FIRST ENGROSSMENT

Fifty-fifth Legislative Assembly of North Dakota

ENGROSSED HOUSE BILL NO. 1265

Introduced by

Representative Berg

Senator Mutch

- 1 A BILL for an Act to amend and reenact section 65-05-07 of the North Dakota Century Code,
- 2 relating to medical benefits furnished by the workers compensation bureau.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

- SECTION 1. AMENDMENT. Section 65-05-07 of the North Dakota Century Code is amended and reenacted as follows:
- 6 65-05-07. Injured employee given medical and hospital service required -
- 7 Furnished artificial limbs and appliances for rehabilitation Fee approval. Immediately
- 8 after an injury sustained by an employee and during the resulting period of disability, the The
 - fund shall furnish to the an injured employee such reasonable and appropriate medical,
- 10 surgical, and hospital service and supplies as the nature of the injury may require necessary to
- 11 treat a compensable injury. The fund may furnish such artificial members and replacements as
- 12 in the judgment of the bureau may be determines necessary to rehabilitate such an injured
- 13 employee.

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- The health care provider or physician doctor must be acting within the scope of the provider's or physician's doctor's license or fees will be denied.
- Fees may not be approved for more than one health care provider or physician, or both, doctor in a case where treatment is provided over the same period of time except for the services of a consulting physician doctor, assistant surgeon, or anesthetist or in an emergency.
- 3. The bureau, in cooperation with professional organizations of doctors and health care providers, shall establish a system of peer review to determine reasonableness of fees and payment denials for unjustified treatments, hospitalization, or visits. The doctor or health care provider shall have the right to

23 hospitalization, or visits. The doctor or health care provider shall have the right to

- 1 may appeal adverse decisions of the bureau in accordance with the medical aid 2 rules adopted by the bureau.
 - 4. Health care providers of and doctors may not bill an injured workers employee for any services rendered as a result of the compensable work injury.
 - 5. If the The bureau determines that it is necessary may not pay more than twenty thousand dollars to provide permanent additions, remodeling, or adaptations to real estate to those workers it determines necessary for a worker who sustain sustains a catastrophic injury as defined in chapter 65-05.1, such improvements may be made, but may not exceed ten. The twenty thousand dollars dollar limit is for the life of the claimant injured employee, regardless of any subsequent claim. This subsection does not allow the bureau to purchase any real estate or motor vehicles.
 - 6. If a doctor or health care provider who has treated or provided services to an injured employee fails or refuses without just cause to file with the bureau a report required by section 65-05-02, 65-05-08, or 65-05-08.1, within thirty days of examination, treatment, or provision of other services rendered in connection with a compensable work injury, or within thirty days of a request for such the report made by the claimant, the claimant's representative, or the bureau, the bureau shall assess as a penalty a sum of one hundred dollars. Health care providers erand doctors may not bill an injured workers worker for any penalty assessed by the bureau as a result of failure or refusal without just cause to file a required report under this subsection.
 - 7. The filing of an accident report or the rendering of treatment to an injured worker who comes under the bureau's jurisdiction, as the case may be, constitutes acceptance of the bureau's medical aid rules and compliance with its rules and fees.
 - 8. The bureau may not pay for:
 - a. Personal items that are for the injured employee's personal use or hygiene,
 including toothbrushes, slippers, shampoo, and soap.

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1 Any product or item such as clothing or footwear unless the items are b. 2 considered orthopedic devices and are prescribed by the treating doctor or 3 health care provider. 4 Any furniture except hospital beds, shower stools, wheelchairs, or whirlpools C. 5 if prescribed by the treating doctor or health care provider. 6 Vitamins and food supplements except in those cases where the injury d. 7 causes severe dietary problems, where the injury results in the employee's 8 paraplegia or quadriplegia, or where the employee becomes 9 wheelchair-bound due to the injury. 10 Eye exams unless there is a reasonable potential for injury to the employee's <u>e.</u> 11 eyes as a result of the injury. Private hospital or nursing home rooms except in cases of extreme medical 12 <u>f.</u> 13 necessity and only when directed by the attending doctor. If the employee 14 desires better accommodations than those ordered by the attending doctor, 15 the employee will pay the difference in cost. Serological tests, including VDRL and RPR, or other tests for venereal 16 g. 17 disease or pregnancy, or any other routine tests unless clearly necessitated 18 by the injury. 19 Aids or programs primarily intended to help the employee lose weight or stop h. 20 smoking. 21 <u>i.</u> Home gym or exercise equipment unless ordered by the bureau. 22 Memberships or monthly dues to health clubs, unless ordered by the bureau. j. 23 Massage, unless ordered by the bureau. k.