 the injured worker.

9 (3) If the self-insurer fails to act within sixty days, the
10 department shall promptly intervene and adjudicate the claim.

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