

1-27-82

HB 159

AN INTERIM REPORT
ON THE ALASKA
WORKERS' COMPENSATION
SYSTEM

John H. Lewis
P.O. Box 330550
Miami, Florida 33133
(305) 443-8111

January 27, 1982

INTRODUCTION

The purpose of this document is to analyze the major areas of concern within the Alaska workers' compensation system. The items discussed were chosen because of their economic significance, and in some instances because of existing controversies as to their proper role in the compensation system. Although many issues remain for additional discussion, those contained in this report represent the critical questions which must be resolved in order to develop an appropriate legislative response to the current workers' compensation controversy.

THE BUNKHOUSE RULE

The major criteria for determining the compensability of an accidental injury is whether it arose out of and in the course of the employment (AOE/COE). This phrase is contained in the Alaska Workers' Compensation Act as well as 48 others. Obviously this test must be interpreted in those instances in which compensability is disputed, and as a result, there is a huge volume of case decisions from across the country, providing additional and more specific guidelines for determining when the AOE/COE test has been met. Since the Alaska Workers' Compensation Act is relatively new, it did not go through the developmental period in which these rules were structured, and simply adopted existing guidelines, in many cases selecting the most far-reaching of available options. The bunkhouse rule is one of these guidelines.

Normally an injury must occur during the hours of employment and be caused by some incident of the work to meet the AOE/COE test. However, years ago the courts determined that when a worker is required to live away from home, particularly for extended periods of time, the test should be broader. This gave rise to the bunkhouse rule. The rule has many variations, all of which to one extent or another make the point that under these circumstances, injuries outside of normal working hours can still be deemed compensable, since the requirements of the job "forced" the employee to be in the circumstances which led to the injury. Despite some very unusual results, the bunkhouse rule has never been considered enough of a threat to the integrity of the workers' compensation system in any state to justify legislative intervention. In Alaska, due to the large number of remote work sites, the relatively high number of bunkhouse rule cases and the cost of even a minor injury, some question has been raised as to the continued application of the rule in its present form. However, any attempt at statutory modification of the rule should be undertaken with caution and something less than extreme optimism, because new language means new court tests, with unpredictable results. It may well be the fear of the unknown that has led other states to accept the certainty of existing case law rather than embark on the uncertain path of legislative action and subsequent court decisions.

A major consideration is whether the magnitude of the problem is worth the legislative effort. To date it appears that bunkhouse cases, at least those that raise questions about their propriety, do not constitute a significant expense when compared to the compensation system as a whole. However, they may very well constitute a significant portion of compensation expense for a number of employers.

Another consideration is the implications of modification of the rule. Assuming that a legitimate injury occurs at a remote site, but is not compensable due to the operation of a modified bunkhouse rule, the injured party will almost certainly incur considerable expense in returning to an area where medical treatment is available. There are a number of obvious solutions to this problem, but it cannot be ignored. One should also consider the impact on employers of a modification of the bunkhouse rule. The obligation to provide workers' compensation coverage grants the employer immunity from civil action by an employee only when an injury is compensable. A significant narrowing of the bunkhouse rule will increase the possibility of civil suits, which tend to be more expensive than workers' compensation cases. Given the standards which presently govern the question of liability in civil cases, many "minor" compensation cases could become "major" civil cases. Even the lowly broken tooth suffered during mealtime could find its way to the courts, if caused by a foreign or improper object in the employee's food.

A final consideration is a virtually unverifiable opinion expressed by a number of individuals familiar with the problem that most "abuses" of the bunkhouse rule result from a desire to return to civilization for various purposes and that any solution other than a better leave policy on the part of employers will simply lead to either "abuses" of the new rule or the development of other, equally expensive ways of getting back home.

The list of alternatives is practically endless. The following is a limited range of alternatives all of which can be modified and combined with others to reach the desired conclusion.

1. Limit compensable injuries at remote sites to accidents occurring during actual working hours.
2. Limit compensable injuries to those accidents occurring on the premises of the camp, regardless of the hour of occurrence or the activity engaged in.
3. Limit compensable injuries to those accidents occurring during working hours and those resulting from a special hazard directly related to the conditions of remote site living, such as a fire or weather related incident.
4. Eliminate from the range of compensable accidents those resulting from personal activities such as eating, and/or recreational activities.

MEDICAL BENEFITS

A number of concerns have been expressed, primarily by those on the employer/carrier side, over the impact on costs of the current physician selection mechanism, which leaves the choice of treating physician to the employee. On its face this is a totally appropriate method, but there are a number of competing interests which at least deserve consideration. A factor weighing most heavily in favor of employee choice, a method used by approximately half the states, is that it is the employee who is being treated, and who should be given the opportunity to select physicians he trusts. On the other hand it is the employer who is paying the bills, which leads to legitimate concerns over paying for doctors who may not be the best available, or whose primary reason for selection may be a willingness to give a high disability rating, which in turn may lead to increased compensation benefits. Obviously the employee may have reason to be equally as concerned about an employer/carrier choosing a physician primarily on the basis of a willingness to testify "properly."

Perhaps the most effective solution to this dilemma lies with the Board. Given the small number of health care providers in Alaska, the Board should be well aware of the abilities of each. If a party feels improper treatment is being provided, an expedited hearing will give the Board the opportunity to order a change in treating physician, if necessary. If a physician is consistently one-sided in his testimony, the Board should be able to take this factor into consideration in reaching decisions on questions such as causation and extent of disability. The only potential problem here is with the appellate courts, which in their decisions tend to limit the Board's authority to accept or reject testimony based upon evaluation of a witness's credibility. If the Board is to be encouraged to take steps to minimize problems in medical care, it may be necessary to provide specific legislative direction to the courts, to insure that the Board's authority is not diluted.

The use of physicians in contested cases simply because of their extreme views can also be limited by encouraging the Board to select impartial examining physicians to help resolve medical disputes, and by explicitly relying on experts in whom the Board has a high degree of faith. Once again some legislative direction may have to be given to the courts to permit the Board to accept such testimony in appropriate cases rather than that presented by the litigants. This type of action can send a message to litigants that it does not pay to use medical testimony from witnesses who are biased, and can also result in a moderation of positions taken by medical experts.

In conjunction with the foregoing, there are a number of methods of physician selection in use in various states which can be considered.

1. Pure employee selection, as presently exists in Alaska.
2. Pure employer/carrier selection, tempered by the ability of the employee to apply to the Board on an expedited basis for change.
3. Initial employee selection for a limited period of time, such as ten days, with the employer having the right to change at the end of the period.
4. Initial employer/carrier selection for a limited period, with the employee having the right to change at the end of the period.

5. Employee selection from a panel selected by the employer/carrier.
6. Employer/carrier or employee selection from a panel designated by the Board. This typically involves initial inclusion of all practitioners in the state, with removal from the panel by the Board for cause.

SECOND INJURY FUND

The sole purpose of a second injury fund is to encourage the employment of physically impaired persons, or perhaps more accurately, to minimize the disincentives to their employment. A simple example will clearly explain the theory behind the operation of second injury funds. If an employer hires a worker with no physical impairment, who then loses an eye in a compensable accident, the compensation payable in Alaska for that loss will be for a period of 140 weeks. However, if that individual had suffered the loss of one eye prior to employment, the result of loss of the remaining eye would be permanent total disability, with benefit payments continuing for life rather than 140 weeks. In order to eliminate this financial disincentive to hiring, the Second Injury Fund, as it is used in Alaska, would pay all compensation payments subsequent to the first 104 weeks of disability.

Unfortunately, attempts have been made, sometimes successfully, to use funds as tools to reduce an employer/carrier's liability after the fact, when the preexisting impairment was questionable, or the employer's knowledge of its existence doubtful. This type of improper fund use typically leads to stringent controls which in turn lead employers to question whether the fund will work in their favor even when they act properly. In the face of such uncertainty, it is doubtful that even the best intentioned employer will rely on a fund and consider its benefits when contemplating the hiring of a physically impaired worker. Alaska has suffered from this syndrome and now appears to be in the phase which makes it more difficult to obtain reimbursement from its Second Injury Fund.

If the Second Injury Fund is to serve its purpose, two elements must exist. First, benefits from the Fund must flow only to those employers who hire or retain in employment individuals with significant permanent impairments which would otherwise be an obstacle to employment. Secondly, employers must at the time of hiring be as secure as possible in the knowledge that should an injury occur they will be financially protected by the Fund. Presently, uncertainty exists in Alaska as to both elements, and as a result there is considerable doubt as to whether the existence of the Fund provides much incentive for hiring physically impaired workers.

A relatively simple change in procedure may provide the certainty needed in both areas to make the Fund an effective tool. In order to establish knowledge of the impairment at the time of hiring, the employer of a permanently impaired worker could be required to file a simple form with the Fund, settling that question without a doubt, and precluding "after the fact" attempts to prove the requisite knowledge at the time of hiring. To simplify the filing process, each individual who sustained a permanent impairment in a compensable accident could, when ready to reenter the job market, be given a simple two-part form to present to prospective employers. The form would educate the employer as to the protection offered him by the Fund and would also provide the documentation of employment to be forwarded to the Fund. In such cases the employer would be guaranteed the protection of the Fund, should a subsequent injury occur, and would thus be given the incentive to hire. If necessary, a similar mechanism could be used to provide documentation for employees whose injuries would qualify them for Fund protection in the future but were not the result of a compensable accident.

AVERAGE WEEKLY WAGE

For a number of reasons related primarily to the pipeline, Alaska uses a method of computing average weekly wage which is different than those used in the other 49 states. In determining average weekly wage, and in turn the weekly benefit, the injured employee is permitted to pick the calendar year out of the three calendar years immediately preceding the injury in which total wages were the highest, and then divide by 52 to arrive at an average weekly wage. In some cases, this can result in unfairness to one side or the other. For example, an employer with an injured worker may find himself paying weekly benefits in excess of actual wages because of a high paying job with another employer three years prior to the accident. Similarly, an employee with a new but permanent high paying job may find his weekly benefit a small fraction of wages being earned at the time of injury, because of low earnings in the prior three years. Even for those with consistent annual earnings the rule can work a hardship. For example, a worker in extremely seasonal employment who earns a substantial income while working half the year, and nothing the remainder of the year, will have his earnings based upon a 52 week average. If he is injured and is totally disabled during a portion of the season his actual income loss will be twice as high as the average weekly wage on which the benefit is based.

Due to the impact of seasonality, no solution which is even remotely equitable for all concerned can be found unless the various segments of the benefit system, such as temporary total disability and permanent partial disability, are dealt with separately. Therefore, most of the average weekly wage question will be dealt with in those sections of the report which deal with benefits.

There is one aspect of average weekly wage which can be considered independently of benefits. That is, what elements of remuneration should be considered in determining the amount of pre-injury earnings. In Alaska the major concerns in this category are room and board, and fringe benefits. Conceptually, room and board are to be considered as part of average weekly wage only to the extent that they reduce the amount an employee would have expended for these items if he was not working. For example, with regard to room, if an employee is away from home for a few days, and the employer provides living facilities, there is no reason for the value of the facility to be included in average weekly wage computations. This is because the employee was still paying for his own home or rental while away, and did not experience an increase in net income because of the employer's payments. In the case of the worker who may be at a remote site for many months, and live in a facility provided by the employer, resolution of the question is not so simple. Theoretically, the value of living facilities should be included in the wage calculation only if the employee does not maintain another residence while at the remote site, since if he continued to make mortgage or rent payments at home, there would be no net economic benefit derived from living at the employer's facility. Whether a dual system of this type is acceptable, with employees being treated somewhat differently based upon their living arrangements at home, is a matter that is of purely legislative concern, with each of the alternatives somewhat arbitrary in its application.

The question of board is much easier to deal with, at least as to the initial determination as to whether it should be included in the weekly wage at all. Since a meal provided by the employer means a meal that the employee does not have to pay for, the provision of board will always result in a net economic benefit to the employee, and thereby justifies its inclusion in the wage computation. The value of the meal, as well as the value of living facilities, is another matter.

If it is an accurate assumption that room and board cost more to provide on the North Slope than in Anchorage, the valuation of these items presents a real question. Once again on a conceptual basis, the value to the employee is not what it costs the employer to provide room and board, but rather the amount of net economic to the employee. This requires valuation on the basis of how much would have been spent for these items had the employee remained at home. Obviously theory is of little help in this instance, since applying as esoteric an economic theory as this would create an administrative nightmare. Unless the legislature is willing to leave the question of valuation to contractual agreement or litigation on a case by case basis, legislative action is required. The most efficient mechanism may be to give the Board rule making authority to establish room and board values on a statewide or regional basis, to be included in the average weekly wage computation in appropriate cases. This authority provides a great deal of flexibility, in that changes in economic conditions can be quickly reflected in the rules, and adjustments made without the need for additional legislative or court action.

A much more difficult question is how to treat fringe benefits such as hospitalization insurance and employer-funded pension plans. At the present time, almost by practice rather than case decision, these items are not included in the computation of average weekly wage in Alaska. This occurs despite the fact that a reasonable argument can be made for the proposition that the statute is broad enough to permit their inclusion. The issue is of more than academic interest. If at some point a court holds that fringe benefits must be included in the wage computation, many open cases from past years will be entitled to have the weekly benefit increased retroactively, which would result in an enormous economic impact on employers and carriers. This is in addition to the financial impact such a ruling would have on new cases, particularly in view of the high level of fringes in some employments.

From the standpoint of the worker, fringes which are not continued after injury represent an economic loss, and therefore, a basis exists for the inclusion of their value in weekly wage computation. From the standpoint of the compensation system, their inclusion creates administrative problems (which are not entirely insurmountable) and more importantly would provide most workers with weekly compensation benefits substantially in excess of their take home pay, a situation which may be considered something less than optimum in view of the disincentives which it creates. The arguments on both sides are endless, and if the legislature decides to deal with this question it will hear each and every one. Suffice it to say that virtually every other state has avoided including this type of fringe benefit in the wage computation, except on an isolated basis, and Alaska has managed to operate its compensation system without their inclusion. Unless the state is willing to take on the economic and social problems which would be created by fringe benefit inclusion, the legislature should act to clarify the law and avoid the potential for court decision.

TEMPORARY TOTAL DISABILITY

The purpose of temporary total disability benefits is quite simple. They are intended to replace lost income during the time that the injured worker is recovering and unable to return to work. In most states this is also the easiest type of loss to deal with, by simply replacing a portion of the income lost during the period of total disability, with duration measured primarily from a medical standpoint. However, the impact of seasonality on a substantial portion of the Alaska work force creates a situation which cannot be dealt with by traditional means. Therefore, the following analysis and proposed solution may very well be viewed as radical within the context of existing workers' compensation systems. It may also be the only way to establish equity for those receiving and those paying temporary total disability benefits in Alaska.

As previously discussed, the "best of three" method for determining average weekly wage, and thereby temporary total disability benefits, creates problems for all concerned. If one accepts the proposition that temporary total disability benefits are intended to replace lost income during the period of recovery, then the wage basis used to compute these benefits must reflect the income which would have been earned during this period, rather than the level of income earned three years previously. This can be accomplished more accurately by applying the traditional average weekly wage formula used in a significant number of states. The period of comparison, rather than one of the preceding three years, would be the 13 weeks immediately prior to the injury. If the injured employee was not employed for substantially the whole of 13 weeks, the wages of a similar employee who was so employed are used, and if no similar worker is available, then the average weekly wage would be based upon the contemplated full-time wages of the injured worker. Since workers in seasonal employment tend to be highly paid, use of this mechanism may also require an increase in the maximum weekly benefit, so that the higher paid worker is not deprived of adequate income replacement due to the application of an inappropriate weekly maximum.

Of course there is another side to the coin. For the seasonal worker, this level of income replacement is only proper during the period of time that income would actually have been earned. To take the extreme case, is it correct to provide temporary total disability benefits when the injury occurs on the last day of the job, and recovery takes place during a period of time when the employee would have been receiving unemployment benefits? If the answer is no, then temporary total disability benefits in Alaska should be more closely matched to periods of gainful employment, rather than merely relying on the employee's physical condition, with unemployment benefits replacing workers' compensation benefits during what normally would be a period of unemployment. Obviously this method creates new opportunities for litigation, which may make it unacceptable. The only way to determine if the cure is worth the price is through an open discussion involving those primarily concerned, employees and employers. The answer depends upon the extent to which employees are currently being deprived of proper benefits due to the operation of the existing law, the extent to which employers are currently paying what may be considered excessive benefits during periods of seasonal unemployment, and the difficulties which will have to be overcome if "income matching" is to be accomplished in a significant number of cases.

PERMANENT PARTIAL DISABILITY

In every workers' compensation system the most expensive element, and the most controversial, is that of permanent partial disability benefits. Much has been written about the history, development and philosophy of permanent partial disability benefits, and some of it is quite interesting. However, what is necessary at this time is simply an understanding of the various benefit alternatives available for compensating permanent partial disability, a philosophical decision as to the reasons for which Alaska wishes to provide such benefits and, based upon that decision, the development of a mechanism and formula to distribute those benefits appropriately.

Permanent partial disability results when an individual is injured and having recovered to the greatest extent possible is left with a physical problem which did not exist prior to injury. If the condition is severe enough to totally destroy the individual's ability to obtain and retain gainful employment, the result is classified as permanent total disability. What we are concerned with here is that class of cases in which a permanent physical problem exists, but the ability to earn has not been totally destroyed. At this point there are three basic criteria which can be used to determine who is to receive permanent partial disability benefits, and in what amount.

The first theory is based upon permanent physical impairment, and is often referred to as the "whole man theory." Pursuant to this theory, the amount of benefits payable for permanency is determined on the basis of the degree of permanent physical impairment suffered, a purely medical determination, without reference to its effect upon the individual's life, employment or economic status. Assuming equal average weekly wages, a lawyer and a machinist who both suffered equally serious hand injuries would receive the same amount of money for their injuries, despite the probable difference in economic impact.

The second theory deals with loss of wage earning capacity, which takes into consideration not only the degree of physical injury, but also its probable impact on the ability of the individual to earn a living. This requires that in the event of a dispute, the fact finder must predict, usually quite soon after release from active medical care, what effect the injury will have on the individual's ability to compete in the open labor market. The test does not require any economic loss to occur and in fact, because the concern is with loss of capacity, a substantial award for partial loss of that capacity is in no way inconsistent with a factual situation in which the employee remains with the same employer and on the same job track until normal retirement, with no economic loss resulting from the injury. Typically, if this prediction, which usually takes the form of an award, proves wrong, nothing can be done to modify it in the absence of a change in the employee's actual physical condition.

The final alternative for paying permanent partial disability benefits is what is commonly known as the "wage loss" method. This system involves paying benefits based solely upon actual loss of income resulting from the effects of an injury, with the amount of the loss determined as it actually occurs, rather than on a "prediction" basis as would take place under the earning capacity loss theory described above.

Alaska follows a pattern used in well over half the states, with a few unique twists, starting with a combination of the impairment theory and the earning capacity loss theory. If a permanent injury is limited to any of the extremi-

ties (fingers, toes, hand, leg, etc.) or the eye or hearing, the amount of the benefit paid is based solely upon the physical impairment sustained, which in turn is based almost solely upon medical evaluation of the loss. The actual benefit calculation is accomplished by first determining the workers' weekly benefit rate, which is $56 \frac{2}{3}\%$ of his average weekly wage, subject to a maximum of \$942 per week. Sec. 23.30.190 of the Act is then consulted, which contains a schedule indicating the weeks of benefits, at the rate just described, for total loss or total loss of use of the particular bodily member involved. For example, total loss of an arm results in benefits being paid for 280 weeks, at the individual's weekly benefit rate. If the loss is less than total, the worker is paid benefits for the proportionate number of weeks. For example, a 50% loss of use of the arm would result in benefits paid for 50% of 280 weeks or 140 weeks. This method of benefit computation, known as "the schedule", is used to one extent or another in most states in the manner just described, but Alaska has complicated the picture to some extent by adding another limitation, that of a maximum dollar amount. For example, while the loss of an arm is theoretically 280 weeks of compensation, it is also subject to a dollar maximum of \$43,680.00. This means that anyone whose weekly benefit is in excess of \$156 (over 75% of injured Alaskan workers) will not receive the full 280 weeks provided initially by the statute. In fact, the average injured worker will only receive 136.5 weeks of compensation for total loss or loss of use of an arm. The same result holds true, within a few dollars and a few percentage points, for all of the other injuries covered by the schedule.

For those injuries not covered by the schedule, primarily back and head injuries, the benefit is based upon loss of wage-earning capacity, which is determined by computing the difference between earning capacity prior to injury and after injury, and replacing $66 \frac{2}{3}\%$ of the difference, on a weekly basis. Theoretically these benefits are payable for life, but in reality are subject to a maximum dollar amount of \$60,000.00. Although, as previously mentioned, earning capacity loss does not require actual loss of earnings, the Alaska statute does require that determination of the amount of loss in the first instance be accomplished by considering actual post injury earnings, but if actual earnings are found not to "fairly and reasonably" represent earning capacity, other factors can be considered, and an award made which is at variance with the actual economic loss sustained. Application of this "adjustment factor" varies from time to time, primarily due to changes in the philosophy of the Board, which must determine the degree of loss in contested cases. At the present time, the Board appears to place heavy reliance on actual earnings, and in many instances applies the law in a manner approaching that of a wage loss system, with benefits determined on a weekly basis as actual loss of income occurs.

Each of these methods contains a number of flaws, in both the amount of benefits which may be paid to an individual worker, and in the problems inherent in determining the amount to be paid. From the standpoint of getting the money to the people who need it, the impairment method is the weakest of the three. Historically, workers' compensation has placed major emphasis on paying benefits to replace economic loss, and since the schedule or impairment method does not consider economic loss at all, it misses the mark in most cases. Its primary justification is ease of application, since there is supposedly very little to argue about when determining the extent of physical impairment. However, it has been found that it is relatively easy to locate doctors who will be 20 to 30 percentage points apart when evaluating the same injury, and as a result use of a schedule does not guarantee an absence of litigation.

It is possible to minimize these shortcomings in two ways. First, if guidelines are adopted for the determination of the extent of impairment, such as those published by the American Medical Association, it is relatively easy to avoid significant disagreement among medical experts. Secondly, some degree of economic reality can be incorporated in the schedule as is done in California, by modifying the weeks to be paid in a number of ways. On the assumption that the economic impact of an injury increases geometrically, rather than proportionately as severity increases, the schedule can be "stepped" so that one week of benefits may be payable for each of the first 10 points of impairment (1-10% impairment), two weeks paid for each of the next 10 points, three weeks for each of the next 10, and so on. In this manner an individual with a 10% loss of use of the arm would receive 10 weeks of compensation and someone with a 20% loss would receive 30 weeks, reflecting an assumption, of limited validity, that the economic impact of a 20% loss is more than twice as severe as that from a 10% loss.

The weeks payable can also be modified to take into consideration other factors such as age, type of occupation (physical vs. sedentary), and amount of education, with a percentage increase or decrease in the rating depending upon the answers given to relevant questions contained in a rating formula. Obviously this significantly increases the likelihood of litigation, so that a price is paid for attempting to make the schedule more economically realistic.

Use of a schedule basis raises an interesting question as to the development of average weekly wage, particularly if an unmodified schedule based totally on physical impairment is used. Since economic impact is being ignored, there is no reason to tie the amount of benefit to average weekly wage. The fact that one worker makes more than another does not mean that his arm is also "worth" more, and in fact the opposite may be true. As a result, if an impairment schedule is used, the amount of benefits to be paid can be established legislatively as a specific dollar amount for each loss, to be paid in every case regardless of the individual's earnings.

Application of an earning capacity loss system also presents a number of problems, primarily on the operational side. From a philosophical standpoint, it more closely follows the basic workers' compensation premise of dealing with economic loss, although as previously described it is entirely possible to pay benefits for loss of capacity in cases in which no actual economic loss ever occurs. In fact, the few studies which have been undertaken tend to show that only a minority of cases demonstrated significant economic loss several years after injury, although in most of those cases the loss was significant.

Another finding from these studies demonstrates a more serious problem with earning capacity loss systems. For most of the cases with significant losses, the compensation paid was totally inadequate to deal with the economic loss incurred, while in the remaining cases the amount of compensation paid was far in excess of the loss. This resulted primarily from the fact that the award must by its very nature be a prediction, and an estimate, a task which is probably beyond the ability of mere mortals. There are simply too many variables determining the effect an injury may have on a given individual, and attempts to make the award fit the case are something less than accurate. Also inherent in this uncertainty is the need for lawyers and litigation in order to arrive at a "correct" decision. Since a determination of loss of earning capacity is strictly a judgment call, a claimant would be foolish to simply accept a determination made by the employer/carrier, and would be equally foolish to go before the Board without an attorney to present his case. Unfortunately there is little that can be done to eliminate these problems without virtually switching to another benefit system.

For purposes of determining loss of earning capacity, the computation of average weekly wage should simply reflect a realistic and established preinjury earning capacity. Since in this type of system we are not concerned with matching benefit payments with actual loss of income, it is possible and preferable to base the wage on average earnings for a recent but extended period of time, such as the previous twelve months. Given a willingness to accept the opportunity for additional litigation, the Board could be given the authority to modify the figure arrived at in this manner, if it can be established that because of extraordinary circumstances the figure is significantly high or low.

The third and final alternative is a wage loss system. In its purest form, it provides benefits only in the event of actual loss of income attributable to the injury. This immediately raises a question as to its fairness, since in the extreme case an individual who suffered a loss of limb but was able to return to full employment would receive nothing in the way of benefits for his injury. While this may not be inconsistent with historical workers' compensation philosophy, it does leave a great deal to be desired when applied in real life. This problem can be cured by paying an impairment award, preferably limited to serious injuries, regardless of any wage loss benefits which may also be due.

Another problem may result from comparing preinjury wages with inflated post-injury wages, an obvious inequity. This can be limited to a great extent by adjusting the comparison to take into consideration the change in wage rates through time, although given the experience under the Longshore Act, it is questionable whether an unlimited adjustment would be acceptable.

For Alaska, use of a wage loss system would raise two very significant questions. First, a wage loss system can only be successful, from a cost standpoint, if the great majority of workers can be returned to jobs which pay the same or almost the same as those held at the time of injury. If the frequently heard statement that "there is no light duty in Alaska" is true, adoption of a wage loss system would be an economic disaster. Similarly, if union rules are so strict that a worker with a permanent injury cannot be given preferential treatment in obtaining work within his capabilities, the ability to return people to gainful employment would be greatly reduced, and the benefits of a wage loss system eliminated.

Secondly, serious consideration must be given to the system's ability to determine when an income loss is "due to the injury" rather than some other factor, such as the end of the season. As in the case of temporary total disability, use of a wage loss system depends on matching benefit payments with actual economic loss, so that factors such as end of season, a return to a state with lower wage levels, and an individual's desire to reduce his workweek must all be taken into consideration in determining wage loss. If this cannot be accomplished with a fair degree of accuracy, the system would be a total disaster.

While research is continuing in an attempt to determine the ability of Alaska employers to return injured individuals to the workplace, in the final analysis a decision on these potential problems can only be reached by joint labor/management discussions. It is doubtful that anyone else can or should determine whether this type of system can be used effectively in Alaska and without their concurrence an attempt to implement a wage loss system would probably result in economic disaster.

If a wage loss system is adopted, the computation of average weekly wage would closely follow that recommended for temporary total disability. The wage base should reflect the weekly wages actually earned during the period of employment, whether it be six months or a year, so that the comparison of pre- and post-injury wages will reflect the actual loss incurred. Therefore, a 13 week average, or something in that range, would be appropriate, with the safeguards described in the temporary total disability section.

PERMANENT TOTAL DISABILITY

Statistically, permanent total disability benefits do not constitute a significant proportion of the overall cost of workers' compensation in Alaska, although the state does rank sixth nationally in frequency of permanent total cases. This does not mean that permanent total disability does not significantly impact on the compensation system. Its importance is hidden to a great extent, because its effects are felt in the area of permanent partial disability benefits. This is due to the threat of a case becoming a permanent total, with lifetime benefits and no dollar maximum, which results in cases being settled at levels approaching their maximum permanent partial disability value, \$50,000.00, instead of being litigated, and possibly resulting in a finding of total disability.

As mentioned previously, permanent total disability occurs in those circumstances in which the injury is so severe as to totally destroy, for all practical purposes, the ability of an injured worker to obtain anything other than intermittent and financially insignificant employment. In cases in which the physical injury is severe, there is usually no question as to the individual's entitlement to total disability benefits. However, of concern to the Alaska compensation system is the worker who retains relatively substantial physical abilities, but claims to be or is actually unable to work because of the limited job opportunities in the area. For example, should an injured worker who cannot find employment in Eagle, where he lives, have his workers' compensation status determined on the basis of Eagle alone, or should the availability of suitable employment in other parts of the state be considered? And if there is no suitable employment in Alaska for someone injured shortly after moving to the state, or who has indicated in some manner that working in Alaska is temporary rather than permanent, should employment opportunities in the lower 48 be considered? Again there is no correct answer, only issues that are appropriate for legislative decision on a policy basis.

At the present time the statutory provision dealing with permanent total disability, Sec. 23.30.180, provides virtually no indication of the factors to be considered in determining total disability status. This is left to the courts, and results in a great deal of uncertainty as to the possible outcome of individual cases. Although no statute can eliminate the potential for court involvement, the legislature can create a great deal more certainty by enacting amendments to Sec. 23.30.180 which provide clear policy guidelines to those who must apply the law.

HOUSE LABOR AND COMMERCE COMMITTEE

FINAL INTERIM REPORT

December 17, 1981

The House Labor and Commerce Committee has completed its interim work. Most of the Committee's priority legislation is being drafted or redrafted and will be ready for further consideration early in the second session of the 12th Alaska Legislature.

Public participation during hearings in Anchorage and Fairbanks was excellent, particularly with regard to the Committee's three primary areas of concern -- workers' compensation, statewide telecommunications and government permits.

Additionally, Chairman Terry Martin has reviewed some 30 pieces of legislation lodged in the Committee but which were not addressed in any detail during the interim. Chairman Martin is organizing these bills and resolutions by priority so they can be expedited early next session.

A status report of interim activities is as follows:

WORKERS' COMPENSATION

Tom Sofo of the legislative legal services arm currently is preparing the final redraft of House Bill 159 dealing with revision of state workers' compensation law.

The redraft will be ready for further Committee consideration early next session.

As the Committee's top priority during the interim, much time has been spent collecting public testimony from various concerns in an effort to reach consensus on resolving this lingering problem. The Committee has explored a multitude of proposals to reduce the escalating premium rates.

While the final interim bill will address various broad concerns of the Committee, specifics regarding insurance rates and self-insurance programs will be incorporated in a separate bill shortly after the start of the second session.

The Committee feels it must await results of an in-depth study being conducted by John Lewis of Florida, a workers' compensation expert on contract with the state Division of Workers' Compensation. Mr. Lewis's findings are necessary before revision of the complicated rate structure can be addressed in any detail.

However, the final interim redraft of House Bill 159 attempts to adjust the law in ways the Committee feels will help reduce the extremely high insurance premiums Alaska businesses pay out for workers' compensation.

For one, a significant reduction in premium rates can be assured through immediate response to the needs of employees injured on the job, so that these injured workers can be returned to the labor force in the shortest period of time.

This objective can be attained, in part, by requiring injured workers expected to be on workers compensation more than 90 days to be referred to rehabilitation or pain clinics within 30 days of injury. Public testimony from experts in the field reported that months and even years pass before an injured worker is referred to a clinic. Obviously, the quicker an injured worker is rehabilitated, the quicker he can be returned to the work force. This means less compensation is paid out which, in effect, would affect the rate structure.

In regard to workers' compensation-job training and placement programs, the cost, in many cases, should be borne by the appropriate agencies such as CETA, WIN, or other government sponsored groups directly responsible for an

employee injured while on the job.

Higher educational career training, skill centers and other post secondary educational opportunities such as college should be funded through a special state grant program.

It must be emphasized that retraining costs, when figured into insurance premiums borne by the employer, is ultimately passed on to the consumer. It is the consumer who picks up the tab for the increased cost of goods and services.

Following a recent meeting with the state Workers' Compensation Board, the Committee feels the Board must be given more authority in making final determination of workers' compensation cases, in order to avoid long and costly legal fights -- all of which is reflected in the rate structure.

A goal of six months from the time of injury to settlement will result in almost no need for expensive attorney and court fees. It is felt that a decrease of 50 percent in the time spent on litigation of cases could be attained if the law were more clear on the Board's authority. The Committee feels that the Board -- comprised of lay experts in the field -- deals fairly with claimants and injured workers and give them every opportunity to air their grievances.

The Committee also feels that workers' compensation premiums could be further reduced in cases where an injured worker carries health insurance, or other insurance policies that cover personal injury.

The redraft of House Bill 159 also addresses the need to tighten up the so-called "Bunkhouse Rule," which essentially holds an employer responsible for an employee's safety when he is working more than 25 miles from his home.

While the Committee recognizes the right of workers to be protected when away from home, particularly in Alaska's remote regions, it also finds abuses in the system, especially during leisure-time activities and accidents caused by intoxication.

The Committee is of the opinion that an intoxicated worker who is injured is responsible for his actions and should not be entitled to collect workers' compensation benefits.

Likewise, if a worker is injured while racing motorcycles or playing sports during his leisure hours, it is highly questionable whether the employer should be responsible for his injury, particularly when other insurance programs carried by the worker may cover the injury.

The Committee also desires a clear and concise definition of the terms "benefit" and "compensation" as they appear in House Bill 159. In either case, the term should relate only to a worker's take-home pay and medical treatment. Workers' compensation was never meant to be an open-ended benefit system. The terms "compensation" and "benefit" appear so regularly throughout House Bill 159 that anything less than a concise definition will lead to misunderstanding and confusion.

GOVERNMENT PERMITS

The Committee has placed the redraft of Senate Bill 84 on hold until the beginning of the second session.

Testimony collected during the interim shows conclusively a real need for streamlining the government permitting process. However, it is equally clear that opinion on how to accomplish this goal varies widely.

On the one hand, the Alaska Oil and Gas Association (AOGA) and its membership believes Senate Bill 84 (Second Rules) does not go far enough in facilitating

the procedure for gas and oil permits. The association would like a stronger "lead agency" clause in Senate Bill 84 and a softening of language in the bill that guarantees "any individual, irrespective of his 'standing' otherwise granted under the law, to appeal a permitting decision, and further delay resolution of the application," according to the association.

On the other hand, environmental groups -- particularly Trustees for Alaska -- feel Senate Bill 84 and proposed administrative regulations do not adequately protect local community interest in the permitting procedure.

In the middle is the state Department of Law which, under direction of the Governor, has drafted new regulations governing classification of permits -- the reported purpose being to streamline the system.

Although the Committee feels there is strong support in both the House and Senate to clean up the system, it doesn't want to work hard to pass legislation only to have it vetoed by the Governor. This is why the Committee believes participation by the administration in this legislation is vital.

The Governor's chief executive, Jerry Reinwand, feels legislative participation in this issue is important and has reportedly held up implementing regulations until after the negotiation process. That process is underway, and hopefully an accord can be reached prior to the session.

STATEWIDE TELECOMMUNICATIONS

Legal services is currently drafting a House Concurrent Resolution that will spell out what the Committee feels should be the legislative policy regarding statewide telecommunications. The resolution will be sponsored by the House Labor and Commerce Committee.

The resolution is being drafted along the following lines:

-- Whereas a significant and increasing amount of public funds is being invested in telecommunications systems; and

-- Whereas it should be the role of state government to encourage and not compete with the private sector; and

-- Whereas the private sector which deals in Alaska telecommunications faces a crowding out by government in the wake of increasing state wealth; and

-- Whereas the private sector has been the foundation and vitality of the American Democratic and economic system; and

-- Whereas the Alaska State Legislature lacks a policy regarding the burgeoning telecommunications system;

Be it resolved that the Alaska State Legislature should take the following into account to serve as guidelines when considering telecommunications appropriations:

-- When and where possible, the state Divisions of Telecommunications should procure services from private enterprise or certified and franchised utilities and contract for the construction, management, operation and maintenance of telecommunications systems.

-- When and where possible, the state Divisions of Telecommunications should reduce or eliminate airwave interference of state owned or financed stations with privately owned and operated cable television stations.

-- Artificial regulatory and government barriers for growth and development of new and innovative services by the private sector should be removed.

-- In-state programming or Bush programming can be beneficial to sectors of the Alaskan community. However, the Divisions of Telecommunications should not only assure that such programs are cost effective, but production of these

programs should be available to the private sector on a contract or bid basis.

-- Alaska's villages should have the opportunity to own, operate and maintain their own satellite earth stations.

-- Companies owned and operated by Alaska residents and based in Alaska should be given a competitive edge over Outside interests.

-- No commercial advertisements shall be carried in state funded or state subsidized programs or in programs transmitted by state funded or state subsidized satellite channels.

-- The Legislature should encourage commercial radio and television news coverage of the legislative sessions by making equipment, space and satellite time available to the private sector. This would serve as a meaningful and efficient and non-controversial method of communicating legislative affairs to the public.

ARCHITECTURAL AND ENGINEERING SERVICES

House Bill 612, which relates to contracts for architectural, engineering and surveying services, has been redrafted and is ready for further Committee consideration upon convening of the legislative session.

House Bill 612 clarifies the conditions under which a state contract for professional services can be awarded. It requires the state and other subdivisions of the state to determine whether a bidding firm is "capable and qualified" to do the work, rather than issuing a contract strictly based on the lowest bid. A person who provides such professional services may annually submit to the department a statement of qualifications and performance data.

House Bill 600, which lays out contractual liability of architects, engineers, surveyors and the state of Alaska, is currently in a holding pattern until an equitable formula for liability can be worked out. A final redraft of House Bill 600 is expected prior to the beginning of the session.

COMPULSORY AUTOMOBILE INSURANCE

The Committee recommends the sponsors of House Bill 346 pursue other avenues to increase the number of insured drivers.

House Bill 346 has received little support during hearings held in Anchorage and Fairbanks during the interim.

It is generally felt that compulsory automobile insurance will not attain its primary goal -- to increase the number of insured drivers in Alaska. In fact, it is counter productive in that it is thought to be unenforceable and actually may result in higher insurance rates for the already insured driver. This is because the high risk factor of those who are generally uninsured under the current situation would be spread among drivers who already are insured.

The Committee understands that sponsors of the bill are currently exploring other alternatives including stronger state financial responsibility laws.

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HOUSE LABOR & COMMERCE
STANDING COMMITTEE
January 27, 1982
1:36 p.m.

Members Present: Rep. Martin, Chairman
Rep. Bylsma, Vice Chairman
Rep. Randolph

Members Absent: Rep. Rogers
Rep. Gardiner

COMMITTEE CALENDAR

HB 159 An Act relating to workers' compensation;
and providing for an effective date.

WITNESS REGISTER

Ed Holden
North American Rehabilitation
100 E 46th
New York, New York
Position Statement: Presented film regarding rehabilitation.

Zee Jackson
Rehabilitation Consultant
PO Box 3130
Anchorage, Alaska 99510
264-2460
Position Statement: Summary of presentation (1/26) of her study.

John Lewis
Workers Compensation Consultant
PO Box 330550
Miami, Florida 33133
(305) 443-8111
Position Statement: Presented interim report on Alaska Workers
Compensation System.

PREVIOUS ACTION

HB 159 No previous action. No action taken this
date.

Statutory Reference: AS 18.80; AS 23.30.

ACTION NARRATIVE

Tape #006

Recording
Number 0081

The meeting was called to order by Chairman Martin at 1:36 p.m. Members present were Representatives Martin, Bylsma, and Randolph. Members absent were Representatives Gardiner and Rogers. This meeting was a joint meeting with the Senate Labor & Commerce Committee. Senate Committee members present were: Senators Fahrenkamp, Mulcahy, and Ziegler. Rep. Martin outlined the meeting.

Number 0109

Ed Holden, of North American Rehabilitation, New York, spoke about a man who became paraplegic and then decided to make a film about rehabilitating disabled people. Holden gave an introduction to the film, and then showed it to the committee. The film was about dealing with a disability. A bookle. that accompanied the film is available from the House Labor & Commerce Committee.

Number 0546

Zee Jackson, Rehabilitation Consultant, Anchorage, gave a summary of her previous day's presentation. She outlined problems with the system, and recommendations for correcting those problems.

Number 0587

John Lewis, Worker. Compensation Consultant, Miami, Florida, presented a report the defines critical areas. Lewis said Alaska must look at problems, decide philosophy, determine feasibility, and construct legislation. He said philosophy is an integral part of workers compensation, and that the legislature must determine the state's philosophy.

Number 0645

Lewis spoke about the "bunkhouse rule", which is the court's test of whether an injury is job-related. He said courts have decided that, if people are forced to live away from home at a remote site, broader concepts apply. Lewis said Alaska has the broadest rules of any state. He went over factors the legislature should consider regarding the bunkhouse rule.

Number 0732

Lewis said options are: 1) to limit compensable injuries to working hours; 2) to limit compensable injuries to on the premises; 3) to limit compensable injuries to working hours and the special hazards of

remote living; and, 4) to limit compensable injuries to everything except those injuries resulting from personal activities.

Number 0780

Lewis went over problems regarding medical benefits. He gave the pros and cons of various methods of doctor selection, and stated that alternatives are: 1) employee selection; 2) employer selection; 3) employer selects doctor; after 10 days, employee can switch; 4) employee selects doctor; after 10 days, employer can switch; 5) permit employer to pick from a panel of doctors selected by the insurer; and 6) Board establishes panel for workers compensation cases in Alaska and retains authority to remove people from the panel.

Number 0823

Lewis said the Second Injury Fund was set up to provide employers incentive (and to avoid disincentives) to hire physically impaired people. He said the fund is sometimes abused and reimbursement becomes more difficult. He felt guidelines need to be established to ensure that employers hired employees with knowledge of the employee's impairment, and to convince the employers that they are protected from a workers compensation claim by the employee with a method such as giving the employer a form certifying the employee's impairment, and insuring protection from the fund.

Number 0870

Lewis then addressed average weekly wage. He said that, after the pipeline, this became higher in Alaska. Lewis said average weekly wage needs to be compared to the existing employment situation. Other concerns he noted were room and board value and fringe benefits. He recommended that the legislature clarify the law as to whether benefits are included in average weekly wage determination.

Number 0971

Lewis went over the various types of disabilities--temporary total disability, temporary partial disability, permanent partial disability, permanent total disability--and problems in determining the type of disability suffered by the injured employee. (See pages 9-15 Lewis's report.)

Lewis recommended procedural changes to the

second injury fund. He requested feedback from the committee, employers, and carriers for use in further reports.

Number 1178

There being no further business to come before the committee, the meeting was adjourned at 3:14 p.m.

HOUSE LABOR & COMMERCE
STANDING COMMITTEE
January 27, 1982
1:36 p.m.

Members Present: Rep. Martin, Chairman
Rep. Bylsma, Vice Chairman
Rep. Randolph

Members Absent: Rep. Rogers
Rep. Gardiner

COMMITTEE CALENDAR

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SIGN-IN SHEET

Name (please print)	Address	Representing	Testify? (YES or NO)	Phone Number
Jim Robison	Box 899 ANCH.	w/c DISTRICT COUNCIL of LABORERS ANCHORAGE STATE - AFL-CIO		376-1640
Pat Young	Brookline Junction	Voc Rehab	?	586-6500
DON RAILLIEAU	Box 4-2653 Anch.	ASDCL		514-5461
DON KOCH	PO BOX D JUNEAU 99811	DIV. OF INSURANCE	CONSERVE	465 2577
Kenneth Moore	—	Div of Insurance	observe	✓ ✓
J A McLEAN	Box 1774	Ins. Assn	—	6-3210
ED HITSZ	201 DANNER, #155 ANCH 99502	D.A. CODE CO	NO	349-6733
SEAN KLINE	134 Franklin Junction	A.H.C	—	6-1748
ED HOLDEN	100 E 46 TH N.Y. N.Y	NORTH AMER RE	—	
Jack Thompson	2214 Post Road, Anch 99501	WCCA		272 0536
William Reeves	3201 Second Road Anch 99503	AGC	NO	276 5359
Joe Johnson	P.O. BOX 3130	Consulting		
John Lewis	Box 330550, Miami FL	—	Yes	305-443-9111
Jacques McMichael	P.O. Box 1149 JUNO	w/c Div Dept. of LABOR	NO	465-2790
Jim Johnson	PO Box 1149 JUNO	w/c Board Man	NO	465-2790
Jim Johnson	214 N. Franklin JUNO	Local 302	No	2580-3850
Richard CURRIE	306 Willoughby JUNO	Local 852 TEAMSTERS	N	586-3222
MIKE MORGAN	9170 GLACIER ROAD	DIV VOC REHAB	NO	586 6500
J. Paul House	P.O. Box 1149 JUNO	w/c Div. 2nd Injury Fund	NO	465-2791
MIKE THOMAS	Box 1211 JUNEAU	Ins. Insurance Assn	No	586 3346

SIGN-IN SHEET

Name (please print)	Address	Representing	Testify? (YES or NO)	Phone Number
JAN MAAS	419 6 th - Rm 316	Dev. Disabled Protection & Advocacy		
DAVID KERTZNER	R+A LABOR R.O.B 1149		NO	* 2781
MICHAEL THILL	Rm 119 CAPITAL	SENATE LABOR & COMMERCE AIDE	NO	
GEO KRUSZ	B10 2nd JUNCO	AK STATE OG C	NO	6-2327
PAUL TROETH	5921 Summit	Self	NO	6-2534
DENNIS DEWITT	319 SEWARD ST	ALASKA STATE HOSPITAL ASSOC	NO	61790
DWIGHT PERKINS	154 S. FRANKLIN Rm 103	Plumbers & P. Platers 26-262	NO	6-2874
Clifford E				

LABOR & COMMERCE COMMITTEE
DAILY COMMITTEE HEARING

Date: 1/27/82

Place: _____

<u>Members</u>	<u>Present</u>	<u>Absent</u>	<u>Time Arrived</u>	<u>Time Left</u>
Rep. B. Bylsma, V. Chair	✓		1:28	
Rep. D. Randolph	✓		1:28	
Rep. B. Rogers				
Rep. T. Gardiner				
Rep. T. Martin, Chair	✓		1:25	

Subject Matter:

House Bill No. _____

Senate Bill No. _____

Special Orders:

1-28-82

HB 159

HOUSE LABOR & COMMERCE
STANDING COMMITTEE
January 28, 1982
1:13 p.m.

Members Present: Rep. Martin, Chairman
Rep. Bylsma, Vice Chairman
Rep. Rogers
Rep. Randolph

Members Absent: Rep. Gardiner

COMMITTEE CALENDAR

HE 159 An Act relating to workers' compensation;
and providing for an effective date.

WITNESS REGISTER

William Reeves
Alaska General Contractors
3201 Spenard Road
Anchorage, Alaska
276-5354
Position Statement: Gave recommendations.

Jack Thompson
WCCA
2216 Post Road
Anchorage, Alaska 99501
272-0536
Position Statement: Gave recommendations.

Don Koch, Chief
Market Surveillance Section
Division of Insurance
Pouch D
Juneau, Alaska 99811
465-2577
Position Statement: Gave testimony; promised written
recommendations.

Jim Robison
W/C District Council of Laborers
and State AFL-CIO
Box 899
Anchorage, Alaska
276-1640
Position Statement: Gave recommendations.

Barbara Grisson
Pacific Marine Insurance

6253 East 41st Ct.
Anchorage, Alaska
800-426-4115
Position Statement: Comments.

Paul Troeh
administrative law procedures specialist
5921 Sunset
Juneau, Alaska 99801
586-6856
Position Statement: Gave suggestions.

PREVIOUS ACTION

HB 159 No previous action. No action taken this date.

Statutory Reference: AS 17.80; AS 23.30.

ACTION NARRATIVE

Tape #006
Recording
Number 1180

The meeting was called to order by Vice Chairman Bylsma. Members present were: Representatives Martin (arrived late), Bylsma, Randolph, and Rogers. Representative Gardiner was absent. The purpose of this meeting was to take testimony on HB 159.

Number 1195

William Reeves, Alaska General Contractors (AGC), Anchorage, said incentives are needed for injured employees to return to work, and for employers to rehire them. He went over disincentives. Reeves recommended: 1) go to percent of spendable income based on current wages; 2) do not include fringe benefits in wages; and, 3) Workers Compensation Board should be given authority to determine the value of room and board. He wanted to avoid unnecessary legislation. Reeves then went over the workdraft committee substitute section by section with recommendations.

Number 1420

Jack Thompson, WCCA and Alaska Conference of Employers, Anchorage, gave the committee a list of membership of both organizations he represents, and referred to the ACE report. Referring to John Lewis's report (presented 1/27), Thompson discussed the bunkhouse rule

definition in the workdraft committee substitute (p. 10, "in the course of employment"). He said employers are willing to meet litigation head-on. Thompson felt, regarding AS 23.30.095, that the Workers Compensation Board should be given more authority. He preferred that the employee be allowed to select a health care provider for a period of time, with the employer having the option to change providers after that time period. He recommended the ACE report remedy for average weekly wage, and their suggestions regarding permanent partial and permanent total disabilities. (A copy of the ACE report is available for review from the Committee.) Regarding the use of alcohol (see AS 23.30.235), Thompson recommended reinserting strong language, and again referred to the ACE report. He believes a mandated reduction in premiums should be made if workers compensation claims are reduced.

Number 1528

Don Koch, Chief, Market Surveillance Section, Division of Insurance, said pricing changes could complicate matters. He said forms are filed by a national council, not the insurer. He felt language should be changed to allow revoking and fining. He said he would present typewritten recommended changes to the committee at a later date.

Number 1589

Jim Robison, W/C District Council of Laborers and Alaska State AFL-CIO, Anchorage, felt the Division of Vocational Rehabilitation should have had the opportunity to give rebuttal testimony. He then went over the workdraft committee substitute for HB 159 section by section, giving his comments. Regarding the proposed amendments to the workdraft, Robison said he agreed with AGC that none of the amendments should be accepted. He commented on a letter distributed by Rep. Martin dated 1/25/82. Robison felt more effort on the part of the system would almost eliminate the need for attorneys. He commented on the bunkhouse rule and selection of doctors. Robison thought wages should include fringe benefits. He felt determination of degree of disability needs more study before being changed. There was discussion among the committee, Robison, Thompson, and Reeves.

Number .762

Barbara Grisson, Pacific Marine Insurance, Anchorage, spoke to the second injury fund. She had no problem with percentages and amounts, but felt wording was needed for the Department to give procedural relief allowing minimum payment forgiveness to the Department of Labor until it is cost effective to process small checks. There was discussion of this point among Rep. Martin, Grisson, and McClintock (Division of Workers Compensation). Grisson, on behalf of her company, agreed that problems should be resolved by agencies concerned.

Number 1800

Paul Troeh, administrative law procedures specialist, Juneau, said that AS 23.30.225 repeal would repeal half of the social security offset procedure, which would then not meet federal requirements. He suggested the committee take other action. John Lewis interjected that it should be left alone until further information is available. Troeh said the courts tend to give broad coverage under the bunkhouse rule. He pointed out several discrepancies not addressed.

Tape 7, Number 0325

As there was no further business to come before the committee, the meeting was adjourned at 2:59 p.m.

Sofo ✓✓✓

January 25, 1982

Original sponsor: Rules/Legislative Council

1 IN THE HOUSE

BY THE LABOR AND
COMMERCE COMMITTEE

2 CS FOR HOUSE BILL NO. 159 (L&C)

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 TWELFTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to workers' compensation; and provid-
7 ing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

Sec 66 P 44

9 * Section 1. AS 18.80.220(a)(4) is amended to read:

10 (4) an employer, labor organization or employment agency to
11 discharge, expel or otherwise discriminate against a person because he
12 has

13 (A) opposed any practices forbidden under AS 18.80.200 -
14 18.80.280; [OR BECAUSE HE HAS]

15 (B) filed a complaint, testified or assisted in a pro-
16 ceeding under this chapter; or

17 (C) filed a claim for workers' compensation benefits
18 under AS 23.30; *Sec 13 P 13*

19 * Sec. 2. AS 23.30.025 is amended by adding a new subsection to read:

20 (c) An insurer may issue a policy of insurance insuring the payment
21 of benefits under this chapter which provides for a deductible amount to
22 be paid by the employer. A policy with a deductible provision must be
23 approved by the director of insurance and must provide that the deduct-
24 ible amount be paid by the insurer to the employee on behalf of the
25 employer. After payment of the deductible by the insurer, the insurer
26 may recover the deductible amount from the employer. The failure of an
27 employer to reimburse an insurer for the deductible amount does not
28 relieve the insurer from any other obligation it may have under the
29 policy of insurance. An insurer is not required to apply for a deviation

1 under AS 21.39.070 in order to issue a policy under this subsection.
 2 This subsection does not apply to a policy of excess insurance purchased
 3 by a self-insurer.

4 * Sec. 3. AS 23.30.045(c) is amended to read:

5 (c) For a person eligible for vocational rehabilitation service
 6 under this chapter or AS 23.15.080 [AND] who is placed with an employer
 7 for service [WITHOUT WAGES] at the request of the board or the division
 8 [OFFICE] of vocational rehabilitation to give him on the job training,
 9 work readiness, [OR] work therapy experience [,] or work sampling, the
 10 liability set out in (a) of this section applies to the state rather
 11 than to the employer.

12 * Sec. 4. AS 23.30.080 is amended by adding a new subsection to read:

13 (d) If an employer fails to insure or provide security as required
 14 by AS 23.30.075, the board may issue a stop order prohibiting the use of
 15 employee labor by the employer until the employer insures or provides
 16 security as required by AS 23.30.075. If an employer fails to comply
 17 with a stop order issued under this section, the board shall assess a
 18 civil penalty of at least \$1,000 per day. The employer may not obtain a
 19 public contract with the state or any of its political subdivisions for
 20 one year following the violation of the stop order.

21 * Sec. 5. AS 23.30.095(a) is amended to read:

22 (a) The employer shall furnish medical, surgical, and other atten-
 23 dance or treatment, nurse and hospital service, medicine, crutches, and
 24 apparatus for the period which the nature of the injury or the process
 25 of recovery requires [, NOT EXCEEDING TWO YEARS FROM AND AFTER THE DATE
 26 OF INJURY TO THE EMPLOYEE. HOWEVER, IF THE CONDITION REQUIRING THE
 27 TREATMENT, APPARATUS, OR MEDICINE IS A LATENT ONE, THE TWO-YEAR PERIOD
 28 RUNS FROM THE TIME THE EMPLOYEE HAS KNOWLEDGE OF THE NATURE OF HIS
 29 DISABILITY AND ITS RELATIONSHIP TO HIS EMPLOYMENT AND AFTER-DISABLEMENT.

1 IT SHALL BE ADDITIONALLY PROVIDED THAT, IF CONTINUED TREATMENT OR CARE
2 OR BOTH BEYOND THE TWO-YEAR PERIOD IS INDICATED, THE INJURED EMPLOYEE
3 HAS THE RIGHT OF REVIEW BY THE BOARD. THE BOARD MAY AUTHORIZE CONTINUED
4 TREATMENT OR CARE OR BOTH AS THE PROCESS OF RECOVERY MAY REQUIRE]. When
5 medical care is required, the injured employee may designate a health
6 care provider [LICENSED PHYSICIAN] inside the state to render the care
7 except in cases where, in the judgment of the board, care or treatment
8 or both can best be administered by the selection of another health care
9 provider [PHYSICIAN]. Upon procuring the services of a health care
10 provider [PHYSICIAN], the injured employee shall give proper notifica-
11 tion of his selection to the employer within a reasonable time after
12 first being treated. [IF FOR ANY REASON DURING THE PERIOD WHEN MEDICAL
13 CARE IS REQUIRED THE EMPLOYEE WISHES TO CHANGE TO ANOTHER PHYSICIAN, HE
14 MAY DO SO IN ACCORDANCE WITH RULES PRESCRIBED BY THE BOARD.]

15 * Sec. 6. AS 23.30.095(b) is amended to read:

16 (b) ~~If the employee is unable to designate a health care provider~~
17 ~~[PHYSICIAN] and the emergency nature of the injury requires immediate~~
18 ~~medical care, or if he does not desire to designate a health care pro-~~
19 ~~vider [PHYSICIAN] and so advises the employer, the employer shall desig-~~
20 ~~nate the health care provider [PHYSICIAN]. Designation under this~~
21 ~~subsection, however, does not prevent the employee from subsequently~~
22 ~~designating a health care provider [PHYSICIAN] for continuance of re-~~
23 ~~quired medical care.~~

24 *Sec 31 P 24+25*

24 * Sec. 7. AS 23.30.095(c) is amended to read:

25 (c) No claim for medical or surgical treatment is valid and en-
26 forceable as against the employer unless, within 20 [TWENTY] days follow-
27 ing the first treatment ~~and following the time set by the board for~~
28 ~~notice of subsequent treatments, the health care provider [PHYSICIAN]~~
29 giving the treatment or the employee receiving it furnishes to the

1 employer and the board notice of the injury and treatment, preferably on
2 a form prescribed by the board. The board shall [MAY], however, excuse
3 the failure to furnish notice within 20 days when it finds it to be in
4 the interest of justice to do so, and it may, upon application by a
5 party in interest, make an award for the reasonable value of the medical
6 or surgical treatment so obtained by the employee.

7 * Sec. 8. AS 23.30.095^{SEC 37 P 24}(e) is amended to read:

8 (e) The employee shall, after an injury, at reasonable times
9 during the continuance of his disability if requested by his employer
10 or, when ordered by the board, submit himself to an examination by a
11 health care provider [PHYSICIAN OR SURGEON] authorized to practice
12 [MEDICINE] under the laws of the state in which the employee may be
13 found, furnished and paid for by the employer. [THE EMPLOYEE HAS THE
14 RIGHT TO HAVE A PHYSICIAN, PAID FOR BY THE EMPLOYER, PRESENT AT THE
15 EXAMINATION OR EXAMINATIONS.] No fact relative to the injury or claim
16 communicated to or otherwise learned by a health care provider [PHYSI-
17 CIAN OR SURGEON] who may have attended or examined the employee, or who
18 may have been present at an examination is privileged, either in the
19 hearings provided for in this chapter or an action to recover damages
20 against an employer who is subject to the benefits [COMPENSATION] provi-
21 sions of this chapter. If an employee refuses to submit himself to any
22 examination provided for in this section [HEREIN], his rights to compen-
23 sation shall be suspended until the obstruction or refusal ceases, and
24 his compensation during the period of suspension may, in the discretion
25 of the board or the court determining an action brought for the recovery
26 of damages under this chapter [HEREUNDER], be forfeited. The board in
27 any case of death may require an autopsy at the expense of the party
28 requesting the autopsy. No autopsy may be held without notice first
29 being given to the widow or widower or next of kin if they reside in the

1 state or their whereabouts can be reasonably ascertained, of the time
2 and place of the autopsy and reasonable time and opportunity given the
3 widow or widower or next of kin to have a representative present to
4 witness the autopsy. If no adequate notice is given, the findings from
5 the autopsy may be suppressed on motion made to the board or to the
6 superior court, as the case may be.

7 * Sec. 9. AS 23.30.105(a) ^{Sec 36 P 26} is amended to read:

8 (a) The right to benefits [COMPENSATION FOR DISABILITY] under this
9 chapter is barred unless a claim for them [IT] is filed within two years
10 after the employee has knowledge of the nature of his disability and its
11 relation to his employment and after disablement. The [HOWEVER, - THE
12 MAXIMUM TIME FOR FILING THE CLAIM IN ANY EVENT OTHER THAN ARISING OUT OF
13 AN OCCUPATIONAL DISEASE SHALL BE FOUR YEARS FROM THE DATE OF INJURY, AND
14 THE] right to benefits [COMPENSATION] for death is barred unless a claim
15 for benefits [THEREFORE] is filed within one year after the death. If [,
16 EXCEPT THAT IF] payment of compensation has been made without an award
17 on account of the injury or death, a claim may be filed within two years
18 after the date of the last payment. It is additionally provided that,
19 in the case of a latent injury [DEFECTS PERTINENT TO AND CAUSING COMPEN-
20 SABLE DISABILITY], the injured employee has full right to claim as shall
21 be determined by the board, time limitations notwithstanding.

22 * Sec. 10. AS 23.30.110(c) ^{Sec 40 P 30} is amended to read:

23 (c) The board shall make the investigation which it considers
24 necessary in respect of the claim, and upon application of an interested
25 party shall order a hearing on it. If a hearing on a claim is ordered,
26 the board shall give the claimant and other interested parties at least
27 10 days' notice of the hearing, served personally upon the claimant and
28 other interested parties or sent by registered mail, and shall, within
29 30 [20] days after the hearing is held [HAD], by order, reject the claim

1 or make an award in respect to it. If a hearing is continued by the
2 board, additional notice under this subsection is not required. [IF NO
3 HEARING IS ORDERED WITHIN 20 DAYS AFTER NOTICE IS GIVEN AS PROVIDED IN
4 (b) OF THIS SECTION, THE BOARD SHALL BY ORDER REJECT THE CLAIM OR MAKE
5 AN AWARD IN RESPECT TO IT.]

6 * Sec. 11. AS 23.30.155(j) is amended to read:

7 (j) If an employer has made advance payments or overpayments of
8 compensation, he is entitled to be reimbursed, after approval by the
9 board, out of any unpaid installment or installments of compensation
10 due.

11 * Sec. 12. AS 23.30.155 is amended by adding new subsections to read:

12 (n) Compensation owed to an injured employee in the state shall be
13 paid by a check or draft that may be cashed on the first banking day
14 after it is received by the employee and on any succeeding banking day.

15 (o) If the board determines that it is in the interest of an
16 injured employee and that a substantial hardship will not be imposed on
17 the employer, the liability of the employer for all or part of compensa-
18 tion payable under AS 23.30.190 may be discharged by the payment of a
19 lump sum.

20 * Sec. 13. AS 23.30.175(b) is repealed and reenacted to read:

21 (b) After June 30 and before December 1 of each year, the commis-
22 sioner shall adopt and publish the average weekly wage for each jurisdic-
23 tion for the preceding calendar year as published by the United States
24 Secretary of Labor for the purposes of unemployment insurance. In
25 determining the rate of compensation the commissioner shall use the
26 average weekly wage figure for each jurisdiction, including Alaska, for
27 which the Secretary of Labor computes an average weekly wage. These
28 figures are the applicable average weekly wages for those jurisdictions
29 for the following calendar year.

Sec 52 P 36, 37

1 * Sec. 14. AS 23.30.175(c) is repealed and reenacted to read:

2 (c) The following rules apply to recipients who do not reside in
3 Alaska:

4 (1) The weekly rate of compensation shall be calculated by
5 multiplying the recipient's average weekly wage times the ratio of the
6 average weekly wage of the jurisdiction in which the recipient resides
7 to the average weekly wage of Alaska. The rate is based on the average
8 weekly wages in effect when the recipient leaves Alaska and shall be
9 adjusted annually upon publication of the average weekly wages for all
10 jurisdictions.

11 (2) The calculation required by this subsection does not
12 apply if the recipient is absent from Alaska for medical or rehabilita-
13 tion services not reasonably available in Alaska.

14 (3) If the average weekly wage of the recipient and the
15 resulting compensation rate is determined under AS 23.30.220(2) the
16 calculation required by this subsection applies to only those wages
17 earned in Alaska.

18 (4) Application of this subsection may not result in a reduc-
19 tion of the weekly compensation rate to less than \$65 a week except as
20 provided in (a) of this section.

Sec 53 P 37

21 * Sec. 15. AS 23.30.175(d) is repealed and reenacted to read:

22 (d) In a jurisdiction for which no average weekly wage is computed
23 by the United States Secretary of Labor for the purposes of unemployment
24 insurance, the average weekly wage shall be as determined by the commis-
25 sioner.

Sec 55 P 38, 39, 40

26 * Sec. 16. AS 23.30.190(a)(20) is amended to read:

27 (20) in all other cases in this class of disability the
28 compensation is $66\frac{2}{3}$ percent of the difference between his average
29 weekly wages and his wage-earning capacity after the injury in the same

1 employment or otherwise, payable during the continuance of the partial
 2 disability, but subject to reconsideration of the degree of the impair-
 3 ment by the board on its own motion or upon application of a party in
 4 interest; [WHENEVER THE BOARD DETERMINES THAT IT IS IN THE INTEREST OF
 5 JUSTICE, THE LIABILITY OF THE EMPLOYER FOR COMPENSATION, OR ANY PART OF
 6 IT AS DETERMINED BY THE BOARD, MAY BE DISCHARGED BY THE PAYMENT OF A
 7 LUMP SUM;]

8 * Sec. 17. AS 23.30.191 is repealed and reenacted to read:

9 Sec. 23.30.191. EXPENSES FOR REHABILITATING INJURED EMPLOYEES. An
 10 employee, who, as a result of injury, is or may be expected to be totally
 11 or partially incapacitated for his normal occupation and who, under the
 12 direction of the board, is being rehabilitated to engage in a remunera-
 13 tive occupation. may receive compensation necessary for his rehabilita-
 14 tion of 66-2/3 percent of his average weekly wage subject to the maximum
 15 payable under AS 23.30.175.

16 * Sec. 18. AS 23.30.215(a)(1) is amended to read:

17 (1) reasonable and necessary funeral expenses not exceeding
 18 \$2,500 [\$1,000];

19 * Sec. 19. AS 23.30.220(2) is amended to read:

20 (2) the average weekly wage is [THAT MOST FAVORABLE TO THE
 21 EMPLOYEE] calculated by dividing 456 [52] into the total wages earned,
 22 including self-employment, in the highest paid three consecutive years
 23 out of [ANY ONE OF] the five [THREE] calendar years immediately preced-
 24 ing the injury;

25 * Sec. 20. AS 23.30.250 is amended to read:

26 Sec. 23.30.250. PENALTY FOR MISREPRESENTATION. A person who wil-
 27 fully makes a false or misleading statement or representation for the
 28 purpose of obtaining a benefit or payment under this chapter is guilty
 29 of theft as defined in AS 11.46.100(3) and is punishable as provided in

1 AS 11.46.120 - 11.46.150 [A MISDEMEANOR, AND UPON CONVICTION IS PUNISH-
 2 ABLE BY A FINE OF NOT MORE THAN \$1,000, OR BY IMPRISONMENT FOR NOT MORE
 3 THAN ONE YEAR, OR BY BOTH].

Sec 68 P 45

4 * Sec. 21. AS 23.30.265(16) is amended to read:

5 (16) "medical and related benefits" includes but is not
 6 limited to physicians' fees, nurses' charges, pain clinic services,
 7 hospital services, hospital supplies, medicine and prosthetic devices,
 8 physical rehabilitation, and treatment for the fitting and training for
 9 use of such devices as may reasonably be required which arises out of or
 10 is necessitated by an injury, and transportation charges to the nearest
 11 point where adequate medical facilities are available;

Sec 70 P 45, 46

12 * Sec. 22. AS 23.30.265(20) is amended to read:

13 (20) "wages" means the money rate at which the service ren-
 14 dered is recompensed under the contract of hiring [IN FORCE AT THE TIME
 15 OF THE INJURY,] and includes the reasonable value of board, rent,
 16 housing, lodging, or similar advantage received from the employer, and
 17 gratuities received in the course of employment from other [OTHERS] than
 18 the employer;

Sec 71. P 45, 46

19 * Sec. 23. AS 23.30.265 is amended by adding new paragraphs to read:

20 (29) "benefits" means compensation and medical and related
 21 benefits;

22 (30) "health care provider" means a chiropractor licensed
 23 under AS 08.20; a dental hygienist licensed under AS 08.32; a dentist
 24 licensed under AS 08.36; a nurse licensed under AS 08.68; a dispensing
 25 optician licensed under AS 08.71; an optometrist licensed under AS 08.72;
 26 a pharmacist licensed under AS 08.80; a physical therapist licensed
 27 under AS 08.84; a physician licensed under AS 08.64; a podiatrist; a
 28 psychologist and a psychological associate licensed under AS 08.86; and
 29 a hospital as defined in AS 18.20.130, including a governmentally owned

1 or operated hospital; a corporate entity covered under AS 21.88.050-
 2 (b)(12); an employee of a health care provider acting within the course
 3 and scope of his employment; and persons comparably licensed in other
 4 jurisdictions to provide health care;

5 (31) "in the course of employment" includes travel to and from
 6 a remote job site but does not include activities outside of working
 7 hours off a site provided by the employer that are not under the super-
 8 vision or control of the employer.

9 * Sec. 24. ^{Sec 72 P46} AS 23.30.095(g), 23.30.125(b), 23.30.175(e) and (f), and
 10 23.30.225(b) are repealed.

11 * Sec. 25. ^{Sec 72 P46} This Act takes effect July 1, 1982.

HOUSE LABOR & COMMERCE
STANDING COMMITTEE
January 28, 1982
1:13 p.m.

Members Present: Rep. Martin, Chairman
Rep. Bylsma, Vice Chairman
Rep. Rogers
Rep. Randolph

Members Absent: Rep. Gardiner

COMMITTEE CALENDAR

HB 159 An Act relating to workers' compensation;
and providing for an effective date.

WITNESS REGISTER

William Reeves
Alaska General Contractors
3201 Spenard Road
Anchorage, Alaska
276-5354
Position Statement: Gave recommendations.

Jack Thompson
WCCA
2216 Post Road
Anchorage, Alaska 99501
272-0536
Position Statement: Gave recommendations.

Don Koch, Chief
Market Surveillance Section
Division of Insurance
Pouch D
Juneau, Alaska 99811
465-2577
Position Statement: Gave testimony; promised written
recommendations.

Jim Robison
W/C District Council of Laborers
and State AFL-CIO
Box 899
Anchorage, Alaska
276-1640
Position Statement: Gave recommendations.

Barbara Grisson
Pacific Marine Insurance

6253 East 41st Ct.
Anchorage, Alaska
800 .26-4115
Position Statement: Comments.

Paul Troeh
administrative law procedures specialist
5921 Sunset
Juneau, Alaska 99801
586-6856
Position Statement: Gave suggestions.

PREVIOUS ACTION

HB 159 No previous action. No action taken this date.

Statutory Reference: AS 18.80; AS 23.30.

ACTION NARRATIVE

Tape #006
Recording
Number 1180

The meeting was called to order by Vice Chairman Bylsma. Members present were: Representatives Martin (arrived late), Bylsma, Randolph, and Rogers. Representative Gardiner was absent. The purpose of this meeting was to take testimony on HB 159.

Number 1195

William Reeves, Alaska General Contractors (AGC), Anchorage, said incentives are needed for injured employees to return to work, and for employers to rehire them. He went over disincentives. Reeves recommended: 1) go to percent of spendable income based on current wages; 2) do not include fringe benefits in wages; and, 3) Workers Compensation Board should be given authority to determine the value of room and board. He wanted to avoid unnecessary legislation. Reeves then went over the workdraft committee substitute section by section with recommendations.

Number 1420

Jack Thompson, WCCA and Alaska Conference of Employers, Anchorage, gave the committee a list of membership of both organizations he represents, and referred to the ACE report. Referring to John Lewis's report (presented 1/27), Thompson discussed the bunkhouse rule

definition in the workdraft committee substitute (p. 10, "in the course of employment"). He said employers are willing to meet litigation head-on. Thompson felt, regarding AS 23.30.095, that the Workers Compensation Board should be given more authority. He preferred that the employee be allowed to select a health care provider for a period of time, with the employer having the option to change providers after that time period. He recommended the ACE report remedy for average weekly wage, and their suggestions regarding permanent partial and permanent total disabilities. (A copy of the ACE report is available for review from the Committee.) Regarding the use of alcohol (see AS 23.30.235), Thompson recommended reinserting strong language, and again referred to the ACE report. He believes a mandated reduction in premiums should be made if workers compensation claims are reduced.

Number 1528

Don Koch, Chief, Market Surveillance Section, Division of Insurance, said pricing changes could complicate matters. He said forms are filed by a national council, not the insurer. He felt language should be changed to allow revoking and fining. He said he would present typewritten recommended changes to the committee at a later date.

Number 1589

Jim Robison, W/C District Council of Laborers and Alaska State AFL-CIO, Anchorage, felt the Division of Vocational Rehabilitation should have had the opportunity to give rebuttal testimony. He then went over the workdraft committee substitute for HB 159 section by section, giving his comments. Regarding the proposed amendments to the workdraft, Robison said he agreed with AGC that none of the amendments should be accepted. He commented on a letter distributed by Rep. Martin dated 1/25/82. Robison felt more effort on the part of the system would almost eliminate the need for attorneys. He commented on the bunkhouse rule and selection of doctors. Robison thought wages should include fringe benefits. He felt determination of degree of disability needs more study before being changed. There was discussion among the committee, Robison, Thompson, and Reeves.

Number 1762

Barbara Grisson, Pacific Marine Insurance, Anchorage, spoke to the second injury fund. She had no problem with percentages and amounts, but felt wording was needed for the Department to give procedural relief allowing minimum payment forgiveness to the Department of Labor until it is cost effective to process small checks. There was discussion of this point among Rep. Martin, Grisson, and McClintock (Division of Workers Compensation). Grisson, on behalf of her company, agreed that problems should be resolved by agencies concerned.

Number 1800

Paul Troeh, administrative law procedures specialist, Juneau, said that AS 23.30.225 repeal would repeal half of the social security offset procedure, which would then not meet federal requirements. He suggested the committee take other action. John Lewis interjected that it should be left alone until further information is available. Troeh said the courts tend to give broad coverage under the bunkhouse rule. He pointed out several discrepancies not addressed.

Tape 7, Number 0325

As there was no further business to come before the committee, the meeting was adjourned at 2:59 p.m.

LABOR & COMMERCE COMMITTEE
DAILY COMMITTEE HEARING

Date: _____

Place: _____

<u>Members</u>	<u>Present</u>	<u>Absent</u>	<u>Time Arrived</u>	<u>Time Left</u>
Rep. E. Bylsma, V. Chair	✓		1:00	
Rep. D. Randolph	✓		1:11	
Rep. B. Rogers	✓	✓	1:06	
Rep. T. Gardiner				
Rep. T. Martin, Chair	✓	✗	1:53	

Subject Matter:

House Bill No. 159 _____

Senate Bill No. _____

Special Orders:

SIGN-IN SHEET

Name (please print)	Address	Representing	Testify? (YES or NO)	Phone Number
WILLIAM REEVES	3201 Coenard Road	AGC	YES	276 5359
Jack Thompson	2216 Post Road, Ancl 99501	WCCA	Yes	272 0536
Joe Jackson	P.O. Box 3130, Ancl. 99510	Self	If Requested	264-246 246-2460
Jackie McClintock	P.O. Box 1149 Juneau	DOL Duke Div.	NO	465-2790
Jim Robinson	Box 899 ANCH.	w/c District Council of Labor Relations, AF-CIO	Yes	276-1641
Don Roultan	Box 899 ✓	"	NO	
John Lewis	Box 330550 Miami, FL		If Requested	305-443-800
Beverly Ward	134 N Franklin	Unco	NO	586-3680
E. Good Blatter	Box 1149	Dept Labor	NO	465-2700
Mike Thomas	Box 1211 Juneau	Am. Insurance Ass'n	No	586 3340
GARY C. Jenkins	P.O. Box 194, Anko Bay	NFIB	NO	586-4100
DON KOCH	POUCH D JUNEAU	DIV. OF INSURANCE	IF NEEDED	465-2577
Barbara Gibson	6253 E 41st Ct Anchorage	Pacific Marine Ins	If needed	800-426-411
Mike Budsall	9626 Eagle Juneau	DUR	If needed	586-1245
Pat Young	Juneau	DUR	"	6-6500
Paul Troen	5921 Sunset	SELF	Possibly	586-6850

