

THE STATE OF THE MASSACHUSETTS WORKERS'
COMPENSATION SYSTEM

FISCAL YEAR 2005 ANNUAL REPORT

MASSACHUSETTS WORKERS' COMPENSATION
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Andrew S. Burton (*Executive Director*)
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EXECUTIVE SUMMARY

Workers' compensation in Massachusetts is a sound \$1.8 billion dollar system that is designed to provide injured workers with medical and indemnity benefits in a timely fashion. The system also assists injured workers with returning to employment, provides legal protections for employers, ensures the appropriate and efficient allocation of health care services, and promotes the safety and health of the Commonwealth's workforce.

The Department of Industrial Accidents (DIA) is the agency charged with the adjudication of disputed workers' compensation claims. The DIA is funded primarily by assessments charged on workers' compensation policies written in the Commonwealth - no taxpayer dollars are used to fund the agency. Massachusetts has been able to increase the effectiveness and efficiency of the workers' compensation system through the leadership of the DIA and the cooperation of its various constituents. The primary mission of the DIA is to ensure that injured workers receive the highest quality of healthcare, return to work as quickly as possible, and the costs of system remain reasonable for employers.

A recent study by the Workers' Compensation Research Institute (WCRI) compared the workers' compensation performance of Massachusetts to eleven other key states (representing nearly 60% of the nation's workers' compensation benefits). According to the study's findings, Massachusetts continued to have the fastest time from injury to first indemnity payment. In addition, the WCRI found that the vast majority of injured workers were satisfied with the medical care they received.

In fiscal year 2005, the health of the Massachusetts workers' compensation insurance market remained competitive. Three new insurance companies have entered the marketplace and 33 carriers are offering deviations or scheduled credits to their customers. As a result of a strong insurance market, the Commonwealth's employer community has benefited from reduced business costs. For the first time in seven years, both workers' compensation insurance rates and employer assessment rates were reduced. After a detailed analysis of the workers' compensation market, Insurance Commissioner, Julianne Bowler, authorized an overall decrease of 3% to workers' compensation premiums. During this same period, the DIA Commissioner, John Chapman, was able to reduce employer assessment rates by 11%. This was achieved through systematic reforms and the efficient management of the agency.

Contributing to these accomplishments is the DIA's focus on customer service as evidenced by recent e-government initiatives. Currently, the public has access to numerous online forms and benefit calculators, and planning is underway to allow for the online payment of all fees, fines and assessments. In the past year, the DIA's website (www.mass.gov/dia) has been overhauled with new content and online tools. Next year, the DIA will embark on a project to eliminate paper from the dispute resolution system by utilizing an electronic document management system. These investments in technology will enhance workers' compensation services for injured workers, insurers, attorneys, vocational rehabilitation providers, and the medical community.

On an annual basis, the DIA's Office of Safety provides grants under the "*Occupational Safety and Health Education and Training Program*." During the last two years, the Office of Safety has improved the program by simplifying the application process and expanding the number of employees who benefit from the program. To date, the program has funded a total of 606 preventive training programs, which have trained nearly 250,000 workers in Massachusetts. The emphasis placed on safety by employers and insurers in the Commonwealth has created a safer work environment. For the past decade, the rate of work related injuries in Massachusetts has been the lowest among all New England states and below the national average.

The DIA is also responsible for ensuring that every employer in Massachusetts provides workers' compensation insurance for their employees. During the last two years, the DIA has revamped their enforcement and compliance efforts making investigations more targeted, focused and research-driven. In fiscal year 2005, the DIA conducted a record number of investigations (19,086), nearly double the amount from the previous year. Furthermore, for the first time in its history, the Investigations Unit achieved 100% compliance with Stop Work Orders. Through an improved enforcement and compliance program, coupled with a bilingual public awareness campaign, the DIA has helped level the playing field for competing employers in Massachusetts.

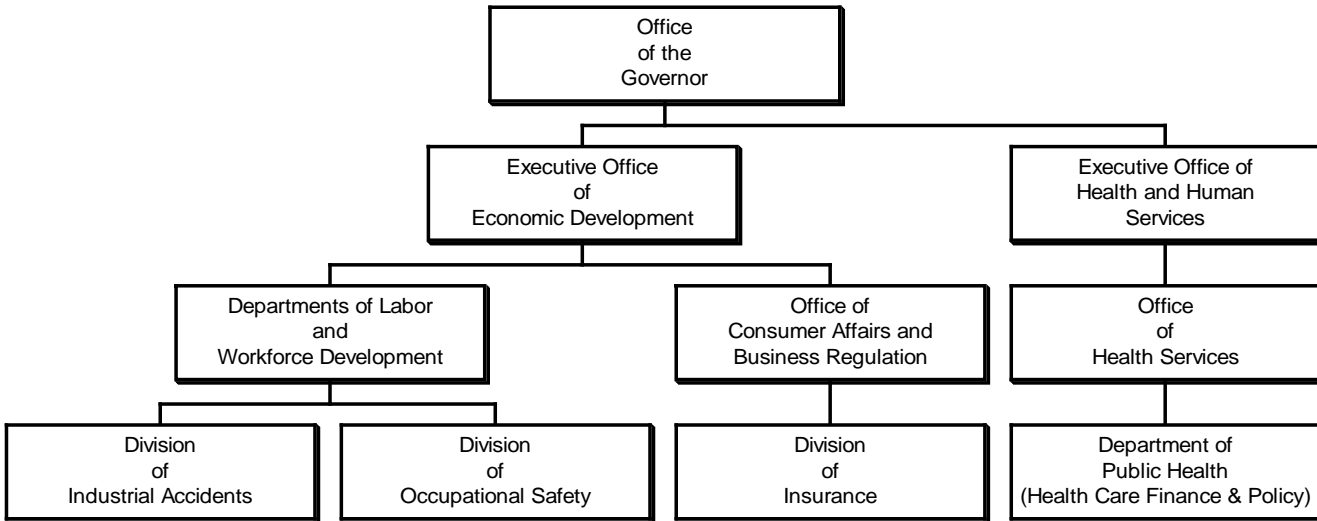
The DIA is currently managing an audit process to verify the accuracy of assessments collected from the insurance community. Prior to this project, the DIA relied upon insurance carriers to self-report and pay the appropriate assessment amounts collected from employers. In August of 2005, the DIA completed the initial phase of the audit, collecting a total of \$9.5 million dollars as a result of underpaid assessments. As future phases of the audit commence, the project will continue to ensure that assessments are properly paid.

The fair administration of justice is critical in any workers' compensation system. The DIA runs one of the most efficient court systems in the Commonwealth. In December of 2003, Governor Mitt Romney signed Executive Order #456, which overhauled the procedures for identifying, screening, and nominating candidates for all judicial vacancies. The Executive Order has strengthened the selection process and ensured that all applicants who apply for a judgeship have their qualifications reviewed on merit. In August of 2004, the judicial appointment process was further enhanced when Lieutenant Governor Kerry Healey signed into law House Bill 4465 (endorsed by the Advisory Council). Under this new law, all workers' compensation judges are subject to a code of judicial conduct and have their performance reviewed after their second year of service.

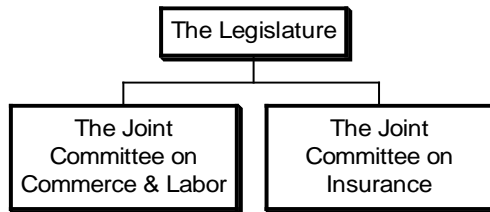
The Massachusetts Workers' Compensation Advisory Council is pleased to present our readers with the Fiscal Year 2005 Annual Report: [The State of the Massachusetts Workers' Compensation System](#). The following report provides a detailed analysis of the workers' compensation system in Massachusetts and an overview of the insurance market, legislative initiatives, occupational injury and illness statistics, and the operations of the DIA. The Advisory Council hopes that this report will serve to highlight the successes of the past year and offer guidance to those looking to improve the system. Any effort to amend the workers' compensation system must be carefully considered to ensure that changes to the statute will build upon the successful aspects of the system, benefiting both injured workers and employers.

Government Regulation of Workers' Compensation

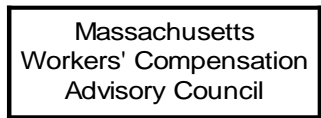
Executive Branch



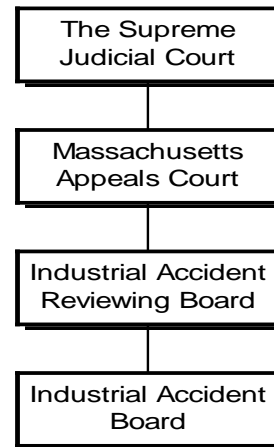
Legislative Branch



Oversight



Judicial Branch



Note: The Advisory Council monitors and reports on all aspects of the workers' compensation system.

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ADVISORY COUNCIL

The Massachusetts Workers' Compensation Advisory Council was created by the Massachusetts General Court on December 10, 1985, with the passage of chapter 572 of the Acts of 1985. The function of the Council is to monitor, recommend, give testimony, and report on all aspects of the workers' compensation system, except the adjudication of particular claims or complaints. The Council also conducts studies on various aspects of the workers' compensation system and reports its findings to key legislative and administrative officials.

Pursuant to the Act, the Advisory Council is mandated to issue an annual report evaluating the operations of the Department of Industrial Accidents (DIA) and the state of the Massachusetts workers' compensation system. In addition, members are required to review the annual operating budget of the DIA and submit an independent recommendation when necessary. The Council also reviews the insurance rate filing and participates in insurance rate hearings.

The Advisory Council is comprised of sixteen members that are appointed by the Governor for five-year terms. The membership consists of: five employee representatives (each of whom is a member of a duly recognized and independent employee organization); five employer representatives (representing manufacturing classifications, small businesses, contracting classifications, and self-insured businesses); one representative of the workers' compensation claimant's bar; one representative of the insurance industry; one representative of the medical providers; and one representative of vocational rehabilitation providers. The Director of the Department of Labor & Workforce Development and the Director of the Department of Economic Development serve as ex-officio members.

The voting members of the Council are comprised of the employee and employer representatives and cannot take action without at least seven affirmative votes. The Council's chair and vice-chair rotate between an employee representative and an employer representative.

The Advisory Council customarily meets on the second Wednesday of each month at 9:00 a.m. at the Department of Industrial Accidents, 600 Washington Street, 7th Floor Conference Room, Boston, Massachusetts. Meetings are open to the general public pursuant to the Commonwealth's open meeting laws (M.G.L. c.30A, §11(a)).

Advisory Council Studies

The Advisory Council's studies are available for review Monday through Friday, 9:00 a.m. - 5:00 p.m. at the Massachusetts State Library, State House, Room 341, Boston, Massachusetts, 02133, or by appointment at the office of the Advisory Council, 600 Washington Street, 6th Floor, Boston, Massachusetts (617) 727-4900 ext. 378.

For further information about the Massachusetts Workers' Compensation Advisory Council, visit our web page at: <http://www.mass.gov/wcac/>.

Advisory Council Studies: 1989-2005

Actuarial Analysis of the Insurance Rate Filing as Submitted by the Workers' Compensation Rating & Inspection Bureau of Massachusetts, KPMG (2005).

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FISCAL YEAR 2005 IN REVIEW

During fiscal year 2005, the Department of Industrial Accidents (DIA) experienced a slight decrease in the number of workers' compensation cases filed. Since the enactment of the Workers' Compensation Reform Act of 1991, the number of cases filed at the DIA has decreased by 64%. Employee claims, which account for 73% of the total cases filed, increased by 158 cases in FY'05 but have decreased by 45% since FY'91. The number of requests for a discontinuance or modification of benefits by insurers, which account for 15% of the total cases, decreased by 117 cases in fiscal year 2005 and have decreased by 77% since the 1991 Reform Act.

In July of 2004, the Advisory Council discussed the funding shortage experienced by the Division of Occupational Safety (DOS) in the Fiscal Year 2005 Budget. Without adequate funding, DOS would not be able to conduct their "*Annual Survey of Occupational Injuries and Illnesses*." As the result of a recommendation made by an Advisory Council Subcommittee, Council Members reached a consensus to support the DIA's efforts to provide \$110,000 in funding for DOS as a one-time expense (from the Special Fund) if funding could not be secured through the budget process. This funding assistance never occurred during the fiscal year as DOS later received additional funding through a supplemental budget.

On August 25, 2004, Acting Governor Kerry Healey signed into law House Bill 4465, regarding judicial appointments at the DIA. This new amendment to chapter 23E, which was endorsed by the Advisory Council, was designed to more efficiently disperse future judicial appointments and allow the workers' compensation system to function without delays for injured workers, employers, and insurers. This new law also requires the Senior Judge to review the performance of newly appointed Administrative Judges and Administrative Law Judges after their first 2-years of service. Finally, the amendment mandates that all DIA Judges abide by the "Model Code of Judicial Conduct for State Administrative Law Judges," as promulgated by the American Bar Association.

In September of 2004, the Advisory Council held their monthly meeting inside the Frank Janas Training Center, located at the DIA's Lawrence Regional Office. The meeting focused on safety initiatives being conducted throughout Massachusetts. Marcy Goldstein-Gelb, Executive Director for MassCOSH, gave a presentation that outlined the obstacles that young workers and immigrants face when they are injured on the job. MassCOSH is a non-profit membership coalition representing nearly 20,000 workers, unions, immigrants and environmental groups. The goal of MassCOSH is to promote safe and healthy working conditions through training, technical assistance and advocacy.

In October of 2004, Alan S. Pierce, President of the Massachusetts Academy of Trial Attorneys, addressed the Advisory Council on the inadequacy of Industrial Accident Board Medical Rates. Concern was expressed that injured workers were being denied proper medical access because the rates are much lower than the "usual and customary" rates of medical providers and much lower than HMO and health insurance rates. In Massachusetts, medical reimbursement rates are set by the Division of Health Care Finance & Policy and represent the only amount that an insurer is required to pay. As a

result of this meeting, Council Members agreed to further examine both legislative and regulatory initiatives regarding the adequacy of the fee schedule.

In November of 2004, the Advisory Council held a judicial interview meeting to review the qualifications of 10 outside applicants seeking appointment to the positions of either Administrative Judge or Administrative Law Judge. According to the statute, the Advisory Council may rate any candidate as either "qualified," "highly qualified," or "unqualified." On November 16, 2004, the Advisory Council forwarded their judicial recommendations to the Governor's Chief Legal Counsel for review.

On December 13, 2004, the University of Massachusetts and Harvard University's Schools of Law and Public Health released a report, titled, "*The Social and Economic Costs of Misclassification in Construction.*" Specifically, the study focused on those construction employers in Massachusetts that misclassify their employees as "independent contractors." According to the findings, between 2001 and 2003, as much as 48% of the approximately 19,000 Massachusetts construction workers were misclassified as independent contractors. The report estimated that this type of misclassification results in a loss of \$7 million in unpaid workers' compensation premiums.

In February of 2005, Senate President Robert Travaglini restructured many of the Legislative Committees to more accurately reflect their intended objectives. The "Commerce & Labor Committee," which has historically addressed legislation pertaining to workers' compensation, was renamed the "Labor & Workforce Development Committee." During the 2005-2006 Legislative Session, Senator Thomas McGee will act as the Senate Chair and Representative Michael Rodrigues will remain as the House Chair for this committee.

In March of 2005, the Advisory Council voted to endorse the Governor's Fiscal Year 2006 Budget Recommendation (House 1) of \$19,788,445 to fund the DIA's line-item. At the recommendation of the Advisory Council's Budget Subcommittee, the Council forwarded a letter to the House Ways & Means Committee endorsing the House 1 appropriation for the DIA. The letter also requested that "at least \$800,000 shall be made available for occupational safety training grants and that up to 25% of the total funding be specifically earmarked for grants that address high-risk employees such as children, immigrants, and non-English speaking workers." The Advisory Council further recommended that the Legislature appropriate an additional \$111,700 to the DOS line-item to ensure that Massachusetts receives Federal Matching Funds to conduct the "*Annual Survey of Occupational Injuries and Illnesses.*" Finally, the Council urged the House Ways & Means Committee to allocate funding to the Department of Labor within the same line-item [7002-0001] as designated in House 1.

On March 15, 2005, the Workers' Compensation Research Institute (WCRI) held a briefing to present the results from their latest study, titled, "*Compscope Benchmarks for Massachusetts, 5th Edition.*" The study compared the workers' compensation system performance of Massachusetts to 11 other large states in 2002. According to the study's findings, the average total cost per claim in Massachusetts was at the median of the 12 states. The study also noted that Massachusetts had the highest percentage of claims with more than 7 days of lost time, yet had the lowest average medical payment per claim

among the states studied. Massachusetts continues to have the fastest time from injury to first indemnity payment among the 12 states.

On April 4, 2005, members of the Advisory Council joined together with the DIA Administration to form a Task Force to address the problem of uninsured employers in the Commonwealth. The mission of the Task Force was to develop and propose anti-fraud initiatives in an attempt to enhance the investigation process and strengthen the penalties against uninsured employers. The Task Force was in agreement that the first priority should be to reinforce the current civil penalties with legislation that would suspend the driver's license of an employer who is operating without insurance. The Task Force decided that non-legislative solutions should also be pursued, such as: finding additional sources of funding for the Insurance Fraud Campaign, creating an online coverage look-up tool, publishing the names of companies with multiple claims against the Trust Fund, and developing a "White Paper" for the courts to educate Judges on the importance of Section 25C.

On April 28, 2005, Workers' Memorial Day was observed in Massachusetts to honor workers' killed and injured on the job, including servicemen in Iraq and Afghanistan. Coinciding with Workers' Memorial Day was the release of a statewide occupational fatality report sponsored by the Massachusetts AFL-CIO, the Massachusetts Coalition for Occupational Safety and Health, and the Western Massachusetts Coalition for Occupational Safety and Health. The report, titled, "*Dying for Work in Massachusetts: The Loss of Life and Limb in Massachusetts Workplaces*," highlights the fact that many workplace deaths are preventable. In 2004, 72 workers in Massachusetts died on the job, along with 19 firefighters and 20 U.S. servicemen.

On May 19, 2005, the Commissioner of Insurance issued a rate-decision that reduced average workers' compensation rates by 3% from 2004 rate levels. The decision was based on an agreement reached by the State Rating Bureau, the Workers' Compensation Rating Inspection Bureau (WCRIB), and the Attorney General's Office. The Advisory Council's rate filing analysis, conducted by KPMG, concluded that the WCRIB's rate filing for a +1.0% increase to average rates fell "within a fairly broad range of reasonable rate indications." KPMG explained that this range was between -17% and +9%.

In June of 2005, the Advisory Council reviewed workers' compensation legislation that had been filed during the 2005-2006 Legislative Session. As a result of this review, the Advisory Council voted to endorse Senate Bill 1099 (Private Right of Action to Recover Workers' Compensation Payments), House Bill 1606 (Scar-Based Disfigurement), and legislation that would raise the burial allowance from \$4,000 to an amount not exceeding \$8,000. The Advisory Council also expressed opposition towards Senate Bill 1097 (Widow's Benefits) and House Bill 1604 (Workers' Compensation Reinsurance Pool). Finally, the Advisory Council agreed to make a statement at the Labor & Workforce Development Hearing, acknowledging that medical reimbursement rates set by the Division of Health Care Finance & Policy are inadequate and need to be properly raised. On June 29, 2005, the Advisory Council testified at a hearing before the Joint Committee on Labor & Workforce Development to express the Council's legislative positions.

CONCERNS & RECOMMENDATIONS

The Advisory Council is mandated by M.G.L. c.23E, §17 to include in its annual report “an evaluation of the operations of the [DIA] along with recommendations for improving the workers’ compensation system.” In an effort to enhance the workers' compensation system, the Council has identified the following ten areas of concern and offers these recommendations to address them.

1. Uninsured Employers - Driver's License Suspension

When an employee is injured at work, and it is discovered that their employer failed to provide workers’ compensation coverage, the employee may obtain benefits through the DIA’s Trust Fund. The Trust Fund was created by the legislature as a protective measure to pay for the benefits of injured employees of uninsured employers. The Trust Fund is financed through assessments paid by the vast majority of employers who purchase workers' compensation insurance. In fiscal year 2005, approximately \$6,052,205 was paid in workers' compensation benefits to uninsured claimants. The Table to the right displays the amount of Trust Fund payments to uninsured claimants since fiscal year 2000. In the past six years, Trust Fund disbursements have nearly doubled.

TRUST FUND PAYMENTS TO UNINSURED CLAIMANTS	
Fiscal Year 2005:	\$6,052,205
Fiscal Year 2004:	\$4,375,208
Fiscal Year 2003:	\$4,108,222
Fiscal Year 2002:	\$4,579,380
Fiscal Year 2001:	\$3,302,809
Fiscal Year 2000:	\$3,390,180

Source: DIA WC Trust Fund

In April of 2005, the Advisory Council joined together with the DIA and formed a Task Force to address the problem of uninsured employers in the Commonwealth. The mission of the Task Force was to develop and propose anti-fraud initiatives in an attempt to enhance the investigation process and strengthen the penalties against uninsured employers. Task Force members were in agreement that to sufficiently combat the problem of employer fraud, both legislative and non-legislative measures should be pursued.

To protect the Trust Fund and ensure that companies are complying with the law, the Task Force reached an agreement that the first priority should be placed on reinforcing the current civil penalties that were established in 1987. Currently, a stop work order and a flat-fine of \$100 per day is assessed to companies who fail to secure workers’ compensation insurance coverage. Although this may serve as a sufficient penalty to a low-risk business with few employees, the fine becomes both smaller in severity and less of a deterrent as the size and risk of a business increase.

The Task Force recognized that the most effective solution to ensure that all companies comply with the law is to establish legislation that would suspend the driver’s license of an employer who is operating without insurance. License suspension programs have proven to be effective in Massachusetts and are used for various violations involving motor vehicle laws, outstanding warrants, sex offender registration requirements and

child support delinquency. During the summer of 2005, Representative Michael Rodrigues, co-chairman of the Joint Committee on Labor & Workforce Development, filed legislation (**House Docket 4709**) that would institute inter-agency cooperation between the DIA and the Registry of Motor Vehicles by temporarily suspending the driver's license and registration of an uninsured employer until adequate workers' compensation coverage has been secured.

Employer fraud has consistently remained at the forefront of the Advisory Council's concerns since fiscal year 1997. To address this concern, the Advisory Council strongly recommends the passage of **House Docket 4709**, which would give the DIA a powerful enforcement tool to bring uninsured businesses into compliance with the law. The Advisory Council will also continue its participation on the Uninsured Employer Task Force in fiscal year 2006 to further examine other fraud initiatives. [For more information on employer fraud initiatives, see page 69, *Office of Investigations*.]

2. Workers' Compensation Medical Reimbursement Rates

The Division of Health Care Finance and Policy (DHCFP) regulates the rates of payment (fee schedule) for hospitals and health care providers rendering services covered by insurers under the Workers' Compensation Act. The fee schedule is subject to a regulatory proceeding ensuring a public process through which rate setting is established. Although rate negotiation is common, the rates set by the DHCFP are the only amount that an insurer is required to pay.

In September of 2005, the Advisory Council examined the adequacy of workers' compensation medical reimbursement rates. Representatives from DHCFP, the Massachusetts Medical Society and the Health Care Services Board spoke to Council Members on the obstacles associated with the rate setting process and how the resulting rates impact the medical community, insurers, and injured workers.

In the past, DHCFP has experienced difficulties with obtaining reliable data because many insurance companies are often reluctant to share their medical claim information. Furthermore, there is evidence that many of the rates that physicians charge vary substantially for the same procedure. This inconsistency in fees, combined with a lack of medical data, illustrates the difficulties that DHCFP experiences when attempting to set an equitable rate.

The Advisory Council recognizes the challenges that DHCFP faces in the rate setting process. If rates are set too low, injured workers could be denied proper access to quality medical care. Conversely, if rates are set too high, the fee schedule does not meet its goal as a cost containment tool. The Advisory Council fully supports the Department of Labor and the DIA's efforts with coordinating dialogue between the medical community, insurance companies and the DHCFP to ensure that medical rates are fair and reasonable for all parties involved. It will take a collaborative effort by all parties to gather the necessary data to establish rates that accurately reflect costs incurred by health care providers to deliver medical services. Council Members recognize that there will be a cost-impact with any adjustment to rates. However, the Council also acknowledges the positive impact that adequate rates could generate, from allowing injured workers faster access to medical care to decreasing friction costs associated with litigation.

3. Scar-Based Disfigurement - Expand Benefit Level

During the 2005-2006 Legislative Session, the Advisory Council testified before the Joint Committee on Labor & Workforce Development advocating for the passage of **House Bill 1606**, filed by Representative Antonio Cabral, and **Senate Bill 1095**, filed by Senator Jack Hart. These two identical bills would provide compensation for scar-based disfigurement appearing on any part of the body. Since the Reform Act of 1991, benefits for scarring, caused by a surgical procedure, have been limited to the face, neck or hands.

In June of 2000, the Advisory Council asked the actuarial firm Tillinghast - Towers Perrin to estimate the cost-impact to the workers' compensation system if scarring awards were restored to their pre-chapter 398 levels. Although Tillinghast was unable to quantify the impact of such a proposed revision due to incomplete data, it was suggested that such a change would have a "relatively minimal impact on system costs."

The Advisory Council will continue to endorse legislation that will rightfully compensate workers for all disfigurement, whether or not scar-based, regardless of its location on the body. During fiscal year 2006, the Advisory Council will revisit the current \$15,000 maximum benefit level for scarring awards and determine whether this benefit should be indexed to a multiplier of the average weekly wage.

4. Employer Misclassification - Private Right of Action

The Advisory Council also endorses **Senate Bill 1099**, filed by Senator Jack Hart and Representative Martin Walsh. This bill would provide a vehicle for both private citizens and insurers to bring forth a civil action against employers who illegally fail to carry workers' compensation insurance or intentionally misclassify their employees. On suits brought forth by private citizens, the majority of the damages would be deposited into the DIA's Trust Fund to help off-set payments made to injured workers of uninsured employers. Insurance carriers would be able to recover the full amount of the award in situations where they obtain court approval to replace the private citizens in a lawsuit.

In December of 2004, the University of Massachusetts and Harvard University's Schools of Law and Public Health released a report, titled, "*The Social and Economic Costs of Misclassification in Construction.*" Specifically, the report focused on those construction employers in Massachusetts that misclassify their employees as "independent contractors." According to the study's findings, between 2001 and 2003, it is estimated that at least one in seven (14%) of all construction employers in Massachusetts have misclassified workers as independent contractors, costing the state \$7 million in unpaid workers' compensation premiums.

Beyond creating an uneven playing field for competitors, it is well known that employers who misclassify their employees often engage in other illegal or deceptive business activity that can negatively affect Unemployment Insurance benefits, State Income Tax collection, Social Security Tax collection, and healthcare/pension plans. To address this means of employer fraud, the Advisory Council recommends the passage of **Senate Bill 1099** during the 2005-2006 Legislative Session. The Council believes that the enactment of this legislation will help alleviate the competitive disadvantage faced by the vast majority of honest employers who purchase workers' compensation policies, when their competitors may not.

5. Maximum Burial Allowance - Increase Benefit Level

When an employee is killed on the job, the workers' compensation statute requires the insurer to "pay the reasonable expenses of burial, not exceeding four thousand dollars" [M.G.L. c.152, §33]. In 2001, the National Funeral Directors Association estimated that the average funeral and burial cost in Massachusetts was \$6,177. During the fiscal year, the Advisory Council examined funeral benefit levels throughout the United States to see how Massachusetts compared. The research results were striking in that state-mandated burial allowances fluctuated considerably, reaching a high of \$15,000 in Rhode Island to a low of \$2,000 in Mississippi.

The Advisory Council believes that the Commonwealth has an obligation to ensure there is sufficient compensation available to the families of those workers killed on the job so that they may be honored with a respectful burial. The Advisory Council is recommending that legislation be filed to raise the maximum burial allowance from \$4,000 to \$8,000. The current burial allowance of \$4,000 has not been increased in fourteen years and appears to be well below the national average. During fiscal year 2006, the Advisory Council will revisit whether the maximum burial allowance should be indexed to a multiplier of the average weekly wage. Currently, three states (Hawaii, Oregon and Washington) index their funeral allowances to reflect incremental increases within the funeral industry. [For detailed statistics regarding the frequency of workplace fatalities in Massachusetts, see page 32, *Occupational Fatalities*.]

6. Funding for the Department of Labor

Due to a lack of funding in the last two budget cycles, the DIA has assisted the Department of Workforce Development in defraying the costs associated with the Department of Labor (DOL). The statutory mission of DOL is to ensure the efficient operation of agencies, which promote harmonious relations between employers and employees and the general welfare of workers. As a Secretariat, DOL presides over five state agencies: The Department of Industrial Accidents, the Division of Occupational Safety, the Board of Conciliation and Arbitration, the Labor Relations Commission, and the Joint Labor Management Committee for Municipal Police and Fire. These agencies administer a wide variety of services which include, resolving disputes between employees and their employers, promoting the safety and health of workers, and assisting injured workers as they navigate the workers' compensation system.

During the last two fiscal years, the Advisory Council was pleased to see that Governor Romney provided funding for the Department of Labor within the House 1 Budget. However, during both of these budget cycles, the Legislature removed the financial support for this Secretariat. The Advisory Council strongly recommends that in future budgets, the Legislature provide the necessary funding for the Department of Labor within its own line-item [7002-0001]. Due to the DIA's unique funding mechanism, in which employers pay for 100% of the operating costs, the DIA should not be subsidizing taxpayer-supported agencies. The Advisory Council will continue to work with all parties involved in the state budget process to ensure that injured workers in the Commonwealth receive the highest quality of services possible. [For more information on the funding mechanism of the DIA, see page 85, *DIA Funding*.]

7. Funding for the Survey on Occupational Injury & Illnesses

Since 1992, the Division of Occupational Safety (DOS) has been in a partnership with the U.S. Department of Labor, Bureau of Labor Statistics (BLS), to collect injury and illness data in a uniform manner. In Massachusetts alone, surveys are collected from over 5,800 employers (200,000 nationwide) in an effort to represent the total private economy. Once data has been collected and correlated, these statistics are published in a report known as the "*Annual Survey of Occupational Injuries and Illnesses*." Funding for the annual survey is split evenly between state government (DOS) and the federal government (BLS).

The survey's data is calculated into incidence rates that measure the frequency of injuries. Specifically, the survey examines the frequency of non-fatal injuries and illnesses that occurred in the private sector workforce for every 100 full-time workers. Each year the level of incidence rates can be influenced by changes in the economic climate, working conditions, an employer's emphasis on safety and training, and the number of hours that employees work. In the past, both insurers and employers have found the data useful in assessing safety and injury trends. The DIA's Office of Safety has also expressed interest in utilizing the survey to identify high-risk industries that could be targeted for their Safety Grant Program.

During the late stages of the fiscal year 2006 budget process, the Legislature recognized the importance of this survey and secured its funding by amending their budgets. Although the annual survey falls outside of the statutory mandate for DOS, the benefits of having comparable statewide injury data, which can be analyzed by industry, region, or injury type, far outweigh the cost of the program. The Advisory Council recommends that the Division of Occupational Safety receive adequate funding during the fiscal year 2007 budget process to allow the Commonwealth to continue its participation in this beneficial survey. [For more information on the annual survey, see page 29, *Occupational Injuries & Illnesses*.]

8. Wood-Floor Finishing Industry

In September of 2005, the Massachusetts Floor Finishing Safety Task Force issued a report that outlined the potentially life-threatening hazards in the wood-floor finishing industry. The report, titled, "*Protecting Workers and Homeowners from Wood Floor-Finishing Hazards in Massachusetts*," also provided specific legislative and policy recommendations to protect the hundreds of wood-floor finishing workers in the Commonwealth, as well as the thousands of homeowners affected by their work. The Task Force, comprised of community, health, workplace safety, academic and economic development organizations, has spent the last year investigating solutions to address the recent series of deadly fires in the industry and the health concerns associated with the chemicals used in many refinishing products.

In October of 2005, the Executive Director of the Massachusetts Coalition for Occupational Safety & Health (MassCOSH) addressed this issue in further detail with the Advisory Council. It was explained that the wood-floor finishing industry in Massachusetts has virtually no government oversight and is dominated primarily by immigrants, mostly Vietnamese or Cape Verdeans. According to Viet-AID, a grassroots

Vietnamese community organization, 127 of the 144 flooring contractors registered in Boston have Vietnamese workers. This exposes a potentially serious problem in the industry, as many in the Vietnamese community face language barriers that would prevent them from receiving or understanding information concerning safety and chemical hazards.

Currently, the Task Force is co-sponsoring **House Bill 3375**, filed by Representatives Martin Walsh, Patricia Jehlen and Garrett Bradley, as well as Senators John Hart and Robert Hedlund. This bill would regulate the wood-floor finishing industry by requiring licensing and training for all workers. Other recommendations made by the Task Force include: prohibiting the sale of flammable floor finishing products for indoor use; funding the Massachusetts Toxics Use Reduction Institution (TURI) to develop standardized product labels in languages understandable to the majority of users; and to add multi-lingual labels and sufficient warnings on the products.

The Advisory Council recognizes that many of the accidents in the wood-floor finishing industry may be preventable with proper regulation. In fiscal year 2006, the Advisory Council will closely monitor the work of a newly formed committee that will be revising **House Bill 3375**. The committee will be composed of both Vietnamese and Non-Vietnamese workers, distributors and government officials. Upon the conclusion of the committee's work, the Advisory Council will examine the potential benefits of any regulatory proposals to ensure that both workers and homeowners are protected from unnecessary hazards.

9. DIA Safety Grant Program - Expand Outreach

The Office of Safety is responsible for establishing and supervising programs that entail the education and training of employees and employers in the recognition, avoidance, and prevention of unsafe or unhealthy working conditions. To fulfill this mandate, the DIA annually awards grants to qualified applicants based on a competitive selection process.

Since 1991, the Office of Safety has been providing grants under the "*Occupational Safety and Health Education and Training Program*." Historically, the Safety Grant Program has been funded with an annual budget of \$800,000 and allots up to \$25,000 in grants for each proposal. To date, the Office of Safety has funded a total of 606 preventive training programs, which have trained nearly 225,000 workers in Massachusetts.

During the last two years, the Office of Safety has simplified the application process and significantly reduced funding for administrative costs. Additionally, the focus of the program has changed to use all grant awards as "seed money" to help a business develop and grow a safety program that can sustain itself in the future. These changes to the grant application process have helped expand the number of grants that can be awarded, thereby, increasing the number of employees who benefit from the training.

The Advisory Council applauds the recent changes made by the Office of Safety to the grant application process. Council Members recommend that the DIA further expand outreach and promotional efforts of the program to ensure that high-risk employers are aware of the grant opportunities. This can be accomplished by reaching out to those employers who have experienced a workplace fatality or have a higher exposure to

injuries due to the nature of employment. Every effort should be made to use the "Annual Survey of Occupational Injuries and Illnesses" to identify and pursue high-risk industries. The Advisory Council will continue to support this valuable program. By focusing on the pre-injury stages of workers' compensation, safety grants have potentially saved lives and millions of dollars for the Commonwealth's employers. [For more information on the Safety Grant Program, see page 65, *Office of Safety*.]

10. Assessment Audit - Continuation and Automation

In the past six years the DIA has utilized the services of three accounting firms to ensure the assessments collected by insurance carriers were properly calculated and remitted to the DIA. M.G.L. c.152, §65 states that revenues for the Special Fund and the Trust Fund shall be raised by an assessment on all employers. The Act specifies that the DIA must calculate an assessment rate which, when multiplied by an employer's standard premium, yields an employer's assessment amount.

For many years, the assessment amount collected by the DIA was never audited, leaving insurance carriers with the sole responsibility for billing and collecting the proper assessments from insured employers. As a result of this inability to verify the proper payment of assessments, the DIA began an initial audit review in fiscal year 2000, which concluded in fiscal year 2005. Upon the completion of Phase I of the audit, which reviewed a period between 1997-1998, the DIA has collected a total of \$9,452,299.88 from insurance carriers who failed to pay the proper assessment amounts.

The Advisory Council strongly supports the continued efforts of the DIA in verifying that insurance companies are collecting and submitting proper assessment amounts from employers. The Advisory Council also supports the agency's goal of developing an assessment payment process that is fully automated with insurance carriers. Thus far, the assessment audit has been a success with the DIA receiving over \$9 million in remittances as a result of the reviews. The Advisory Council believes this entire process will be beneficial to both insurers and the employers who fund the system by ensuring that proper credit and debit adjustments are applied to the respective parties. [For more information on the Assessment Audit, see page 78, *Office of Assessments & Compliance*.]

LEGISLATION

As the first half of the 2005-2006 Legislative Session comes to a close, approximately thirty-five bills were filed by the House and Senate seeking to amend the workers' compensation system (see Appendix O for a complete list of legislation). The vast majority of bills concerning workers' compensation matters are referred to the Joint Committee on Labor & Workforce Development. Once legislation is referred to this committee, a public hearing is held on the bills. For a list of members of the Joint Committee on Labor & Workforce Development, see Appendix C.

Labor & Workforce Development Hearing

On June 29, 2005, the Joint Committee on Labor & Workforce Development held a hearing on all workers' compensation legislation before the committee. At this hearing, representatives from the Advisory Council appeared before the committee and testified on six legislative matters that had been previously endorsed by the Advisory Council.

First, the Advisory Council expressed support for **Senate Bill 1099**, filed by Senator Hart, which would provide a vehicle for both private citizens and insurers to bring forth a civil action against employers who illegally fail to workers' compensation insurance or misclassify their workers for the purpose of avoiding premiums.

Second, the Advisory Council endorsed **House Bill 1606**, filed by Representative Cabral, and **Senate Bill 1095**, filed by Senator Hart and Representative Walsh. These two bills would provide compensation for scar-based disfigurement appearing on any part of the body. Currently, scarring is only compensable if it appears on the face, neck or hands.

Although there is no specific legislation, the Advisory Council also voiced support for raising the maximum burial allowance from \$4,000 to \$8,000. The current burial allowance of \$4,000 has not been increased in fourteen years and appears to be below the national average.

The Advisory Council also voiced opposition on two bills. First, Council Members opposed **Senate Bill 1097**, filed by Senator Hart, Representative Walsh and Representative Galvin. Under this bill, the surviving dependent of a worker that had died from an occupational illness or disease would receive compensation based upon the earnings of the last full time employment, regardless of whether that worker was earning wages at the time of death. This bill would also expand benefit eligibility requirements to include workers who not currently subject to the Workers' Compensation Act.

Second, the Advisory Council opposed **House Bill 1604**, filed by Representative Rogers. This bill would require the Workers' Compensation Rating & Inspection Bureau to initiate a cost containment pilot project during 2006 whereby Third Party Administrators would service claims for policies within the Assigned Risk Pool.

Finally, the Advisory Council testified in regards to two bills that directly affect the rate of payment by insurers for health care services: **House Bill 3776** and **House Bill 3778**. Although the Advisory Council did not take a position on either of these bills, members

have unanimously acknowledged the fact that medical reimbursement rates set by the Division of Health Care Finance & Policy are inadequate and, where appropriate, need to be adjusted.

Legislation Endorsed by the Advisory Council

The affirmative vote of at least seven voting members must occur in order for a bill to be endorsed by the Advisory Council. Of the thirty-five bills filed in the 2005-2006 Legislative Session, the following four bills were endorsed by the Advisory Council.

SENATE BILL 1099

Filed By: Senator John A. Hart, Jr. and Rep. Martin J. Walsh

Type of Bill: Similar

Endorsed by Advisory Council: YES

Laws Affected: Private Right of Action to Recover WC Coverage Payments (c.152, §25C)

Senate Bill 1099 (similar to H.2205 filed last session) would allow a minimum of 10 people to bring a civil action against an employer to recover amounts which should have been paid in securing proper workers' compensation insurance as mandated by chapter 152. Such a person seeking civil action could petition either the Attorney General's Office or a superior court to hold a "probable cause hearing." At the hearing, it shall be *prima facie* evidence that such probable cause exists if it is shown that:

- an employee was paid any portion of wages in cash with no deductions or taxes withheld;
- no accompanying pay slip showing the wage payment and deductions as required by law;
- an individual was misclassified as an independent contractor when actually an employee;
- wages were not timely paid;
- the employer failed to withhold from the employee's wages all related state taxes; or
- employees have not been properly reported on certified payroll records as required by law.

On suits brought forth by private citizens, the majority of the damages would be deposited into the DIA's Special Fund to pay for the agency's operating expenses. Insurance carriers would be able to recover the full amount of the award in situations where they obtain court approval to replace the private citizens in the lawsuit.

SENATE BILL 1095 & HOUSE BILL 1606

Filed By: Senator John A. Hart, Jr. and Rep. Martin J. Walsh / Rep. Antonio Cabral

Type of Bill: Refile

Endorsed by Advisory Council: YES

Laws Affected: Scar-Based Disfigurement (c.152, §36(k))

These refiled bills would eliminate the requirement that scar-based disfigurement appear on the face, neck or hands to be compensable. Compensation would be required for all disfigurement, whether or not scar-based, regardless of its location on the body. This bill would not affect the \$15,000 maximum benefit for scar-based disfigurement currently in the statute. In 1991, Section 36(k) was amended by chapter 398 to limit payments for purely scar-based disfigurement by requiring benefits only when the disfigurement is on the face, neck, or hands.

HOUSE DOCKET 4709

Filed By: Rep. Michael Rodrigues

Type of Bill: NEW

Endorsed by Advisory Council: YES

Laws Affected: Suspension of Driver's License - Uninsured Employers (c.90, §22)

House Docket 4709 would institute inter-agency cooperation between the DIA and the Registry of Motor Vehicles by allowing the temporary suspension of an uninsured employer's driver's license and registration until adequate workers' compensation coverage has been secured. Similar license suspension programs exist involving the violation of motor vehicle laws, outstanding warrants, sex offender registration requirements, and child support delinquency. This bill would also require the DIA to report in writing to the Joint Committee on Labor & Workforce Development on the utilization of the program.

Legislation Opposed by the Advisory Council

On occasion, the Advisory Council will also voice opposition to particular bills before the Joint Committee on Labor & Workforce Development. Currently the Advisory Council is opposed to the following two bills.

SENATE BILL 1097

Filed By: Senator John A. Hart, Jr., Rep. Martin J. Walsh, Rep. William C. Galvin

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Widow's Benefits (c.152, §35C, 32, 31)

This refiled bill (formerly a Senate amendment to the FY'05 Budget) would significantly alter the definition of the "average weekly wage" exclusively for Section 35C cases (latency claims). If passed, this legislation would directly affect a recent decision by the State Supreme Judicial Court (Joseph V. McDonough's Case).

According to the SJC's decision in the *McDonough's Case*, the widow of an employee who died as a result of past asbestos exposure is not entitled to receive compensation under Section 35C since the deceased had voluntarily retired in 1991 and was not receiving wages on the date of his death. Section 35C clearly states that "[w]hen there is a difference of five years or more between the date of injury and the initial date [of] eligib[ility] for benefits under Section thirty-one...the applicable benefits shall be those in effect on the first date of eligibility for benefits."

The Workers' Compensation Trust Fund is responsible for reimbursing insurers for certain payments made for Section 35C latency claims. In Fiscal Year 2003, the Trust Fund reimbursed insurers for approximately **\$1,189,898** in latency claims.

HOUSE BILL 1604

Filed By: Rep. John H. Rogers

Type of Bill: Similar

Endorsed by Advisory Council: No

Laws Affected: Workers' Compensation Reinsurance Pool (c.152, §65C)

House Bill 1604 (similar to H.3482 and H.4552) would require the Workers' Compensation Rating & Inspection Bureau (WCRIBM) to initiate a cost containment pilot project during 2006 whereby Third Party Administrators (TPAs) would service claims for policies within the Assigned Risk Pool. The bill states that the pilot project would attempt to reduce losses and introduce competition and innovation into the Assigned Risk Pool.

Currently, employers in Massachusetts who are unable to obtain workers' compensation insurance in the voluntary market can obtain coverage through a reinsurance pool known as the "Assigned Risk Pool." Nearly 60% of the total written Pool premium is assigned to 10 Voluntary Direct Assignment Carriers (VDAC). The VDACS handle the claims administration and are personally responsible for any losses on these policies. The remaining 40% of Pool premium is issued among three designated servicing carriers whereby losses are distributed among the remaining members of the Pool.

Last Legislative Session, the Governing Committee of the WCRIBM unanimously opposed a similar bill. Specifically, the Governing Committee believed that because TPAs have no vested interest in the costs or health of the Pool, injured employees could be put at risk for receiving poor claim service, thereby increasing an employer's premium. The Governing Committee stated that carriers in Massachusetts already have built-in incentives to provide quality service since they must collectively participate in the Pool burden, pay premium taxes, pay assessments to support the state's Insolvency Fund, the Insurance Fraud Bureau, the State Rating Bureau, and the Attorney General's Office.

SECTION

- 1 -

OVERVIEW

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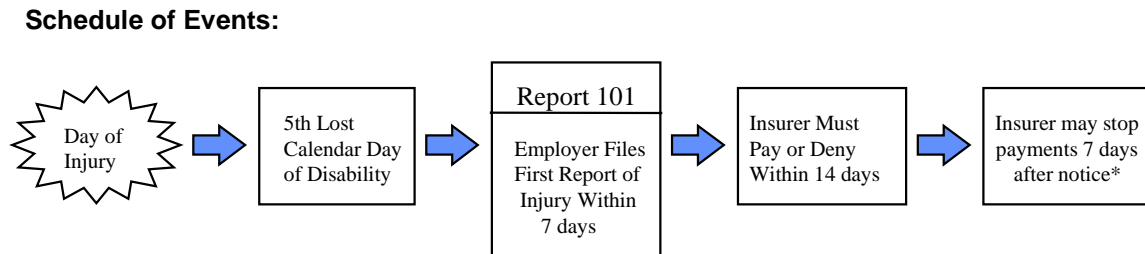
PROVISIONS TO RESOLVE DISPUTES

Workers' Compensation Claims

When an employee is disabled or incapable of earning full wages for five or more calendar days, or dies, as the result of a work-related injury or disease, the employer must file a First Report of Injury. This form must be sent to the Office of Claims Administration at the DIA, the insurer, and the employee within seven days of notice of the injury. If the employer does not file the required First Report of Injury with the DIA, they may be subject to a fine.

The insurer then has 14 days upon receipt of the employer's First Report of Injury, to either pay the claim or to notify the DIA, the employer, and the employee of their refusal to pay.¹ When the insurer pays a claim, they may do so without accepting liability for a period of 180 days. This is known as the "pay without prejudice period." This period establishes a window where the insurer may refuse a claim and stop payments at will. Up to 180 days, the insurer can unilaterally terminate or modify any claim, as long as it specifies the grounds and factual basis for so doing.² The purpose of the pay without prejudice period is to encourage the insurer to begin payments to the employee instead of outright denying the claim.

Figure 1: Schedule of Events



*The insurer may stop payments unilaterally (with seven days notice) only if the case remains within the 180 day "pay without prejudice period," and the insurer has not been assigned or accepted liability for the case. Otherwise, the insurer must file a "complaint" and go through the dispute resolution process.

After a conference order is issued or the pay without prejudice period expires, the insurer may not stop payment without an order from an Administrative Judge (AJ). The insurer must request a modification or termination of benefits, based on an impartial medical exam and other statutory requirements. A discontinuance or modification of benefits may take place no sooner than 60 days following a referral to the division of dispute resolution.

¹ If there is no notification or payment has not begun, the insurer is subject to a fine of \$200 after 14 days, \$2,000 after 60 days, and \$10,000 after 90 days.

² The pay without prejudice period may be extended up to one year under special circumstances. The DIA must be notified seven days in advance.

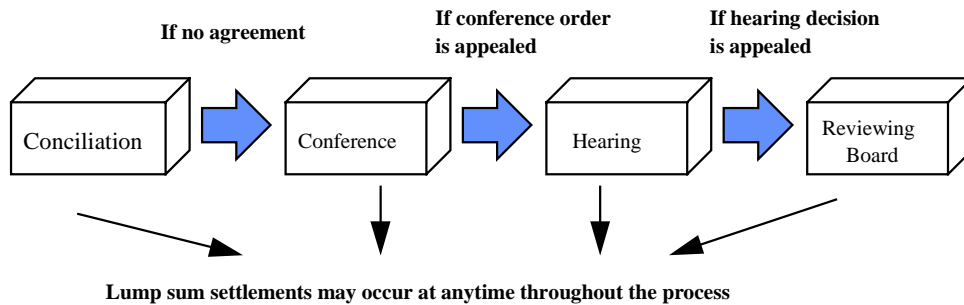
Dispute Resolution Process

Requests for adjudication may be filed either by an employee seeking benefits or an insurer seeking modification or discontinuance of benefits following the payment without prejudice period.

Figure 2: Dispute Resolution Process

Dispute Resolution:

START: 30 days after the onset of disability, or immediately following an insurer's "deny", the employee may file a claim with the DIA and Insurer.



Dispute resolution begins at conciliation, where a conciliator will attempt to resolve a dispute by informal means. Disputes should go to conciliation within 15 days of receipt of the case from the Division of Administration.

A dispute not resolved at conciliation will then be referred to a conference, where it is assigned to an AJ who retains the case throughout the process if possible. The insurer must pay an appeal fee of 65% of the state average weekly wage (SAWW) or 130% of the SAWW if the insurer fails to appear at conciliation. The purpose of the conference is to compile the evidence and to identify the issues in dispute. The AJ may require both injury and hospital records. A conference order may be appealed to a hearing within 14 days from the filing date of such order.

At the hearing, the AJ reviews the dispute according to oral and written documentation. The procedure at a hearing is formal and a verbatim transcript of the legal proceeding is recorded by a stenographer. Witnesses are examined and cross-examined according to the Massachusetts Rules of Evidence. The AJ may grant a continuance for reasons beyond the control of any party. Either party may appeal a hearing decision within 30 days.

This time limit for appeals may be extended up to one year for reasonable cause. A fee of 30% of the state average weekly wage must accompany the appeal. The claim will then proceed to the reviewing board, where a panel of ALJ's will hear the case.

At the reviewing board, a panel of three ALJ's review the evidence presented at the hearing. The ALJ's may request oral arguments from both sides. They can reverse the AJ's decision only if they determine that the decision was beyond the scope of authority, arbitrary, capricious, or contrary to law. The panel is not a fact-finding body, although it may recommit a case to an AJ for further findings of fact.

All orders from the dispute resolution process may be enforced by the Superior Court of the Commonwealth. Reviewing Board cases may also be appealed to the Appeals Court. The cost of appeals are reimbursed to the claimant (in addition to the award of the judgment), if the claimant prevails.

Lump Sum Settlements

A case can be resolved at any point during the DIA's three-step dispute resolution process by either settlement or by the decision of an Administrative Judge (AJ) or Administrative Law Judge (ALJ).

Conciliators may "review and approve as complete" lump sum settlements, a standard that allows the conciliator to review a completed lump sum settlement. Conciliators or the parties at conciliation may also refer a case to a lump sum conference, where an ALJ will decide if a lump sum settlement is in the best interest of the parties.

AJ's, at the conference or hearing level of dispute resolution, may approve lump sum settlements in the same manner that an ALJ approves a settlement at the lump sum conference. AJ's and ALJ's must determine whether settlements are in the best interest of the employee, and they may reject a settlement offer if it appears to be inadequate. Dispute resolution begins at conciliation, where a conciliator will attempt to resolve a dispute by informal means.

Alternative Dispute Resolution Measures

Arbitration & Mediation - At any time prior to five days before a conference, a case may be referred to an independent arbitrator. The arbitrator must make a decision whether to vacate or modify the compensation pursuant to M.G.L. c.251, §12 and §13. The parties involved may agree to bring the matter before an independent mediator at any stage of the proceeding. Mediation shall in no way disrupt the dispute resolution process, and any party may continue with the process at the DIA if they decide to do so.

Collective Bargaining - An employer and a recognized representative of its employees may engage in collective bargaining to establish certain binding obligations and procedures related to workers' compensation. Agreements are limited to the following topics: supplemental benefits under §34, §34A, §35, and §36; alternative dispute resolution (arbitration, mediation, conciliation); limited list of medical providers; limited list of impartial physicians; modified light duty return to work program; adoption of a 24-hour coverage plan; establishing safety committees and safety procedures; and establishing vocational rehabilitation or retraining programs.

SUMMARY OF BENEFITS

An employee who is injured during the course of employment or suffers from work-related mental or emotional disabilities, as well as occupational diseases, is eligible for workers' compensation benefits. These benefits include weekly compensation for lost income during the period the employee cannot work.

Indemnity payments vary, depending on the average weekly wage of the employee (AWW) and the degree of incapacitation. The statute dictates that the maximum benefit be set at 100% of the State Average Weekly Wage (SAWW) and that a minimum benefit of at least 20% of the SAWW.³ In addition, the insurer is required to furnish medical and hospital services, as well as any medicines if needed. The insurer must also pay for vocational rehabilitation services if the employee is determined to be suitable by the DIA.

Below is a list of the SAWW's, since 1992, and the maximum (SAWW) and minimum benefit levels for §34 and §34A claims. In October of 2005, the SAWW increased by \$39.80 from the previous year.

Table 1: Indemnity Benefits

<u>Effective Date</u>	<u>Maximum Benefit</u>	<u>Minimum Benefit</u>
10/1/92	\$543.30	\$108.66
10/1/93	\$565.94	\$113.19
10/1/94	\$585.95	\$117.19
10/1/95	\$604.03	\$120.81
10/1/96	\$631.03	\$126.21
10/1/97	\$665.55	\$131.11
10/1/98	\$699.91	\$131.98
10/1/99	\$749.69	\$149.93
10/1/00	\$830.89	\$166.18
10/1/01	\$890.94	\$178.19
10/1/02	\$882.57	\$176.51
10/1/03	\$884.46	\$176.89
10/1/04	\$918.78	\$183.76
10/1/05	\$958.58	\$191.72

Source: DIA Circular Letter No. 320 - Table III (October 1, 2005)

³The Statewide Average Weekly Wage (SAWW) is determined under M.G.L. c.151A, §29(2) & promulgated by the Director the Division of Employment and Training. As of October 1, 2005, the SAWW is \$958.58.

Indemnity and Supplemental Benefits

The following are the various forms of indemnity and supplemental benefits employees may receive depending on their average weekly wage, state average weekly wage, and their degree of disability.

Temporary Total Disability (§34) - Compensation will be 60% of the employee's average weekly wage (AWW) before injury, while remaining above the minimum and below the maximum payments that are set for each form of compensation. The maximum weekly compensation rate is 100% of the state average weekly wage (**\$958.58**), while the minimum is 20% of the SAWW (**\$191.72**), if claims involve injuries occurring on or after October 1, 2005. The limit for temporary benefits is 156 weeks.

Partial Disability (§35) - Compensation is 60% of the difference between the employee's AWW before the injury and the weekly wage earning capacity after the injury. This amount cannot exceed 75% of temporary benefits under §34 if they were to receive those benefits. The maximum benefit period is 260 weeks for partial disability, but may be extended to 520 weeks.

Permanent and Total Incapacity (§34A) - Payments will equal 66.67% of the AWW following the exhaustion of temporary (§34) and partial (§35) payments. The maximum weekly compensation rate is 100% of the state average weekly wage (**\$958.58**), while the minimum is 20% of the SAWW (**\$191.72**), if claims involve injuries that occurred on or after October 1, 2005. The payments must be adjusted each year for cost of living allowances (COLA benefits).

Death Benefits for Dependents (§31) - The widow or widower that remains unmarried shall receive 2/3 of the worker's AWW, but not more than the state's AWW or less than \$110 per week. They shall also receive \$6 per week for each child (not to exceed \$150 in additional compensation). There are also benefits for other dependents. Benefits paid to all dependents cannot exceed 250 times the state AWW plus any cost of living increases (COLA). However, children under 18 years old may continue to receive payments even if the maximum has been reached. Burial expenses may not exceed \$4,000.

Subsequent Injury (§35B) - An employee who has been receiving compensation, has returned to work for two months or more and is subsequently re-injured, will receive compensation at the rate in effect at the time of the new injury (unless the old injury was paid in a lump sum). If the old injury was settled with a lump sum, then the employee will be compensated only if the new claim can be determined to be a new injury.

Attorney's Fees

The dollar amounts specified for attorney's fees are listed in M.G.L. c.152, §13A(10). As of October 1, 2005, subsections 1 through 6 were updated to reflect adjustments to the State Average Weekly Wage. Below is a summary of the attorney's fee schedule:

(1) When an insurer refuses to pay compensation within 21 days of an initial liability claim but prior to a conference agrees to pay the claim (with or without prejudice), the insurer must pay an attorney's fee of **\$950.35** plus necessary expenses. If the employee's attorney fails to appear at a scheduled conciliation, the amount paid is **\$475.18**.

(2) When an insurer contests a liability claim and is ordered to pay by an Administrative Judge at conference, the insurer must pay the employee's attorney a fee of **\$1,357.64**. The Administrative Judge can increase or decrease this fee based on the complexity of a case and the amount of work an attorney puts in. If the employee's attorney fails to appear at a scheduled conciliation, the fee may be reduced to **\$678.82**.

(3) When an insurer contests a claim for benefits other than the initial liability claim (as in subsection 1) and fails to pay compensation within 21 days, yet agrees to pay the compensation due, prior to conference, the insurer must pay the employee's attorney fee in the amount of **\$678.82** plus necessary expenses. This fee can be reduced to **\$339.42** if the employee's attorney fails to appear at a scheduled conciliation.

(4) When an insurer contests a claim for benefits or files a complaint to reduce or discontinue benefits by refusing to pay compensation within 21 days, and the order of the Administrative Judge after a conference reflects the written offer submitted by the claimant (or conciliator on the claimant's behalf), the insurer must pay the employee's attorney a fee of **\$950.35** plus necessary expenses. If the order reflects the written offer of the insurer, no attorney fee should be paid. If the order reflects an amount different from both submissions, the fee should be in the amount of **\$475.18** plus necessary expenses. Any fee should be reduced in half if the employee's attorney fails to show up to a scheduled conciliation.

(5) When the insurer files a complaint or contests a claim and then, either a) accepts the employee's claim or withdraws its own complaint within 5 days of a hearing, or b) the employee prevails at a hearing, the insurer shall pay a fee to the employee's attorney in the amount of **\$4,751.77** plus necessary expenses. An Administrative Judge may increase or decrease this amount based on the complexity of the case and the amount of work an attorney puts in.

(6) When the insurer appeals the decision of an Administrative Judge and the employee prevails in the decision of the Reviewing Board, the insurer must pay a fee to the employee's attorney in the amount of **\$1,357.64**. An Administrative Judge may increase or decrease this amount based on the complexity of the case and the amount of work an attorney puts in.

SECTION

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WORKPLACE INJURY & CLAIM STATISTICS

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OCCUPATIONAL INJURIES AND ILLNESSES

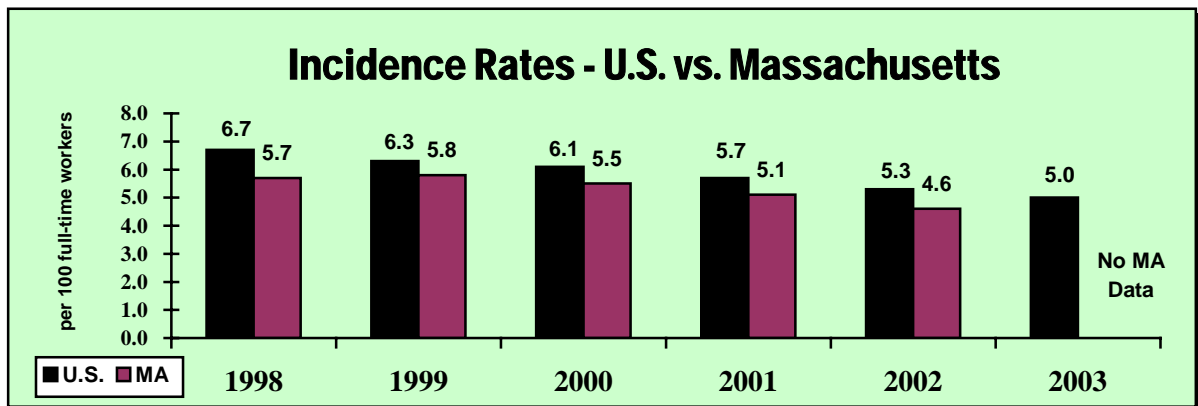
Since 1992, the Division of Occupational Safety (DOS) has been in a partnership with the U.S. Department of Labor, Bureau of Labor Statistics (BLS), in an effort to collect injury and illness data in a uniform format. Throughout the country, surveys are collected from over 182,800 private employers in an effort to represent the total private economy. Once data has been collected and correlated, these statistics are published in a document known as the *Annual Survey of Occupational Injuries and Illnesses*. Funding for the annual survey is split 50/50 between state (DOS) and the federal (BLS) government. Due to a lack of state-funding, DOS did not participate in the 2003 annual survey program.

On January 1, 2002, the Occupational Safety and Health Administration (OSHA) revised its requirement for recording occupational injuries and illnesses. The DOS will now collect data using the North American Industry Classification System (NAICS), rather than the Standard Industrial Classification System (SICS). Due to the revised requirements, the estimates from the 2002 survey are not comparable with those from prior years.

Injury and Illness Incidence Rates

Incidence rates are calculated to measure the frequency of injuries. Specifically, the study examines the frequency of non-fatal injuries and illnesses that occurred in the private sector workforce (not including the self-employed, farms with less than 11 employees, private households, and employees in Federal, State and local government) for every 100 full-time workers. Each year the level of incidence rates can be influenced by changes in the economic climate, working conditions, an employer's emphasis on safety, and the number of hours that employees work. In 2003, Massachusetts had a population of 6,433,422 people with a workforce of 3,334,899 workers.

During 2003, the private sector workforce in the United States experienced 4.4 million non-fatal injuries and illnesses, resulting in an incidence rate of 5.0 cases per 100 full-time workers. The chart below shows how occupational injury and illness rates have steadily declined Nationally from 1998 to 2003.



Incidence Rates by Region

The following table exhibits a regional breakout of the injury and illness incident rates per 100 full-time workers since 1998. The table demonstrates the downward trend in incidence rates both nationally and within Massachusetts. In 2002, Massachusetts had an incident rate of 4.6 work-related injuries or illnesses (resulting in lost work-time) for every 100 full-time workers in private industry. In 2003, the national average for injury and illness incident rates was 5.0 (no data available for Massachusetts).

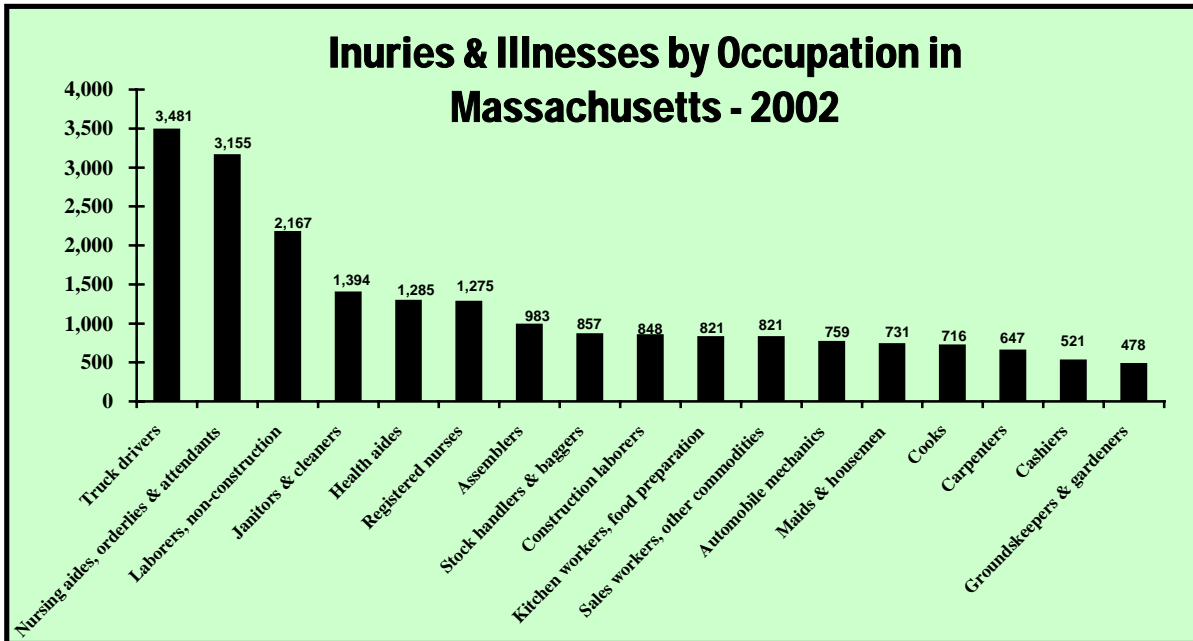
Table 2: Injury and Illness Incidence Rates - U.S. and New England 1998-2003 (Private Industry)

<i>Region</i>	<i>2003</i>	<i>2002</i>	<i>2001</i>	<i>2000</i>	<i>1999</i>	<i>1998</i>
United States.....	5.0	5.3	5.7	6.1	6.3	6.7
Massachusetts.....	no data	4.6	5.1	5.5	5.8	5.7
Connecticut.....	5.1	5.4	6.3	6.7	6.8	7.1
Maine.....	7.7	8.1	8.7	9.0	9.3	9.2
Rhode Island.....	5.4	5.3	6.8	no data	7.0	6.7
Vermont.....	5.2	6.7	7.0	6.9	7.6	6.9
New Hampshire...	no data	no data	no data	no data	no data	no data

Source: Bureau of Labor Statistics - Boston Office.

Injuries & Illnesses by Occupation

The survey also has the ability to categorize the number of injuries and illnesses by occupation in Massachusetts. In 2002, truck drivers and nursing aides, orderlies and attendants had the highest number of injuries and illnesses involving days away from work in Massachusetts.



Source: Bureau of Labor Statistics - Boston Office.

Incidence Rates by Industry

The survey also has the ability to categorize incidence rates by industry. In Massachusetts, the agriculture, forestry, and fishing industry had the highest overall incidence rate in 2002, with 7.8 injuries for every 100 full-time workers. Finance, insurance and real estate had the lowest incidence rates, with 1.1 injuries per 100 workers.

Table 3: Nonfatal Injury & Illness Incidence Rates by Industry - Massachusetts 1998-2003

MASSACHUSETTS (Industry Division)	2003	2002	2001	2000	1999	1998
Private Industry:	no data	4.6	5.1	5.5	5.8	5.7
Agriculture, forestry, and fishing:	no data	7.8	8.1	7.7	11.6	10.8
Construction:	no data	6.8	9.0	9.4	9.5	9.0
Manufacturing:	no data	5.3	5.4	6.0	6.3	6.6
▪ Durable goods:	no data	5.1	4.7	5.7	5.7	6.0
▪ Non-durable goods:	no data	5.6	6.8	6.5	7.2	7.5
Transportation & public utilities:	no data	7.4	8.2	8.2	8.1	9.3
Wholesale and retail trade:	no data	5.6	5.6	6.9	6.6	5.9
▪ Wholesale trade:	no data	5.5	5.4	7.6	6.1	6.2
▪ Retail trade:	no data	5.3	5.7	6.6	6.8	5.8
Finance, insurance, real estate:	no data	1.1	1.4	1.4	1.7	1.9
Services:	no data	3.9	4.4	4.5	5.0	4.9

Source: Bureau of Labor Statistics - Boston Office.

OCCUPATIONAL FATALITIES

Fatal work injuries are calculated nationally each year by the U.S. Department of Labor, Bureau of Labor Statistics. The program, known as the *National Census of Fatal Occupational Injuries*, tracks data from various states and federal administrative sources including death certificates, workers' compensation reports and claims, reports to various regulatory agencies, and medical examiner reports. Much like the *Annual Survey of Occupational Injuries and Illnesses*, this census is a federal/state cooperative venture.

In 2004, a total of 5,703 work-related fatalities were recorded nationally by the program, representing a small increase from the revised total of 5,575 fatalities in 2003. Although the number of workplace fatalities increased minimally on the national level, the workplace fatality rate virtually remained the same in Massachusetts from the previous year (78 fatalities in 2004 / 77 fatalities in 2003).

Workplace Fatalities in Massachusetts

In 2004, the leading cause of workplace death in Massachusetts came from transportation incidents in which 25 workers were killed. Nationally, transportation incidents were also the leading cause of on-the-job fatalities, accounting for 46% of the fatal work injuries in 2004. Following transportation incidents in Massachusetts, workers were killed by falls (13), contact with objects and equipment (15), assaults and violent acts (8), and exposure to harmful substances (6).

Figure 3: Fatal Occupational Injuries by State and Event or Exposure, 2004 (Northeast Region)

State of Injury	Total Fatalities		Event or Exposure (state total for 2004)					
	2003	2004	Transportation Incidents	Assaults & Violent Acts	Contact with Objects & Equipment	Falls	Exposure to Harmful Substances	Fires & Explosions
U.S. Total.....	5,524	5,559	2,357	901	911	691	485	198
Northeast.....	710	726	269	136	111	120	48	37
Massachusetts....	77	78	25	8	15	13	6	--
Connecticut.....	36	54	17	12	6	6	--	--
Maine.....	23	16	10	--	--	--	--	--
New Hampshire..	19	15	7	--	--	3	--	--
New Jersey.....	104	129	37	20	23	33	10	6
New York.....	227	254	71	68	32	49	28	6
Pennsylvania.....	208	230	87	32	50	34	16	11
Rhode Island.....	18	7	--	3	--	--	--	--
Vermont.....	14	7	4	--	4	--	--	--

Source: Bureau of Labor Statistics, News-USDL-05-1598

CASE CHARACTERISTICS

The following tables and statistics illustrate trends, by "injury kind" in claims, average claim cost, and frequency for the five most recent years of available data.⁴ This data is derived from insurance claims paid by commercial insurers writing policies in Massachusetts and does not include data from self-insured employers or self-insurance groups (SIGs). Insurance data is not considered reliable until several years after the policy year in which the claims occurred. For this reason, the most recent year comprising of reliable data is the 2002/2003 policy year. Each year of the data is developed to the fifth report, so the years can be compared equally.

Case Data By Injury Type

Table 4: Developed Claim Counts (Including Large Deductibles)

<i>Composite Policy Year</i>	<i>Injury Kind 1 Fatal</i>	<i>Injury Kind 2 Permanent Total</i>	<i>Injury Kinds 3&4 Partial Disability</i>	<i>Injury Kind 5 Temporary Total</i>	<i>Injury Kind 6 Medical Only</i>
1998/1999	51	42	5,687	23,653	70,425
1999/2000	47	40	6,039	24,242	73,379
2000/2001	38	122	6,568	24,232	73,241
2001/2002	61	87	5,436	23,623	70,353
2002/2003	57	172	4,392	23,550	64,378

Source: WCRIBM, schedule Z data by injury type (developed to 5th report) from Section V-D Exhibit 2-3.

Table 5: Average Claim Costs - "Indemnity + Medical" (Including Large Deductibles)

<i>Composite Policy Year</i>	<i>Injury Kind 1 Fatal</i>	<i>Injury Kind 2 Permanent Total</i>	<i>Injury Kinds 3&4 Partial Disability</i>	<i>Injury Kind 5 Temporary Total</i>	<i>Injury Kind 6 Medical Only</i>
1998/1999	227,780	625,176	50,893	6,964	341
1999/2000	245,902	649,305	47,924	6,795	327
2000/2001	308,740	214,844	44,068	6,798	328
2001/2002	190,964	301,425	53,246	6,973	341
2002/2003	203,013	152,758	65,901	6,995	373

Source: WCRIBM, schedule Z data by injury type (developed to 5th report) from Section V-D Exhibit 1-3.

⁴ It is important to note that the WCRIBM claim categories ("injury kind") do not correspond to specific sections of the Workers' Compensation Act. For example, the permanent total category includes predominantly section 34A benefits, but may also include benefits under section 30 and section 36.

Table 6: Average Claim Costs - Indemnity (Including Large Deductibles)

<i>Composite Policy Year</i>	<i>Injury Kind 1 Fatal</i>	<i>Injury Kind 2 Permanent Total</i>	<i>Injury Kinds 3&4 Partial Disability</i>	<i>Injury Kind 5 Temporary Total</i>
1998/1999	204,745	377,119	37,980	4,544
1999/2000	221,034	391,675	35,764	4,434
2000/2001	277,517	129,598	32,886	4,436
2001/2002	171,652	181,826	39,736	4,550
2002/2003	182,482	92,147	49,180	4,564

Source: WCRIBM, schedule Z data by injury type (developed to 5th report) from Section V-D Exhibit 1-3.

Table 7: Average Claim Costs - Medical (Including Large Deductibles)

<i>Composite Policy Year</i>	<i>Injury Kind 1 Fatal</i>	<i>Injury Kind 2 Permanent Total</i>	<i>Injury Kinds 3&4 Partial Disability</i>	<i>Injury Kind 5 Temporary Total</i>	<i>Injury Kind 6 Medical Only</i>
1998/1999	23,036	248,056	12,913	2,420	341
1999/2000	24,868	257,630	12,160	2,361	327
2000/2001	31,223	85,245	11,182	2,363	328
2001/2002	19,312	119,599	13,510	2,423	341
2002/2003	20,531	60,611	16,721	2,431	373

Source: WCRIBM, schedule Z data by injury type (developed to 5th report) from Section V-D Exhibit 1-3.

Claim Frequency

*Based on Developed Payroll and Developed Claim Counts
Unadjusted for Class Mix Changes*

Table 8: Claim Frequency (Number of Claims per Million Worker-Weeks)

<i>Composite Policy Year</i>	<i>Injury Kind 1 Fatal</i>	<i>Injury Kind 2 Permanent Total</i>	<i>Injury Kinds 3&4 Partial Disability</i>	<i>Injury Kind 5 Temporary Total</i>	<i>Injury Kind 6 Medical Only</i>
1998/1999	0.573	0.472	63.911	265.815	791.443
1999/2000	0.496	0.425	63.403	254.506	770.360
2000/2001	0.373	1.212	65.122	240.267	726.223
2001/2002	0.600	0.859	53.631	233.078	694.139
2002/2003	0.578	1.737	44.377	237.954	650.500

Source: WCRIBM, schedule Z data by injury type (developed to 5th report) from Section V-D Exhibit 1-4.

SECTION - 3 -

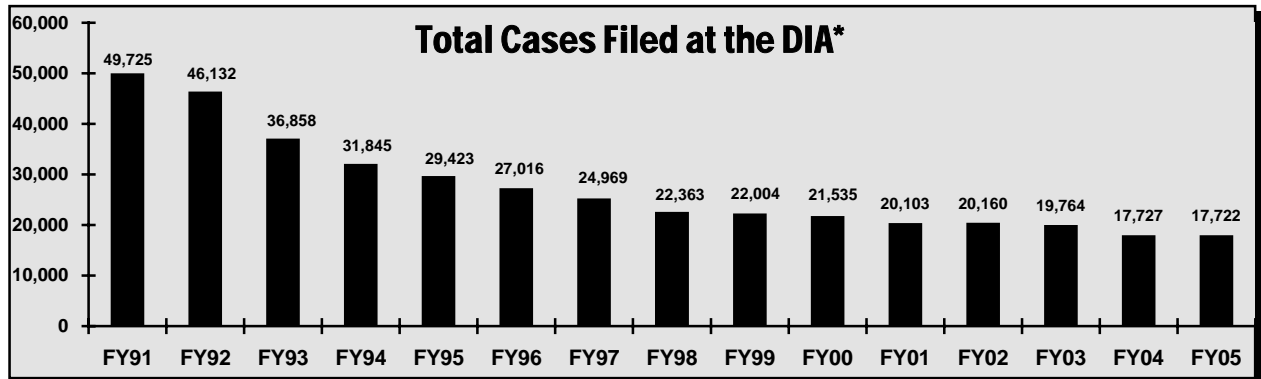
DISPUTE RESOLUTION

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CASES FILED AT THE DIA

Cases originate at the DIA when any of the following are filed: *an employee's claim for benefits, an insurer's complaint for termination or modification of benefits, a third party claim, a request for approval of a lump sum settlement, or a Section 37/37A request.* As demonstrated in Figure 4, there has been a significant decline (-64%) in the DIA caseload since the implementation of the 1991 Reform Act. In FY'05, the total number of cases filed at the DIA was nearly identical to the caseload from the previous fiscal year.

Figure 4: Total Cases Filed at the DIA, FY'91 - FY'05



Source: CMS Report 28

Employee claims, which account for 73% of the total cases filed at the DIA, increased slightly by 158 cases in FY'05. In 1991, employee claims reached an all time high of 23,240 cases filed. Employee claims have decreased by 45% since 1991. Insurers who request for discontinuance or modification of benefits, which account for 15% of the total cases, decreased slightly by 117 cases in FY'05. Since the 1991 Reform Act, these insurer requests for discontinuance have decreased by 77%.

Table 9: Breakdown of Total Cases Filed at the DIA, Fiscal Year 2005 and Fiscal Year 2004

Total Cases Filed at the DIA FY'05 and FY'04	Number of Cases		Percentage	
	FY'05	FY'04	FY'05	FY'04
Employee Claims	12,870	12,712	72.6%	71.7%
Insurer's Request for Discontinuance	2,566	2,683	14.5%	15.1%
Lump Sum Conference Request	1,111	1,294	6.3%	7.3%
Third Party Claims	888	679	5.0%	3.8%
Section 37/37A Request	287	359	1.6%	2.0%
TOTALS:	17,722	17,727	100%	100%

Source: CMS Report 28

CONCILIATION

The first stage of the dispute resolution process is known as the conciliation. The main objective of the conciliation is to remove cases that can be resolved without formal adjudication from the dispute resolution system. At this stage, cases are reviewed for documentation substantiating the positions of both sides of the dispute. Conciliators are empowered to withdraw or reschedule a case until adequate documentation is presented. Although conciliators may encourage the parties to work out a settlement, they have no authority to order the parties to resolve their differences. Approximately 44% of the cases that are scheduled for conciliation are “resolved” as a result of this process and exit the dispute resolution system. Such resolved cases take on a broad range of dispositions including withdrawals, lump sum settlements, and conciliated cases. The remaining 56% of cases are referred from conciliation to a conference.

The Conciliation Process

Conciliations are scheduled automatically by computer through the Data Processing Unit. Attendance of both the insurer and the employee is required. The employer may attend, as well as other interested parties, with the permission of all parties. All relevant issues (including causal relationship, disability, medical condition, etc.) are reviewed at the meeting.

When liability is not an issue but modification or discontinuance of benefits is sought, both parties are required to submit written settlement offers. If the employee fails to file, the conciliator must record either the last offer made by the employee or the maximum compensation rate. If the insurer fails to file, the conciliator must record the last offer made by them, or record a zero. In an effort to promote compromise, the last, best offer should indicate what each party believes the appropriate compensation rate should be.

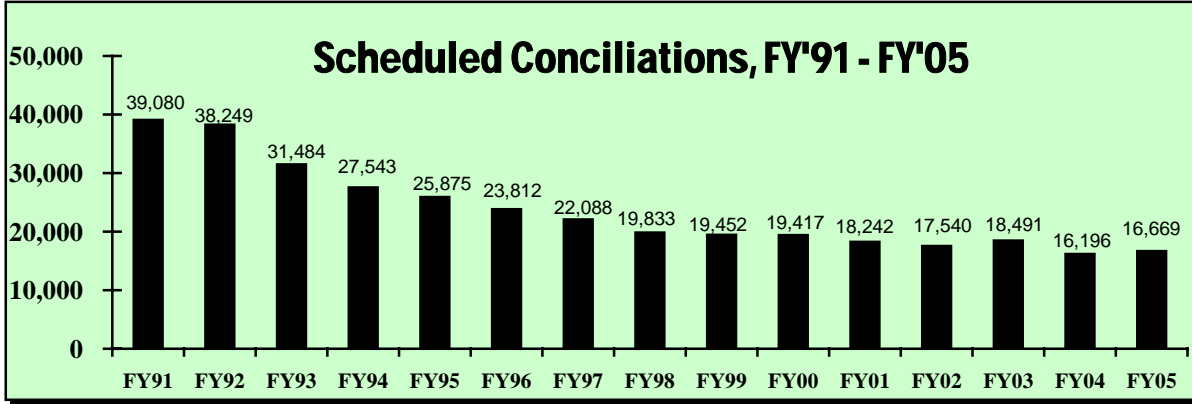
A conciliator’s recommendation is written into the case file and the disposition is recorded in the DIA’s Case Management System (CMS).

Volume of Scheduled Conciliations

The number of cases reviewed at conciliation is indicative of the total volume of disputed claims, as nearly every case to be adjudicated must first go through conciliation. The caseload of scheduled conciliations peaked in 1991 at 39,080 cases. In FY’05, there were 16,669 cases scheduled for conciliation, which represents a 57% decrease since the Workers' Compensation Reform Act of 1991.

Figure 5 displays the number of cases scheduled for conciliation at the DIA beginning in fiscal year 1991. In fiscal year 2005, the volume of cases scheduled for conciliation increased by 3% (473 cases) from the previous year. It is important to note that many cases scheduled for a conciliation may never actually appear before a conciliator as cases can be withdrawn or adjusted prior to the scheduled meeting.

Figure 5: Volume of Cases Scheduled for Conciliation, FY’91-FY’05



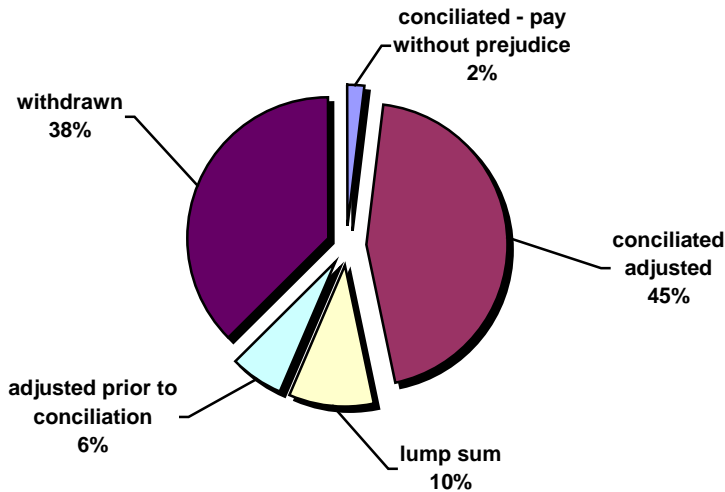
Source: CMS Report 17

Resolved at Conciliation

Disputed cases that are scheduled for a conciliation can be divided into two distinct outcomes: “referred to conference,” or “resolved.” In FY’05, 7,315 cases were resolved (they were not referred on to a conference) and exited the dispute resolution system. Approximately 44% of cases that are scheduled for a conciliation are resolved while the remaining 56% of cases are referred to conference, the next stage of dispute resolution. As in previous years, a small percentage of the cases scheduled for conciliation are referred to conference without a conciliation taking place. This occurs when the respondent (the party not putting forth the case) does not appear for the conciliation.

Figure 6: Pie-Chart Detailing Cases Resolved at Conciliation, Fiscal Year 2005

Resolved at Conciliation, Fiscal Year 2005



Source: CMS Report 17

Table 10: Resolved at Conciliation, Fiscal Year 2005 and Fiscal Year 2004

Resolved at Conciliation FY'05 and FY'04	Number of Cases		Percentage	
	FY'05	FY'04	FY'05	FY'04
Conciliated - Pay Without Prejudice	163	125	2.2%	1.8%
Conciliated Adjusted	3,256	3,076	44.5%	43.8%
Lump Sum	704	666	9.6%	9.5%
Adjusted Prior to Conciliation	446	566	6.1%	8.1%
Section 46A Request Received ⁵	0	3	N/A	<1%
Withdrawn	2,746	2,593	37.5%	36.9%
TOTALS:	7,315	7,029	100%	100%

Source: CMS Report 17

As displayed in *Table 10*, cases may be conciliated by two methods. Approximately 45% of the resolved cases were “conciliated-adjusted,” meaning an agreement was reached at conciliation between the parties to initiate, modify, or terminate the compensation. Secondly, cases may be “conciliated - pay without prejudice” (2% of resolved cases in FY'05), meaning the pay without prejudice period has been extended and the insurer may discontinue compensation without DIA or claimant approval.

The table also indicates that the most prevalent method a case can exit the dispute resolution system at conciliation is through a withdrawal (2,746 cases in FY'05). A case can be withdrawn under various methods. Either before or during the conciliation, the moving party may choose to withdraw the case. A case can also be withdrawn by the agency if the parties either fail to show up for a conciliation or provide the required information.

A case may also be resolved at conciliation utilizing a lump sum settlement. Conciliators are empowered by law to approve lump sum agreements "as complete" but cannot make a determination that the lump sum is in the claimants "best interest." At conciliation, lump sum settlements only account for 10% of the resolved cases at this level of dispute resolution. The percentage of resolved cases that result in a lump sum increase dramatically at both conference and hearing stages.

⁵ In fiscal year 2003, the DIA began tracking the "Section 46A Request Received" disposition. Due to the fact that the tracking of this statistic began late in the fiscal year, it is likely that more than one of these request were received during this time period.

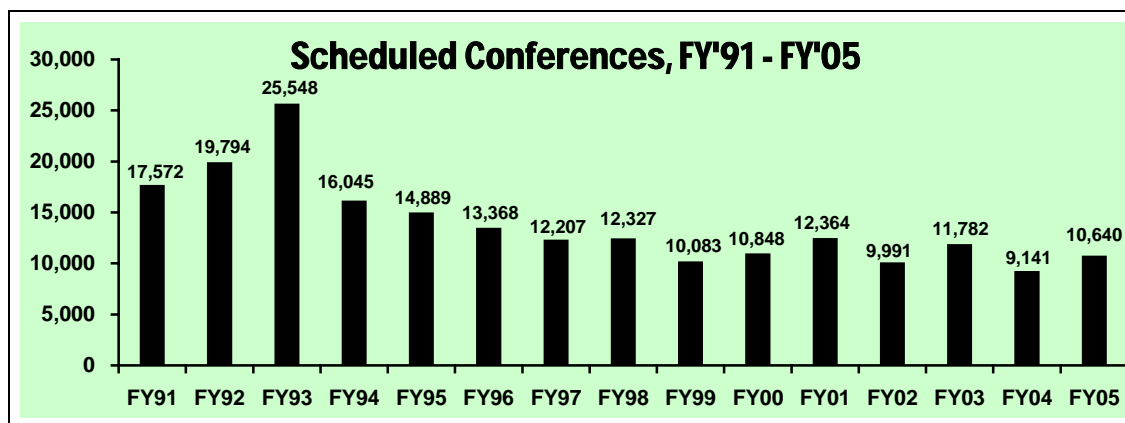
CONFERENCE

The second stage of the dispute resolution process is known as the conference. Each case referred to a conference is assigned an Administrative Judge (AJ) who must retain the case throughout the entire process if possible. The intent of the conference is to compile the evidence and to identify the issues in dispute. The AJ may require injury and medical records as well as statements from witnesses. Although the conference is an informal proceeding, the AJ will issue a binding order shortly after the conference has concluded. This conference order is subject to appeal by the parties. The conference order is a short, written document requiring an AJ's initial impression of compensability, based upon a summary presentation of facts and legal issues at the conference meeting. Conference orders give the parties an understanding as to how the judge might find at a full evidentiary hearing thus providing incentives to pursue settlements or devise return to work arrangements. Approximately 86% of all conference orders in a given fiscal year are appealed to the hearing level of dispute resolution. In the remaining 14% of conference orders, the parties either accept the order or otherwise voluntarily adjust, withdraw or settle the matter.

Volume of Scheduled Conferences

Conferences are scheduled by the Scheduling Unit at the DIA. This occurs after a conciliation has taken place and was unsuccessful at bringing the parties together to reach an agreement on the disputed issues. The number of conferences scheduled in FY'05 increased by 16% (9,141 in FY'04 to 10,640 in FY'05) from last fiscal year.⁶ Each year, the number of conferences scheduled is greater than the number of conferences that will actually take place before an Administrative Judge since many cases are withdrawn or resolved before ever reaching a conference.

Figure 7: Scheduled Conferences, FY'91 - FY'05



Source: CMS Report 45AB (Conference Statistics - For Scheduled Dates)

⁶ In an effort to avoid duplication, the number of "scheduled conferences" does not include cases that were "rescheduled for a conference." In FY'05, 1,866 cases were "rescheduled for a conference."

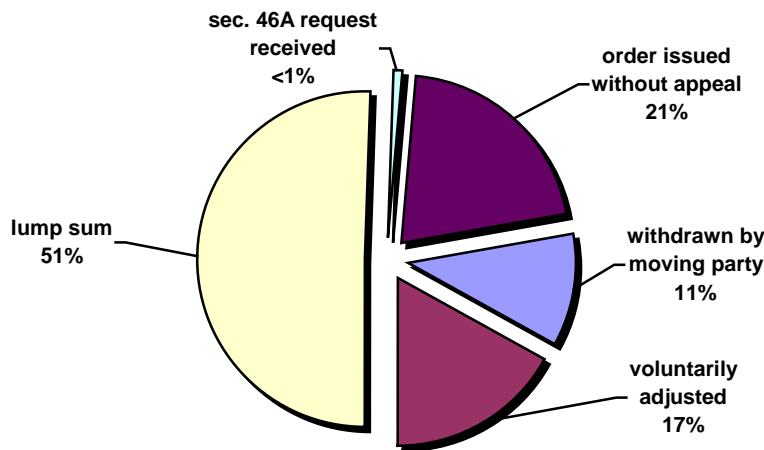
Cases Resolved at Conference

Each year, thousands of disputed cases are resolved at the conference level of the dispute resolution process and will not be forwarded to a hearing. In fiscal year 2005, 5,046 cases were resolved at the conference level and exited the dispute resolution system. Although a case may be resolved at the conference level, this does not necessarily mean that the parties appeared before an Administrative Judge. Often a case may be withdrawn before a scheduled conference takes place either by the moving party or by the Administrative Judge. Furthermore, when a case is directed to a lump sum conference or is voluntarily adjusted, it may never actually reach the scheduled conference.

Figure 8 and Table 11 display the various methods a disputed case can be resolved at conference.

Figure 8: Pie-Chart Detailing Cases Resolved at Conference, Fiscal Year 2005

Resolved at Conference, Fiscal Year 2005



Source: CMS Reports 434, 319AB, 476A, 431

Table 11: Cases Resolved at Conference, Fiscal Year 2005 and Fiscal Year 2004

Resolved at Conference FY'05 and FY'04	Number of Cases		Percentage	
	FY'05	FY'04	FY'05	FY'04
Withdrawn by Moving Party	566	522	11.2%	10.4%
Voluntarily Adjusted	870	789	17.2%	15.7%
Lump Sum	2,565	2,858	50.8%	56.9%
Section 46A Request Received	8	16	<1%	<1%
Order Issued Without Appeal	1,037	839	20.6%	16.7%
Total	5,046	5,024	100%	100%

Source: CMS Reports 434, 319AB, 476A, 431

As displayed in *Table 11* there are various methods by which a disputed case can be resolved at the conference level. First, the moving party may decide to withdraw the case completely from the system. In fiscal year 2005, 566 cases (11% of resolved cases at conference) exited the system in this manner.

Second, the parties may agree to have the case voluntarily adjusted. This occurs at the conference when a compromise on any part of the case (benefit level, benefit duration, etc.) can be reached among the parties. In fiscal year 2005, 870 cases (17% of resolved cases at conference) were voluntarily adjusted.

The most prevalent method in which a case exits the system at the conference level is through a lump sum settlement. Lump sum settlements may be approved either at a conference or a separate lump sum conference. The procedure is the same for both meetings. In some instances, the presiding AJ will hear the lump sum, while in others, an assigned ALJ will hear the case on a lump sum list. Most lump sum settlements are approved directly at the conference or the hearing level by the presiding AJ, rather than scheduling a separate meeting. In fiscal year 2005, 2,565 cases (51% of resolved cases at conference) exited the system through a lump sum.

Another method in which a case could exit the system is if a "Section 46A Request" is filed when there is an outstanding lien on a case that has been deemed compensable. A "Section 46A Request" occurs in conjunction with a lump sum settlement. The case is required to appear before an Administrative Law Judge (ALJ) to determine if reimbursement is owed out of the proceeds of the award. In fiscal year 2005, only 8 of these request have been documented.

Finally, the most obvious method in which a case can exit the system at the conference level is when the presiding Administrative Judge issues a conference order and it is not appealed by any of the parties to the hearing level. In fiscal year 2005, 1,037 conference orders (21% of resolved cases at conference) were issued by Administrative Judges, not resulting in an appeal. However, the vast majority of conference orders are appealed to the hearing stage of dispute resolution. In fiscal year 2005, 5,609 conference orders (86% of all conference orders) were appealed to a hearing.⁷

Table 12: Conference Orders, FY'05 - FY'00

Conference Orders FY'05 - FY'00	Total Orders	Appealed	Without Appeal
Fiscal Year 2005	7,494	6,457 (86.2%)	1,037 (13.8%)
Fiscal Year 2004	6,448	5,609 (87.0%)	839 (13.0%)
Fiscal Year 2003	7,899	6,680 (84.6%)	1,219 (15.4%)
Fiscal Year 2002	6,802	5,841 (85.9%)	961 (14.1%)
Fiscal Year 2001	8,486	7,361 (86.7%)	1,125 (13.2%)
Fiscal Year 2000	7,570	6,516 (86.1%)	1,054 (13.9%)

Source: CMS Reports 319AB, "Appealed Conference Order Statistics."

⁷ CMS Report 319AB, "Appealed Conference Order Statistics."

Conference Queue

The Senior Judge has explained that, depending on the number of available judges, a conference queue of between 1,500 and 2,000 cases can effectively be scheduled during the judges' regular cycles. If the queue increases beyond 2,000 cases, adjustments in scheduling and assignments would need to occur.

As *Figure 10* shows below, the conference queue decreased significantly in FY'05 due to a scheduling cycle that focused on decreasing the backlog. In FY'05 the conference queue ended 1,740 cases below the start of the year (2,088 on 7/7/04 and 348 on 6/29/05). The conference queue reached a high of 2,088 on 7/7/04 and a low of 148 on 6/9/05.

Figure 9: Conference and Hearing Queues; Fiscal Years 1991 - 2005

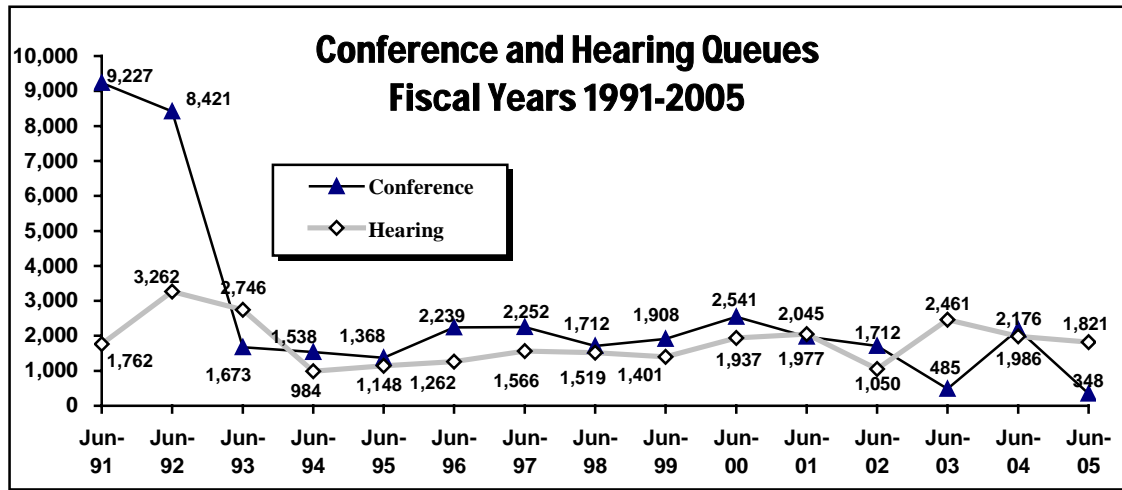
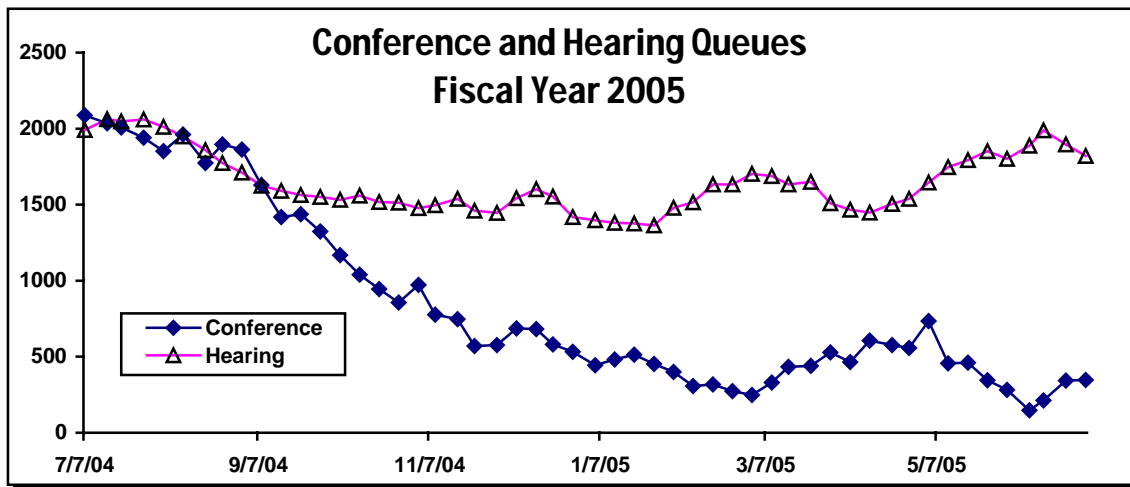


Figure 10: Conference and Hearing Queue; Fiscal Year 2005



Source: CMS Report 404

HEARINGS

The third stage of the dispute resolution process is known as the hearing. According to the Workers' Compensation Act, an Administrative Judge that presides over a conference must review the dispute at the hearing level, unless scheduling becomes "impractical." The procedure is formal and a verbatim transcript of the proceedings is recorded. Written documents are presented and witnesses are examined and cross-examined, in accordance with the Massachusetts Rules of Evidence. If the parties are disputing medical issues, an impartial physician will be selected from a DIA roster before the hearing takes place so that an Impartial Medical Examination (IME) of the injured employee can occur. At the hearing, the impartial physician's report is the only medical evidence that can be presented unless the judge determines the report to be "inadequate" or that there is considerable "complexity" of the medical issues that could not be fully addressed in the report. Any party may appeal a hearing decision within 30 days. This time may be extended up to 1-year for reasonable cause. A fee of 30% of the state average weekly wage must accompany an appeal. The claim is then forwarded to the Reviewing Board.

Hearing Queue

Much like conferences, hearings are scheduled by the Scheduling Unit at the DIA. This occurs after a conference has taken place and the judge's order has been appealed by any party. The scheduling of hearings is more difficult than conferences because the hearing must be assigned to the judge who heard the case at the conference level. This is especially problematic since judges have different conference appeal rates. A judge with a high appeal rate will generate more hearings than a judge with a low rate of appeal. This can create difficulty in evenly distributing cases, since hearing queues may occur for individual judges with high appeal rates.

It is difficult to compare the hearing queue with the conference queue because of the differences in the two proceedings. Hearings must be scheduled with the same judge who presided over the conference, whereas conferences are scheduled according to availability (when "judge ownership" is not yet a factor). Since hearings are also more time consuming than conferences, it takes more time to handle a hearing queue than a conference queue. Fiscal year 2005 began with a hearing queue of 1,991 and ended at 1,821. In the last sixteen years, the hearing queue has been as low as 409 cases in September 1989 and as high as 4,046 in November 1992.

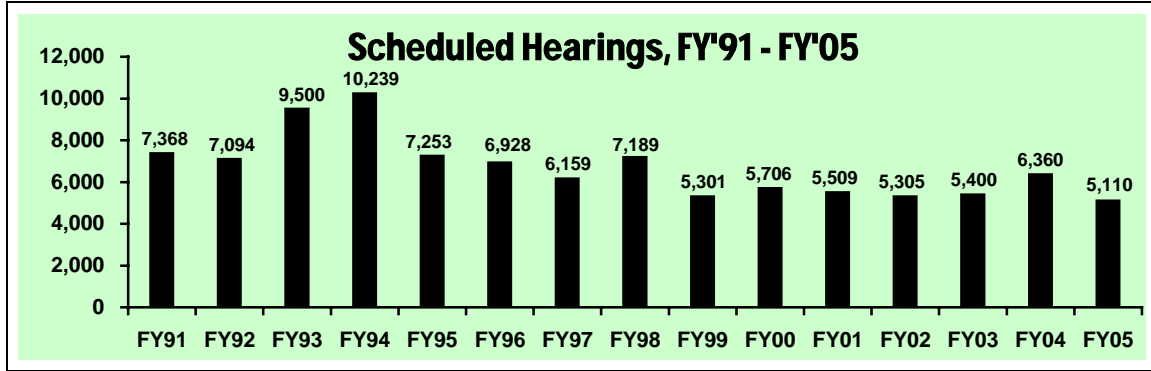
Volume of Scheduled Hearings

The number of hearings scheduled in FY'05 decreased by 1,250 cases (6,360 in FY'04 to 5,110 in FY'05) from last fiscal year.⁸ Each year, the number of hearings scheduled is greater than the number of hearings that will actually take place before an Administrative Judge since many cases are withdrawn or resolved before ever reaching a hearing.

⁸ In an effort to avoid duplication, the number of "scheduled hearings" does not include cases that were "rescheduled for a hearing." In FY'05, 2,985 cases were "rescheduled for a hearing."

The following chart shows how the number of "scheduled hearings" decreased by 20% from last fiscal year.

Figure 11: Scheduled Hearings, FY'91 - FY'05



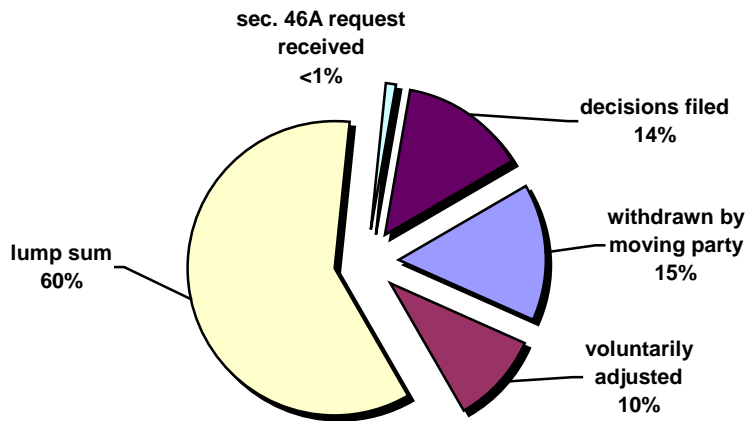
Source: CMS Report 46 (Hearing Statistics - For Scheduled Dates)

Cases Resolved at Hearing

In fiscal year 2005, 4,889 cases were resolved at the hearing level. It is important to note that a case resolved at the hearing level does not necessarily exit the system as the parties have 30 days from the decision date to appeal a case to the reviewing board. Much like conferences, a case resolved at the hearing level does not mean that the case made it to the actual hearing as it may be withdrawn, voluntarily adjusted or a lump sum could occur prior to the proceeding. The following pie-chart and statistical table shows the various methods by which a disputed case can be resolved at hearing.

Figure 12: Pie-Chart Detailing Cases Resolved at Hearing, Fiscal Year 2005

Resolved at Hearing, Fiscal Year 2005



Source: CMS Report 431

Table 13: Cases Resolved at Hearing, Fiscal Year 2005 and Fiscal Year 2004

Resolved at Hearing FY'05 and FY'04	Number of Cases		Percentage	
	FY'05	FY'04	FY'05	FY'04
Withdrawn by Moving Party	734	967	15.0%	17.0%
Voluntarily Adjusted	485	530	9.9%	9.3%
Lump Sum	2,955	3,418	60.4%	60.0%
Section 46A Request Received	31	57	<1%	1.0%
Decisions Filed	684	722	14.0%	12.7%
Total	4,889	5,694	100%	100%

Source: CMS Report 431

As displayed in *Table 13*, there are various methods by which a disputed case can be resolved at the hearing level. First, the moving party may decide to withdraw the case completely from the system. In fiscal year 2005, 734 cases (15% of resolved cases at hearing) exited the system in this manner.

Second, the parties may agree to have the case voluntarily adjusted. This occurs at the hearing when a compromise on any part of the case (benefit level, benefit duration, etc.) can be reached among the parties. In fiscal year 2005, 485 cases (10% of resolved cases at hearing) were voluntarily adjusted.

Much like at the conference level, the most prevalent method by which a case exits the system at the hearing level is through a lump sum settlement. Lump sum settlements may be approved either at a hearing or at a separate lump sum conference. The procedure is the same for both meetings. Most lump sum settlements are approved directly at the conference or the hearing level by the presiding AJ, rather than scheduling a separate meeting. In fiscal year 2005, 2,955 cases (60% of resolved cases at hearing) exited the system through a lump sum settlement.

Another method in which a case could exit the system is if a "Section 46A Request" is filed when there is an outstanding lien on a case that has been deemed compensable. A "Section 46A Request" occurs in conjunction with a lump sum settlement. The case is required to appear before an Administrative Law Judge (ALJ) to determine if reimbursement is owed out of the proceeds of the award. In fiscal year 2005, only 31 of these requests have been documented at the hearing level.

Finally, the most obvious method by which a case can exit the system at the hearing level is when the presiding Administrative Judge issues a hearing decision. In fiscal year 2005, 684 hearing decisions (14% of resolved cases at hearing) were filed by Administrative Judges.

REVIEWING BOARD

The fourth and final stage of dispute resolution at the DIA is known as the reviewing board. The reviewing board consists of six Administrative Law Judges (ALJ's) whose primary function is to review the appeals from hearing decisions. While appeals are heard by a panel of three ALJ's, initial pre-transcript conferences are held by individual ALJ's. The Administrative Law Judges also work independently to perform three other statutory duties: preside at lump sum conferences, review third party settlements (§15), and discharge and modify liens against an employee's lump sum settlement (§46A).

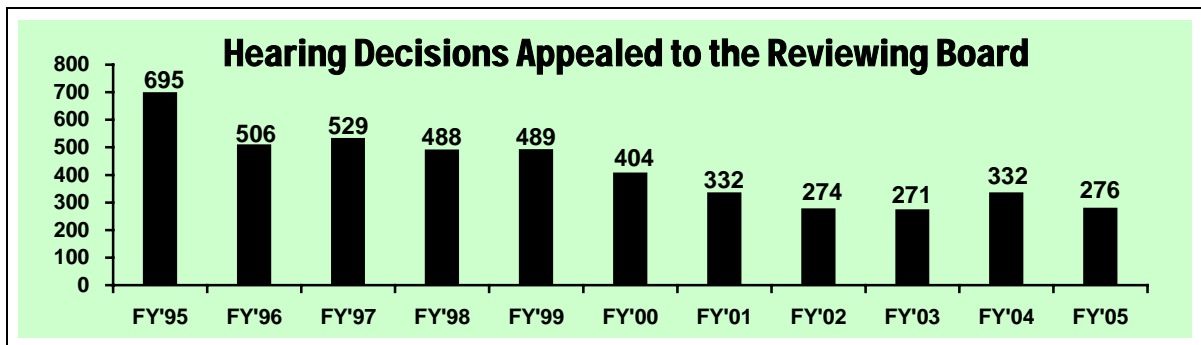
Volume of Hearing Decisions Appealed to the Reviewing Board

An appeal of a hearing decision must be filed with the Reviewing Board no later than 30 days from the date of the decision. A filing fee of 30% of the state's average weekly wage, or a request for waiver of the fee, based on indigence, must accompany any appeal.

Pre-transcript conferences are held before a single ALJ to identify and narrow the issues, to determine if oral argument is required and to decide if producing a transcript is necessary. This is an important step that can clarify the issues in dispute and encourage some parties to settle or withdraw the case. Approximately 25% to 30% of the cases are withdrawn or settled following this first meeting. After the pre-transcript conference, the parties are entitled to a verbatim transcript of the appealed hearing.

Ultimately, cases that are not withdrawn or settled proceed to a panel of three ALJ's. The panel reviews the evidence presented at the hearing, as well as any findings of law made by the AJ. The appellant must file a brief in accordance with the board's regulations and the appellee must also file a response brief. An oral argument may be scheduled. The vast majority of cases are remanded for further findings of fact and/or review of conclusions of law. However, the panel may reverse the Administrative Judge's decision only when it determines that the decision was beyond the AJ's scope of authority, arbitrary or capricious, or contrary to law. The panel is not a fact-finding body, although it may recommit a case to an AJ for further findings of fact. The number of hearing decisions appealed to the Reviewing Board in fiscal year 2005 was 276.

Figure 13: Hearing Decisions Appealed to the Reviewing Board, FY'95 - FY'05



Source: CMS Report 46 (Hearing Statistics - For Scheduled Dates)

The Reviewing Board resolved 301 cases in FY'05 (some from the prior year) compared to 250 in the previous fiscal year.

Figure 14: Appeals Resolved at the Reviewing Board, Fiscal Year 2005

Resolved at the Reviewing Board, Fiscal Year 2005

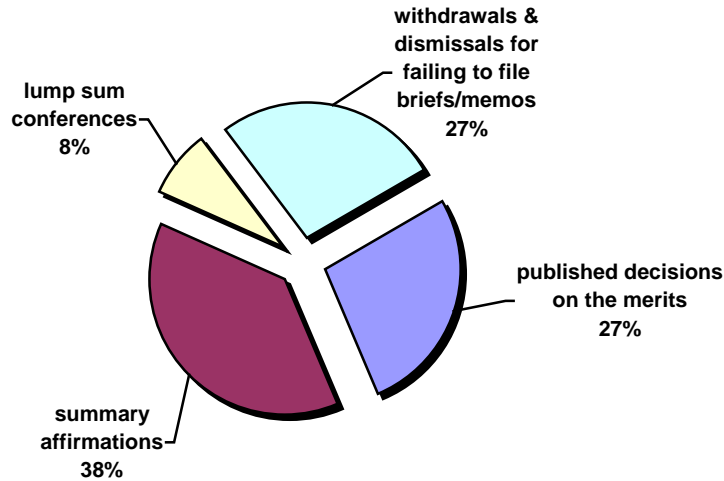


Table 14: Appeals Resolved at the Reviewing Board, Fiscal Year 2005

Appeals Resolved at the Reviewing Board, FY'05	Number of Cases
Published Decision on the Merits (Full Panel):	82 (27.2%)
Summary Affirmations (After Full Panel Deliberation):	114 (37.9%)
Lump Sum Conferences:	23 (7.6%)
Withdrawals/Dismissals for Failing to File Briefs/Memos:	82 (27.2%)
Total Number of Appeals Resolved by the Reviewing Board:	301 (100%)

Source: DIA Reviewing Board

Lump Sum Conferences

The purpose of the lump sum conference is to determine if a settlement is in the best interest of the employee. A lump sum conference may be requested at any point during the dispute resolution process upon agreement of both the employee and insurer. Lump sum conferences are identical to the approval of settlements by Administrative Judges at the conference and hearing. Conciliators may refer cases to a lump sum conference at the request of the parties or the parties may request a lump sum conference directly. The number of lump sum conferences scheduled in 2005 was 1,719.

Third Party Subrogation (§15)

When a work-related injury results in a legal liability for a party other than the employer, a claim may be brought against the third party for payment of damages. The injured employee may collect workers' compensation indemnity and health care benefits under the employer's insurance policy, and may also file suit against the third party for damages. For example, an injury sustained by an employee, as the result of a motor vehicle accident in the course of a delivery, would entitle the employee to workers' compensation benefits. However, the accident may have been caused by another driver not associated with the employer. In this case, the employee could collect workers' compensation benefits and simultaneously bring suit against the other driver for damages.

Monies recovered by the employee in the third party action must be reimbursed to the workers' compensation insurer. However, any amounts recovered that exceed the total amount of benefits paid by the insurer may be retained by the employee.

The statute provides that the Reviewing Board may approve a third party settlement. A hearing must be held to evaluate the merits of the settlement, as well as the fair allocation of amounts payable to the employee and the insurer. Guidelines were developed to ensure that due consideration is given to the multitude of issues that arise from settlements. During FY'05, Administrative Law Judges heard 1,221 Section 15 petitions on a rotating basis.

Compromise and Discharge of Liens (§46A)

Administrative Law Judges are also responsible for determining the fair and reasonable amount to be paid out of lump sum settlements to discharge liens under M.G.L. c.152, §46A.

A health insurer or hospital providing treatment may seek reimbursement under this Section for the cost of services rendered when it is determined that the treatment provided arose from a work related injury. The Commonwealth's Department of Transitional Assistance can make a similar claim for reimbursement after providing assistance to an employee whose claim has subsequently been determined to be compensable under the workers' compensation laws.

In those instances, the health insurer, hospital, or Department of Transitional Assistance may file a lien against either the award for benefits or the lump sum settlement. When a settlement is proposed and the employee and the lien-holder are unable to reach an agreement, the ALJ must determine the fair and reasonable amount to be paid out of the settlement to discharge the lien.

The number of Section 46A conferences that were heard in fiscal year 2005 was 75.

ADMINISTRATIVE JUDGES

DIA Administrative Judges (AJs) and Administrative Law Judges (ALJs) are appointed by the Governor, with the advice and consent of the Governor's Council. Candidates for the positions are first screened by the Industrial Accidents Nominating Panel [see Appendix D for membership] and then rated by the Advisory Council. M.G.L. c.23E allows for the appointment of 21 Administrative Judges, 6 Administrative Law Judges, and as many former judges to be recalled as the Governor deems necessary.

As one management tool to maintain a productive staff, the Senior Judge may stop assigning new cases to any judge with an inordinate number of hearing decisions unwritten. Intended as a sanction, it provides a judge who has fallen behind with the opportunity to catch up. This could become problematic if a large queue of new cases were to develop. The administrative practice of taking a judge off-line is relatively rare and occurs for a limited time period. However, the Senior Judge may take an AJ off-line near the end of a term until reappointment is made. This enables the judges to complete their assigned hearings, thereby, minimizing the number of cases that must be re-assigned to other judges after their term expires.

Appointment Process

Nominating Panel - The Nominating Panel is comprised of thirteen members as designated by statute. When a judicial position becomes available, the Nominating Panel convenes to review applications for appointment and reappointment. The panel considers an applicant's skills in fact finding and the understanding of anatomy and physiology. In addition, an AJ must have a minimum of a college degree or four years of writing experience and an ALJ must be a Massachusetts attorney (or formerly served as an AJ). Consideration for reappointment includes review of a judge's written decisions, as well as the Senior Judge's evaluation of the applicant's judicial demeanor, average time for disposition of cases, total number of cases heard and decided, and appellate record.

On December 18, 2003, the appointment process was revised when Governor Romney signed Executive Order #456. The main objective of the Executive Order was to strengthen the selection process to ensure that all applicants who apply for a judgeship have their qualifications reviewed on merit. The Executive Order increased confidentiality during the deliberation process and created a Code of Conduct for both applicants and members of the Nominating Panel.

Advisory Council Review - Upon the completion of the Nominating Panel's review, recommended applicants are forwarded to the Advisory Council. The Advisory Council will review these candidates either through a formal interview or by a "paper review." On the affirmative vote of at least seven voting members, the Advisory Council may rate any candidate as either "qualified," "highly qualified," or "unqualified." This rating must then be forwarded to the Governor's Chief Legal Counsel within one week from the time a candidate's name was transmitted to the Council from the Nominating Panel (see Appendix J for a complete description of the Advisory Council's interview guidelines).

LUMP SUM SETTLEMENTS

A lump sum settlement is an agreement between the employee and the employer's workers' compensation insurer, whereby the employee will receive a one-time payment in place of weekly compensation benefits. In most instances, the employer must ratify the lump sum settlement before it can be implemented. While settlements close out indemnity payments for lost income, medical and vocational rehabilitation benefits must remain open and available to the employee if needed.

Lump sum settlements can occur at any point in the dispute resolution process, whether it is before the conciliation or after the hearing. Conciliators have the power to "review and approve as complete" lump sum settlements that have already been negotiated.

Administrative Judges may approve lump sum settlements at conference and hearings just as an ALJ does at a lump sum conference. At the request of the parties, conciliators and Administrative Judges may also refer the case to a separate lump sum conference where an Administrative Law Judge will decide if it is in the best interest of the employee to settle.

Table 15: Lump Sum Conference Statistics, FY'05-FY'91

<i>Fiscal Year</i>	<i>Total lump sum conferences scheduled</i>	<i>Lump sum settlements approved</i>
FY'05	7,575	6,923 (91.4%)
FY'04	8,442	7,754 (91.9%)
FY'03	7,887	7,738 (95.7%)
FY'02	8,135	7,738 (95.1%)
FY'01	8,111	7,801 (96.2%)
FY'00	8,297	7,940 (95.7%)
FY'99	7,900	7,563 (95.7%)
FY'98	9,579	9,158 (95.6%)
FY'97	9,293	8,770 (94.4%)
FY'96	10,047	9,633 (95.9%)
FY'95	10,297	9,864 (95.8%)
FY'94	13,605	12,578 (92.5%)
FY'93	17,695	15,762 (89.1%)
FY'92	18,310	16,019 (87.5%)
FY'91	19,724	17,297 (87.7%)

Source: CMS Report 86: Lump Sum Conference Statistics for Scheduled Dates

The number of lump sum conferences scheduled has declined by 62% since FY'91. In FY'05, only 8 lump sum settlements were disapproved in the whole fiscal year. The remainder of the scheduled lump sum conferences without an "approved" disposition were either withdrawn or rescheduled.

There are four dispositions that indicate a lump sum settlement occurred for conciliations, conferences, and hearings:

Lump Sum Reviewed - Approved as Complete - Pursuant to §48 of chapter 152, conciliators have the power to "review and approve as complete" lump sum settlements when both parties arrive at conciliation with a settlement already negotiated.

Lump Sum Approved - Administrative Judges at the conference and hearing may approve settlements, and just as an ALJ at a lump sum conference, they must determine if the settlement is in the best interest of the employee.

Referred to Lump Sum - Lump sums settlements may also be reviewed at a lump sum conference conducted by an assigned ALJ. Conciliators and Administrative Judges may refer cases to lump sum conferences to determine if settlement is in the best interest of the employee. Many lawyers prefer to have a case referred to a lump sum conference rather than have a conciliator approve a settlement. An ALJ renders a judgment regarding the adequacy and appropriateness of the settlement amount, whereas a conciliator merely approves the agreement "as complete." Most attorneys want their client's settlement reviewed and determined by a judge to be in their "best interest."

Lump Sum Request Received - A lump sum conference may also be requested after a case has been scheduled for a conciliation, conference, or hearing. The parties would fill out a form to request this event and the disposition would then be recorded as "lump sum request received." Lump sum conferences may also be requested without scheduling a meeting.

Lump sum settlement dispositions become increasingly prevalent at the later stages of the dispute resolution process as indicated in the table below.

Table 16: Lump Sum Settlements Pursued at Each Level of Dispute Resolution - FY'05

Fiscal Year 2005	<i>Lump Sum Pursued⁹</i>	<i>% Total Cases Resolved (at each level of dispute)</i>
Conciliation	704	9.6%
Conference	2,565	50.8%
Hearing	2,955	60.4%

Source: See Previous Sections on Conciliations, Conferences, and Hearings.

⁹ Lump sum pursued refers to four dispositions for lump sum settlements: lump sum request received; lump sum reviewed-approved as complete; lump sum approved; referred to lump sum conference.

IMPARTIAL MEDICAL EXAMINATIONS

The impartial medical examination has become a significant component of the dispute resolution process, since it was created by the Reform Act of 1991. During the conciliation and conference stages, a disputed case is guided by the opinions of the employee's treating physician and the independent medical report of the insurer. Once a case is brought before an Administrative Judge at a hearing, however, the impartial physician's report is the only medical evidence that can be presented. Any additional medical testimony is inadmissible, unless the judge determines the report to be "inadequate" or that there is considerable "complexity" of the medical issues that could not be fully addressed by the report.

The 1991 reforms were designed to solve the problem of "dueling doctors," which frequently resulted in the submission of conflicting evidence by employees and insurers. Prior to 1991, judges were forced to make medical judgments by weighing the report of an examining physician, retained by the insurer, against the report of the employee's treating physician.

Section 11A of the Workers' Compensation Act now requires that the Senior Judge periodically review and update a roster of impartial medical examiners from a variety of specialized medical fields. When a case involving disputed medical issues is appealed to hearing, the parties must agree on the selection of an impartial physician. If the parties cannot agree, the AJ must appoint one. An insurer may also request an impartial examination if there is a delay in the conference order.¹⁰ Furthermore, any party may request an impartial exam to assess the reasonableness or necessity of a particular course of medical treatment, with the impartial physician's opinion binding the parties until a subsequent proceeding. Should an employee fail to attend the impartial medical examination, they risk the suspension of benefits.¹¹

Under Section 11A, the impartial medical examiner must determine whether a disability exists, whether such disability is total, partial, temporary or permanent, and whether such disability has as its "major or predominant contributing cause" a work-related personal injury. The examination should be conducted within 30 to 45 calendar days from assignment. Each party must receive the impartial report at least 7 days prior to the start of a hearing.

Impartial Unit

The Impartial Unit, within the DIA's Division of Dispute Resolution, will choose a physician from the impartial physician roster when parties have not selected one or when the AJ has not appointed one. While it is rare that the Impartial Unit chooses the specialty, in most cases it must choose the actual physician. The unit is also required to collect filing fees, schedule examinations, and to ensure that medical reports are promptly filed and that physicians are compensated after the report is received.

¹⁰ M.G.L. c.152, §8(4).

¹¹ M.G.L. c.152, §45.

Filing fees for the examinations are determined by the Commissioner and set by regulation through the Commonwealth's Executive Office of Administration & Finance.

The following details the DIA's fee schedule:

Table 17: Fee Schedule - Impartial Medical Examinations

\$450	Impartial medical examination and report
\$500	For deposition lasting up to 2 hours
\$100	Additional fee when deposition exceeds 2 hours
\$225	Review of medical records only
\$125	Supplemental medical report
\$100	When worker fails to keep appointment (maximum of 2)
\$100	For cancellation less than 24 hours before exam

Source: DIA Medical Unit

Note: Fee Schedule is subject to increase.

The deposing party is responsible for paying the impartial examiner for services and the report. Should the employee prevail at hearing, the insurer must pay the employee the cost of the deposition. In FY'05, approximately \$2,118,322.79 was collected in filing fees.

As of 6/30/05, there were 275 physicians on the roster consisting of 27 specialties.¹² The impartial unit is responsible for scheduling appointments with the physicians. Scheduling depends upon the availability of physicians, which varies by geographic region and the specialty sought. A queue for scheduling may arise according to certain specialties and regions in the state.

In FY'05 the impartial unit scheduled 5,282 examinations. Of these, 3,823 exams were actually conducted in the fiscal year (the remainder of the scheduled exams were either canceled due to settlements and withdrawals or took place in the next year).¹³ Medical reports are required to be submitted to the Division and to each party within 21 calendar days after completion of the examination. Last year (FY'04), the impartial unit scheduled 6,844 examinations. Of these, 4,814 exams were actually conducted in the fiscal year.

Impartial Exam Fee Waiver for Indigent Claimants

In 1995, the Supreme Judicial Court ruled that the Department of Industrial Accidents must waive the filing fee for indigent claimants appealing an Administrative Judge's benefit-denial order. As a result of this decision, the DIA has implemented procedures and standards for processing waiver requests and providing financial relief for the Section 11A fee.

¹² Including contracts pending renewal.

¹³ Additional reports may be entered upon FY'05 closure.

The Waiver Process - A workers' compensation claimant who wishes to have the impartial examination fee waived must complete Form 136: "Affidavit of Indigence and Request for Waiver of §11A (2) Fees." This document must be completed before 10 calendar days following the appeal of a conference order.

It is within the discretion of the Commissioner to accept or deny a claimant's request for a waiver, based on documentation supporting the claimant's assertion of indigency as established in 452 CMR 1.02. If the Commissioner denies a waiver request, it must be supported by findings and reasons in a Notice of Denial report. Within 10 days of receipt of the Notice of Denial report, a party can request a reconsideration. The Commissioner can deny this request without a hearing if past documentation does not support the definition of "indigent" set out in 452 CMR 1.02, or if the request is inconsistent or incomplete. If a claimant is granted a waiver and prevails at a hearing, the insurer must reimburse the Division for any fees waived.

An indigent party is defined as:

- a) one who receives one of the following types of public assistance: Aid to Families with Dependent Children (AFDC), Emergency Aid to Elderly Disabled and Children (EAEDC), poverty related veteran benefits, food stamps, refugee resettlement benefits, Medicaid, or Supplemental Security Income (SSI) or;
- b) one whose annual income after taxes is 125% of the current federal poverty threshold (established by the U.S. Department of Health and Human Services) as referred to in M.G.L. c.261, §27A(b). Furthermore, a party may be determined indigent based on the consideration of available funds relative to the party's basic living costs.

Table 18: DIA Indigency Requirements, 2005

2005 HHS Poverty Guidelines	
Size of Family Unit	Amount*
1	\$9,570
2	\$12,830
3	\$16,090
4	\$19,350
5	\$22,610
6	\$25,870
7	\$29,130
8	\$33,390

For family units with more than eight members, add \$3,260 for each additional member in the family. The poverty guidelines are updated annually by the U.S. Department of Health and Human Services.

SOURCE: *Federal Register*, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375.
 *48 Contiguous States and D.C.

SECTION

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OFFICE OF CLAIMS ADMINISTRATION

The Office of Claims Administration (OCA) is responsible for reviewing, maintaining and recording the massive number of forms the DIA receives on a daily basis, as well as for ensuring that claims forms are processed in a timely and accurate manner. Quality control is a priority of the office and it is essential to ensure that each case is recorded in a systematic and uniform method.

The OCA consists of the Claims Processing Operations Unit, the Record Room, and the Administrative Office (which includes the Keeper of Records and First Report Compliance). The Manager of Claims Administration is responsible for overseeing the operations of each unit within the Office of Claims Administration.

Claims Processing Operations Unit

The Claims Processing Operations Unit is responsible for the intake and entry of all mail, including electronic filings that come into the OCA.¹⁴ The OCA reviews each form, ensuring they are complete and accurate. Any incomplete or inaccurate form is returned to the sender. Reports, transactions, and other relevant data are entered into the DIA's Oracle database. As data entry personnel update the computerized records with new forms, they also review the entire record to ensure that duplicate forms are not contained in the database, as well as to make certain that all necessary information has been entered properly for quality assurance.

While quality control measures slow down the process, they are necessary for accurate and complete record keeping. Forms are entered in order of priority, with the need for scheduling at dispute resolution as the main objective. All conciliations are scheduled upon entry of a claim through the Oracle Case Management System (CMS). Information entered into CMS generates violation notices, scheduling of conciliations and judicial proceedings, and statistical reports. The DIA and other agencies use this data to facilitate various administrative and law enforcement functions.

In FY'05, the OCA received 37,461 First Report of Injury Forms, 722 more than FY'04 (36,739). The number of First Report of Injury Forms filed online during FY'05 was 6,772 (18% of the total received). The number of claims, discontinuances and third party claims received by the office decreased in FY'05 by 630 to 19,216 (prior to review and CMS processing). The total number of referrals to conciliation for the FY'05 was 16,276, which represents a slight decrease from FY'04 (16,394).

Record Room

The record room, located in the DIA's Boston office, is the central repository for all departmental case files and transactions. The Record Room staff is responsible for filing, maintaining, storing, retrieving and tracking all files pertaining to a case in the dispute

¹⁴ Online filing submissions of the First Report of Injury (Form 101) became effective at the DIA in April of 2003.

resolution process. Included in case files are copies of all briefs, settlement offers, medical records, and supporting documentation that accumulate during the dispute resolution process. Couriers transfer files between the regional office and the Boston office twice a week.

The DIA files have a retention cycle of 40 years, 32 at the state archive and 8 years on-site. In addition to the DIA's main Record Room, a mini archive area containing 2,000 boxes of quality files are located within the agency. The Record Room obtained space in the DIA's Lawrence Office to serve as a supplemental storage facility. Complex file management procedures, in accordance with State Record Center (SRC) regulations, are the key to maintaining information that is accessible and easy to transfer upon request.

Administrative Office

OCA's Administrative Office serves as Keeper of Records and requests for workers' compensation file copies and other public information pursuant to the Massachusetts Public Records Law. Those seeking information, data and specific records include employees (past and current injured workers), attorneys, insurers, investigative and pre-employment services, as well as law enforcement agencies. The trend in public records request continue to rise and the number of these requests grow unabated. The Administrative Office also processes subpoenas, holding in-house depositions. A fee charge is billed to the requestors for copies, labor and research. The Office also assists the Insurance Fraud Bureau, Attorney General's Office and other governmental agencies.

First Report Compliance Office

All Employers must report any injury alleged to have arisen out of and in the course of employment that incapacitates an employee from earning full/partial wages for a period of five or more calendar days. Failure to file a First Report or a late First Report is a violation of M.G.L. c.152, §6. If an Employer violates this provision three or more times within any year, they shall be punished by a fine of one hundred dollars (\$100) for each violation. Each failure to pay a fine within thirty days of receipt of a bill from the DIA shall be considered a separate violation.

In fiscal year 2005, \$307,633 was collected in fines, an increase of \$72,053 from the \$235,580 collected in FY'04. The office is also responsible for maintaining a database on cases discovered by the DIA, where there may be suspicion of fraud. In fiscal year 2005, the Office of Claims Administration received sixteen (16) in-house referrals (telephone calls, anonymous letters or within DIA units via CMS). Outside referrals are directly reported to the Insurance Fraud Bureau or the Attorney General's Office. Claims Administration assists the Insurance Fraud Bureau investigators on copies of suspected workers' compensation files, and receives status update letters. A total of 34 such inquiries were processed during FY'05.

OFFICE OF EDUCATION AND VOC. REHAB

The Office of Education and Vocational Rehabilitation (OEVR) oversees the rehabilitation of disabled workers' compensation recipients with the ultimate goal of successfully returning them to employment.

While OEVR seeks to encourage the voluntary development of rehabilitation services, it has the authority to mandate services for injured workers determined to be suitable for rehabilitation. Vocational rehabilitation (VR) is defined by the Act as "non-medical services reasonably necessary at a reasonable cost to restore a disabled employee to suitable employment as near as possible to pre-injury earnings. Such services may include vocational evaluation, counseling, education, workplace modification, and retraining, including on-the-job training for alternative employment with the same employer, and job placement assistance. It shall also mean reasonably necessary related expenses."¹⁵

A claimant is eligible for vocational rehabilitation services when an injury results in a functional limitation prohibiting a return to previous employment, or when the limitation is permanent or will last an indefinite period of time. Liability must be established in every case and the claimant must be receiving benefits.

Vocational Rehabilitation Specialist

Each year, OEVR approves vocational rehabilitation specialists to develop and implement the individual written rehabilitation plans (IWRP). The standards and qualifications for a certified provider are found in the regulations, 452 C.M.R. §4.03. Any state vocational rehabilitation agency, employment agency, insurer, self-insurer, or private vocational rehabilitation agency may qualify to perform these services. All Request for Response (RFR) information, including application forms, are now available through the DIA website.

Credentials must include at least a master's degree, rehabilitation certification, or a minimum of 10 years of experience. A list of the providers is available from OEVR. In FY'05, OEVR approved 62 VR providers. It is the responsibility of the provider to submit progress reports on a regular basis, so that OEVR's Rehabilitation Review Officers (RROs) can have a clear understanding of the case's progress. Progress reports must include the following:

1. Status of vocational activity;
2. Status of IWRP development (including explanation if IWRP has not been completed within 90 days);

¹⁵ M.G.L. c.152, §1(12).

3. If client is retraining, copy of grades received from each marking period and other supportive data (such as attendance);
4. Summary of all vocational testing used to help develop an employment goal and a vocational goal; and
5. The name of the OEVR Rehabilitation Review Officer.

Determination of Suitability

It is the responsibility of OEVR to identify those disabled workers' who may benefit from rehabilitation services. OEVR identifies rehabilitation candidates according to injury type after liability has been established, and through referrals from internal DIA sources (including the Office of Claims Administration and the Division of Dispute Resolution), insurers, certified providers, attorneys, hospitals, doctors, employers and injured employees themselves.¹⁶ Through the use of new technology, such as the automatic scheduling system, OEVR has made significant progress in identifying disabled workers for mandatory meetings early on in the claims process.

Once prospective candidates have been identified, an initial mandatory meeting between the injured worker and the Rehabilitation Review Officer is scheduled for the purpose of determining whether or not an injured worker is suitable for VR services. During this meeting, the RRO obtains basic case information from the client, explains the VR process (including suitability, employment objectives in order of priority, client rights, and OEVR's role in the process) and answers any questions the client may have. The failure of an employee to attend the mandatory meeting may result in the discontinuance of benefits until the employee complies.

Once a "mandatory meeting" has concluded, it is the duty of the RRO to issue a decision on the appropriateness of the client for vocational rehabilitation services. This is done through a Determination of Suitability (DOS) Form. Suitability is determined by a number of factors including: medical stability, substantial functional limitations, feasibility and cost-effectiveness of services, and liability must be established. If a client is deemed "suitable," the RRO will write to the insurer and request VR services for the injured worker. The insurer must then choose any OEVR-approved provider so that an Individual Written Rehabilitation Program (IWRP) can be developed. The insurer must also submit to OEVR any pertinent medical records within 10 days. If a client is deemed "unsuitable," the insurer can refer the client again after six months has elapsed.

At any point during the OEVR process after an injured worker has been found suitable for VR services, a RRO can schedule a "team meeting" to resolve issues of disagreement among any of the represented parties. All parties are invited and encouraged to attend team meetings. At the conclusion of the meeting, if parties are still in disagreement, the RRO can refer the matter back to the parties with recommendations and an action plan. All team meetings are summarized in writing.

¹⁶ M.G.L. c.152, §30 (E-H); 452 C.M.R. §4.00

Individual Written Rehabilitation Program (IWRP)

After an employment goal and vocational goal has been established for the injured worker, an Individual Written Rehabilitation Program (IWRP) can be written. The IWRP is written by the vocational provider and includes the client's vocational goal, the services the client will receive to obtain that goal, an explanation why the specific goal and services were selected, and the signatures necessary to implement it. A vocational rehabilitation program funded voluntarily by the insurer has no limit of length, however OEVR-mandated IWRP's are limited to 52 calendar weeks for pre-12/23/91 injuries and 104 calendar weeks for post-12/23/91 injuries.¹⁷ The IWRP should follow OEVR's priority of employment goals:

1. Return to work with same employer, same job modified;
2. Return to work with same employer, different job;
3. Return to work with different employer, similar job;
4. Return to work with different employer, different job;
5. Retraining; and
6. Any recommendation for a workplace accommodation or a mechanical appliance to support the employee's return to work.

In order for an IWRP to be successful, it needs to be developed jointly with the client and the employer. An IWRP with the specific employment goal of permanent, modified work must include:

1. a complete job description of the modified position (including the physical requirements of the position);
2. a letter from the employer that the job is being offered on a permanently modified basis; and
3. a statement that the client's treating physician has had the opportunity to review and comment on the job description for the proposed modified job.

Before any vocational rehabilitation activity begins, the IWRP must be approved by OEVR. Vocational Rehabilitation is successful when the injured worker completes a VR program and is employed for 60 days. A "Closure Form" must then be signed by the provider and sent to the appropriate RRO. Closures should meet the following criteria:

1. all parties should understand the reasons for case closure;
2. the client is told of the possible impact on future VR rights;
3. the case is discussed with the RRO;
4. a complete closure form is submitted by the provider to OEVR; and
5. the form should contain new job title, DOT code, employer name and address, client wage, and the other required information if successfully rehabilitated.

¹⁷ M.G.L. c.152, §19.

Lump Sum Settlements

An employee obtaining vocational rehabilitation services must seek the consent of OEVR before a lump sum settlement can be approved. In the past, disabled and unemployed workers have settled for lump sum payments without receiving adequate job training or education on how to find employment. Settlement money would run out quickly and employees would be left with no means of finding suitable work. OEVR tries to have disabled employees initiate, if not complete, rehabilitation before the lump sum settlement is approved. Nevertheless, OEVR will consent to a lump sum settlement if the insurer agrees to continue to provide rehabilitation benefits.

Utilization of Vocational Rehabilitation

In fiscal year 2005, OEVR was headed by a Director and staffed by 10 Rehabilitation Review Officers, 1 Program Coordinator I, 1 Disability Analyst, and 3 Clerks. Out of the 3,418 cases referred to OEVR in FY'05, 80% proceeded to a "mandatory meeting" for a determination of suitability for vocational rehabilitation services. The remaining 20% exited the system for reasons that include the non-establishment of liability or that the employee was not on compensation. Of those cases that received a "mandatory meeting," 28% were referred to the insurer/self-insurer with a request to initiate vocational rehabilitation services by an OEVR certified provider. In FY'05, there was a 53% success ratio of injured workers who completed plans and returned to work.

Table 19: Utilization of Voc. Rehab. Services, FY'01 - FY'05

<i>Fiscal Year</i>	<i>Referrals to OEVR</i>	<i>Mandatory/ Inform. Meetings</i>	<i>Referrals to Insurer for VR</i>	<i>IWRPs approved</i>	<i>Return to work</i>	<i>% RTW after plan development</i>
FY'05	3,418	2,744/19	763	459	241	53%
FY'04	2,304	1,964/44	746	474	203	43%
FY'03	2,494	2,287/43	886	507	187	37%
FY'02	2,743	2,348/23	842	501	214	43%

Source: DIA - OEVR

Trust Fund Payment of Vocational Rehabilitation

If an insurer refuses to pay for vocational rehabilitation services while OEVR determines that the employee is suitable for services, the office may utilize monies from the Trust Fund to finance the rehabilitation services. In fiscal year 2005, the estimated encumbrances of the Trust Fund total \$71,790 for vocational rehabilitation services. OEVR is required to seek reimbursement from the insurer when the Trust Fund pays for the rehabilitation and the services are deemed successful (e.g., the employee returns to work). The DIA may assess the insurer a minimum of two times the cost of the services.

OFFICE OF SAFETY

The Office of Safety is responsible for establishing and supervising the Safety Grant Program for the education and training of employees and employers in the recognition, avoidance and prevention of unsafe or unhealthy working conditions. Each year the safety and training grants are awarded to qualified applicants based upon a competitive selection process initiated by a Grant Application. The Office of Safety also advises employees and employers of safety issues surrounding the work environment.

Since 1991, the Office of Safety has annually issued its Grant Application for the "Occupational Safety and Health Education and Training Program." To date, the DIA has funded a total of 606 preventive training programs, which have trained nearly 250,000 workers in the Commonwealth.

The Safety Grant Program

Each fiscal year the DIA's Office of Safety awards \$800,000 in safety grants to pay for programs which provide workplace safety training for employees and/or employers of industries operating within the Commonwealth and whose entire staff is covered under the Massachusetts Workers' Compensation Law (M.G.L. c.152).

The overall objective of the education and training programs is to reduce work related injuries and illnesses by:

- Targeting preventive educational programs for specifically identified audience with significant occupational health and/or safety problems;
- Fostering activities by employees/employers to prevent workplace accidents, injuries, and illnesses;
- Identifying, evaluating, and controlling safety and health hazards in the workplace;
- Making employees/employers aware of all federal and state health and safety standards, statutes, rules and regulations that apply, including those that mandate training and education in the workplace;
- Encouraging awareness and compliance with federal and/or state occupational safety and health standards and regulations;
- Encouraging labor/management cooperation in the area of occupational safety and health prevention programs; and
- Encouraging collaborations between various groups, organizations, educational or health institutions to devise innovative preventive methods for addressing occupational health and safety issues.

Grant Applications

Each fiscal year the Office of Safety publishes a Grant Application to notify the general public that safety grants are available. The program has an annual budget of \$800,000. In FY'05, proposals could be submitted up to a maximum of \$25,000. During the fiscal year, 1,800 announcement letters were mailed to various industries throughout the state. As a result of these announcement letters and the advertisements published in the regional newspapers, the Office of Safety issued over 219 Grant Applications in fiscal year 2005. Of the 219 Grant Applications issued, the DIA received 93 requests for funding (proposals). Of these, approximately 53% received funding.

A uniform criteria to competitively evaluate all proposals received is developed by a Proposal Selection Committee, appointed by the Commissioner. The Committee recommends a list of qualified applicants for funding. Upon approval of this list by the Commissioner, contracts are awarded. In FY'05, the Office of Safety was able to fund a total of 49 grants, which resulted in the training of 13,210 employees (see Appendix L for a list of proposals recommended for funding in FY'06). During the fiscal year, over 95% of the participants rated the program they attended as "excellent" or "good."

Changes to the Grant Application Process

During the last two years, the Office of Safety examined the Safety Grant Program in an effort to simplify the application process and to expand the number of employees who could benefit from the program. After reviewing the application process, it was discovered that Grant Application was redundant and that a large amount of money was being spent on administrative costs. To address these issues, the Office of Safety significantly revised the Grant Application and no longer funds administrative costs without justification. The Office of Safety believes that these changes to the Grant Application process will help expand the number of grants that can be awarded, thereby, increasing the number of employees whom will benefit from the training.

Frank S. Janas Training Center

In October of 2000, the DIA dedicated a new safety training center in memory of the late Frank Janas at the Lawrence Regional Office. Mr. Janas was a beloved DIA employee who worked in the Office of Insurance for seven years. The training center is a valuable tool for both private employers and government agencies that would like to conduct safety-related training or seminars. The conference training center holds 100 auditorium style seats and 50 classroom style seats, has valuable conference amenities (wide-screen TV/VCR, Apollo projector, podium, computer hookups, etc.), and is handicap accessible. The Office of Safety has begun the process of cataloging all of the safety videos contained in the Frank Janas Training Center. The Office of Safety plans to establish an online library of safety videos to increase their accessibility to the public.

Frank Janas Training Center Contact:

Dan DeMille
 Department of Industrial Accidents
 160 Winthrop Avenue
 Lawrence, MA 01840
 (978) 683-6420
 email: dand@dia.state.ma.us

OFFICE OF INSURANCE

The Office of Insurance issues self insurance licenses, monitors all self insured employers, maintains the insurer register, and monitors insurer complaints.

Self Insurance

A license to self insure is available for qualified employers with at least 300 employees and \$750,000 in annual standard premium.¹⁸ To be self insured, employers must have enough capital to cover the expenses associated with self insurance. However, many smaller and medium-sized companies have also been approved to self insure. The Office of Insurance evaluates employers every year to determine their eligibility for self insurance and to establish new bond amounts.

For an employer to qualify to become self insured, it must post a surety bond of at least \$100,000 to cover any losses that may occur.¹⁹ The amount varies for every company depending on their previous reported losses and predicted future losses. The average bond is usually over \$1 million and depends on many factors including loss experience, the financial state of the company, the hazard of the occupation, the number of years as a self insured, and the attaching point for re-insurance.

Employers who are self insured must purchase reinsurance of at least \$500,000. The per case deductible of the reinsurance varies from \$100,000, a relatively modest amount, to much higher amounts. Smaller self insured companies may also purchase aggregate excess insurance to cover multiple claims that exceed a set amount. Many self insured employers engage the services of a law firm or a third party administrator (TPA) to handle claims administration.

In FY'05, two (2) new license were issued to bring the total number of "parent-licensed" companies to 129, covering a total of 409 subsidiaries. Each self insurance license provides approval for a parent company and its subsidiaries to self insure. This amounts to approximately \$262 million in equivalent premium dollars.

Four semi-autonomous public employers are also licensed to self insure including the Massachusetts Bay Transportation Authority (MBTA), the Massachusetts Turnpike Authority (MTA), the Massachusetts Port Authority, and the Massachusetts Water Resource Authority (MWRA).²⁰

¹⁸ C.M.R. 5.00: Code of Massachusetts Regulations concerning insurers and self insurers. These regulations may be waived by the Commissioner of the DIA for employers that have strong safety records and can produce the necessary bond to cover for all incurred losses.

¹⁹ M.G.L. 452 C.M.R. 5:00.

²⁰ The Commonwealth of Massachusetts does not fall under the category of self insurance, although its situation is analogous to self insured employers. It is not required to have a license to self insure because of its special status as a public employer and it therefore funds workers' compensation claims directly from the treasury as a budgetary expense. The agency responsible for claims management, the Public Employee Retirement Administration, has similar responsibilities to an insurer, however, the state does not pay insurance premiums or post a bond for its liabilities (M.G.L. c.152, §25B).

Insurance Unit

The Insurance Unit maintains a record of the workers' compensation insurer for every employer in the state. This record, known as the insurer register, dates back to the 1920's and facilitates the filing and investigation of claims after many years.

In the past, the insurance register had a record keeping system, which consisted of information manually recorded on 3x5 notecards (a time consuming and inefficient method for storing files and researching insurers). Every time an employer made a policy change, the insurer mailed in a form and the notecard was changed manually.

Through legislative action, the Workers' Compensation Rating and Inspection Bureau (WCRIBM) became the official repository of insurance policy coverage in 1991. The DIA was provided with computer access to this database, which includes policy information for the eight most current years. The remainder of policy information must be researched through the files at the DIA, now stored on microfilm. In FY'05, an estimated 6,114 inquiries were made to the Insurance Register.

The Insurance Unit is also responsible for handling insurance complaints. Complaints are often registered by telephone and the unit will provide the party with the necessary information to handle the case.

OFFICE OF INVESTIGATIONS

In Massachusetts, employers with one or more employees are required to have a valid workers' compensation policy at all times.²¹ Employers can meet this statutory requirement by purchasing a commercial insurance policy, gaining membership in a self insurance group, or licensing as a self insurer (M.G.L. c.152, §25A). The Office of Investigations is charged with enforcing this mandate by investigating whether employers are maintaining insurance policies and by imposing penalties when violations are uncovered. When an employer fails to carry an insurance policy and an injury occurs at their workplace, the claim is paid from the DIA's Workers' Compensation Trust Fund (funded entirely by the employers who purchase workers' compensation policies).

Referrals to the Office of Investigations

The Office of Investigations has access to the Workers' Compensation Rating and Inspection Bureau (WCRIBM) database on all policies written by commercial carriers in the state. From this database, it can be determined which employers have either canceled or failed to renew their insurance policies. Employers on this database are investigated for insurance coverage or alternative forms of financing (self-insurance, self-insurance group, reciprocal exchange).

The Office of Investigations also works with other state agencies for referrals. Both the Division of Employment & Training and the Secretary of State's Office have been utilized in the past.

Another type of referral the Office of Investigations utilizes is through anonymous calls and letters received from the general public. These tips have historically played a crucial role in identifying which companies may be without insurance.

Referrals can also come to the Office of Investigations internally within the DIA. Whenever a Section 65 claim (an injury occurs at an uninsured business) is entered into the system, the Office of Investigations will be notified by the Office of Insurance that a particular company is without insurance.

The Initial "In-House" Investigation

Referrals received by the Office of Investigations are assigned to an individual investigator who conducts comprehensive "in-house" research utilizing all available databases. This initial research allows the investigator to close cases where an insurance policy has been discovered or when there is substantial evidence that a company has ceased operations. Once a referral has been thoroughly investigated "in-house" and it is demonstrated that a business is violating the statute, the DIA will issue a compliance letter requesting they provide proof of workers' compensation insurance. If the business

²¹ A recent change to the workers' compensation law allows officers of corporations who own at least 25% of the stock of the corporation to exempt themselves from coverage. If a corporation has non-exempt employees, the corporation does not need workers' compensation insurance.

fails to respond to this letter or is unable to display proof of coverage, the investigator will make an "on-site" visit to the worksite.

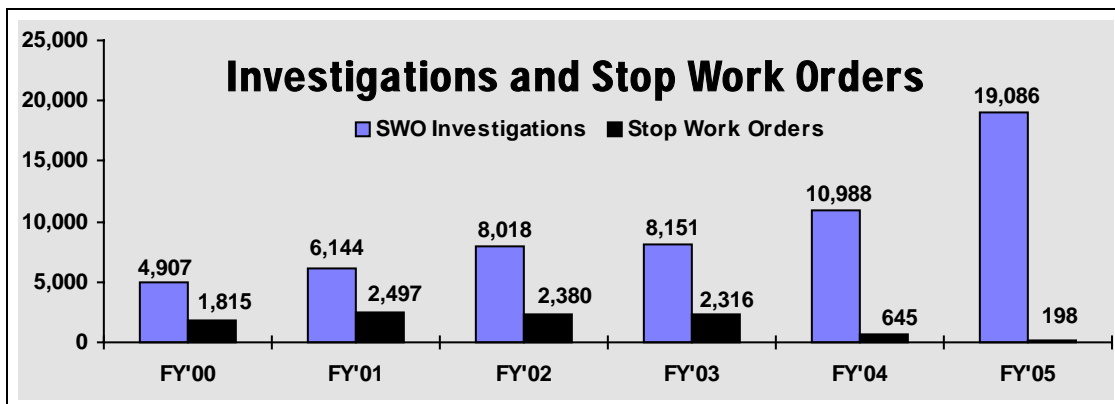
"On-Site" Investigations - Stop Work Orders

During an "on-site" visit to a worksite, an investigator will request that the business provide proof of workers' compensation insurance coverage. If a business fails to provide proof of coverage, a "stop work order" (SWO) is immediately issued. Such an order requires that all business operations cease and the SWO becomes effective immediately upon service. However, if an employer chooses to appeal the stop work order, the business may remain open until the case is resolved.

Fines resulting from a stop work order begin at \$100 per day, starting the day the stop work order is issued, and continuing until proof of coverage and payment of the fine is received by the DIA. An employer who believes the issuance of the stop work order was unwarranted has ten days to file an appeal. A hearing must take place within 14 days, during which time the stop work order will not be in effect. The stop work order and penalty will be rescinded if the employer can prove it had workers' compensation insurance during the disputed time. If at the conclusion of the hearing the DIA finds the employer had not obtained adequate insurance coverage, the employer must pay a fine of \$250 a day. Any employee affected by a stop work order must be paid for the first ten days lost and that period shall be considered "time worked."

In addition to established fines, an employer lacking insurance coverage may be subject to a criminal court proceeding with a possible fine not to exceed \$1,500, or by imprisonment for up to one year, or both. If the employer continues to fail to provide insurance, additional fines and imprisonment may be imposed. The Commissioner or designee can file criminal complaints against employers (including the president and treasurer of a corporation) that violate any aspect of Section 25C.

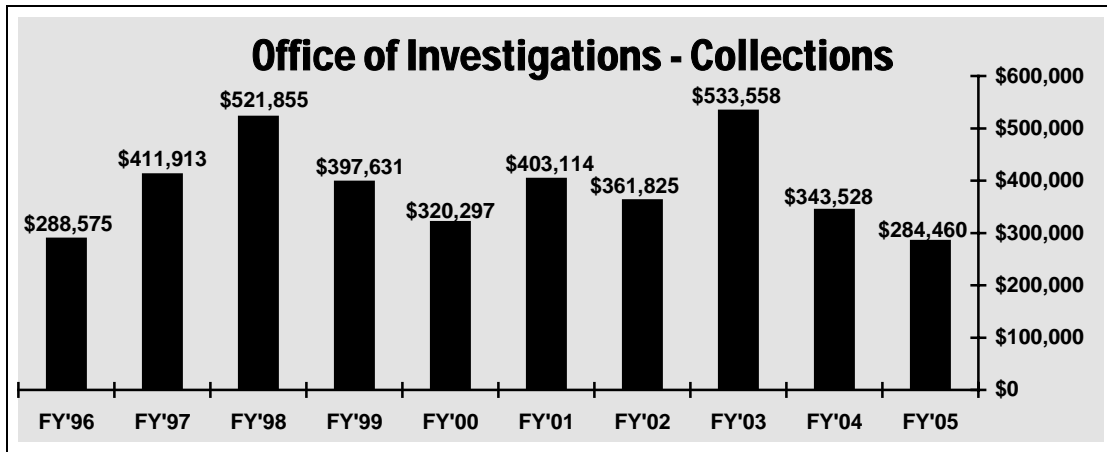
Figure 15: MA SWO's & Investigations



Source: Office of Investigations

In fiscal year 2005, 198 stop work orders were issued as a result of 19,086 investigations conducted. Of the 198 stop work orders issued, 195 (98%) were issued to "small" companies (1-10 employees), 3 were issued to "medium" companies (11-75 employees) and none were issued to "large" companies (76+ employees).

Figure 16: Office of Investigations - Collections



Source: Office of Investigations

In fiscal year 2005, the Office of Investigations collected \$284,460 in fines from employers who violated the workers' compensation insurance mandate.²² The total amount the Office of Investigations billed in fiscal year 2005 is \$144,150. The DIA has explained on numerous occasions that there will be an initial drop in both the number of stop work orders issued and the amount of collections received as the new revisions to the enforcement and compliance system take effect. In an effort to make paying Stop Work Order fines much easier, the DIA is now allowing the payment of fines online with credit cards. The DIA has established a secure website for online payment at: www.mass.gov/dia/Investigation/OnlinePaymentPage.htm.

Public Awareness Campaign

In fiscal year 2004, the Office of Investigations developed a bilingual statewide public awareness campaign aimed at educating employers in the Commonwealth of the mandatory requirement to provide workers' compensation insurance. The campaign, titled "Putting Workers First," utilized paid and free media, television and radio public service announcements, and various forms of print media. In conjunction with the campaign, the DIA established a toll-free number (1-877-MASSAFE) to further educate employers and employees on their rights and responsibilities and to allow for the reporting of suspected employers who are violating the law.

Television personality, Bob Vila, was the official spokesperson for the Public Service Announcements.²³ The campaign was designed to coincide with seasonal businesses (landscapers, painters, roofers, and domestic help) since they have historically had a high-risk for injuries. The intent of the campaign is to reduce the number of claims against the Trust Fund, resulting in reduced assessments to employers.

In fiscal year 2005, the DIA designated \$200,000 to support this public awareness campaign.

²² This amount includes all fines recovered this year including a small percentage from previous years.

²³ Bob Vila is the television creator of "This Old House" and "Home Again." Mr. Vila donated his services to the Department of Industrial Accidents

WORKERS' COMPENSATION TRUST FUND

Section 65 of the Workers' Compensation Act establishes a Trust Fund in the State Treasury to make payments to injured employees whose employers did not obtain insurance, and to reimburse insurers for certain payments under Sections 26, 34B, 35C, 37, 37A, and 30H. The DIA has established a department known as the Workers' Compensation Trust Fund (WCTF) to process requests for benefits, administer claims, and respond to claims filed before the Division of Dispute Resolution.

Uninsured Employers

Section 65 of the Workers' Compensation Act directs the Trust Fund to pay benefits resulting from approved claims against Massachusetts' employers who are uninsured in violation of the law. The Trust Fund must either accept the claim or proceed to Dispute Resolution over the matter. Every claim against the fund under this provision must be accompanied by a written certification from the DIA's Office of Insurance, stating that the employer was not covered by a workers' compensation insurance policy on the date of the alleged injury, according to the Division's records.²⁴ In FY'05, \$6,052,205 was paid to uninsured claimants, 247 claims were filed, and 201 claims for benefits were paid.

Second Injury Fund Claims (Sections 37, 37A, and 26)

In an effort to encourage employers to hire previously injured workers, the Legislature established a Second Injury Fund to offset any financial disincentives associated with the employment of injured workers.

Section 37 requires insurers to pay benefits at the current rate of compensation to all claimants, whether or not their injury was exacerbated by a prior injury. When the injury is determined to be a "second injury," insurers become eligible to receive reimbursement from the DIA's WCTF for up to 75% of compensation paid after the first 104 weeks of payment.²⁵ Employers are entitled to an adjustment to their experience modification factors as a result of these reimbursements.

Section 37A was enacted to encourage the employment of servicemen returning from World War II. The Legislature created a fund to reimburse insurers for benefits paid for an injury aggravated or prolonged by a military injury. Insurers are entitled to reimbursement for up to fifty percent of the payments for the first 104 weeks of compensation and up to one hundred percent for any amount thereafter.

Section 26 provides for the direct payment of benefits to workers injured by the activities of fellow workers, where those activities are traceable solely and directly to a physical or

²⁴ 452 C.M.R. 3.00

²⁵ An employee is considered to suffer a second injury when an on the job accident or illness occurs that exacerbates a pre-existing disability. How the preexisting condition was incurred is immaterial; the impairment may derive from any previous accident, disease, or congenital condition. The disability, however, must be "substantially greater" due to the combined effects of the preexisting impairment and the subsequent injury than the disability as a result of the subsequent injury by itself.

mental condition, resulting from the service of that fellow employee in the armed forces. (A negligible number of these claims have been filed.)

At the close of fiscal year 2005, 530 §37 claims were paid and 316 §37 claims were settled. The total amount paid in settlements in FY'05 was \$25,299,116.

Vocational Rehabilitation (Section 30H)

Section 30H provides that if an insurer and an employee fail to agree on a vocational rehabilitation program, the Office of Education and Vocational Rehabilitation (OEVR) must determine if vocational rehabilitation is necessary and feasible to return the employee to suitable employment. If OEVR determines that vocational rehabilitation is necessary and feasible, it will develop a rehabilitation program for the employee for a maximum of 104 weeks. If the insurer refuses to provide the program to the employee, the cost of the program will be paid out of the Section 65 Trust Funds. If upon completion of the program OEVR determines that the program was successful, it will assess the insurer no less than twice the cost incurred by the office, with that assessment paid into the Trust Fund. In FY'05, 8 new cases were accepted for §30H benefits and the Trust Fund paid \$57,010 for vocational rehabilitation services.

Latency Claims (Section 35C)

Section 35C states that when there is at least a five year difference between the date of injury and the date of benefit eligibility (for Section's 31, 34, 35A or 35), benefits' paid will be based upon levels in effect on the date of eligibility. This same date of eligibility rather than the date of injury is also used to compute supplemental benefits known as COLA (Cost of Living Adjustments) for employees subject to this Section. In FY'05, approximately \$293,542 was paid as latency claims.

Cost of Living Adjustments (Section 34B)

Section 34B provides supplemental benefits for persons receiving death benefits under Section 31 and permanent and total incapacity benefits under Section 34A, whose date of personal injury was at least 24 months prior to the review date. The supplemental benefit is the difference between the claimant's current benefits and his/her benefit after an adjustment for the change in the statewide average weekly wage between the review date and the date of injury. Insurers pay the supplemental benefit concurrently with the base benefit. They are then entitled to quarterly reimbursements for the supplemental benefits paid on all claims with dates of injury occurring prior to October 1, 1986. For injury dates after October 1, 1986, insurers will be reimbursed for any increase that exceeds 5%. COLA payments for FY'05 totaled \$0 for the Public Trust Fund and \$16,042,214 for the Private Fund.

OFFICE OF HEALTH POLICY

The Office of Health Policy (OHP) was created in July of 1993 by the Commissioner pursuant to the promulgation of M.G.L. c.152, §5, §13, and §30. The statute authorizes the Office of Health Policy to approve and monitor workers' compensation utilization review (UR) programs in the Commonwealth to ensure compliance with the requirements of 452 CMR 6.00 et seq.

During fiscal year 2005, the Office of Health Policy was staffed by four employees: an Executive Director (Registered Nurse), a UR Coordinator (Registered Nurse), and two Program Analysts.

Utilization Review

Utilization review is a system for reviewing the “appropriate and efficient allocation of health care services” to determine whether those services should be paid or provided by an insurer. This review of medical care is conducted before, during, or following treatment to an injured worker. The utilization review and quality assessment regulations mandate that all insurers conduct UR on all health care services provided to injured workers that have been delivered on or after October 1, 1993, regardless of the date the employee is injured. UR agents must use the treatment guidelines endorsed by the Health Care Services Board and adopted by the DIA for the specific conditions to which these guidelines apply. All medical care relating to workplace injuries must be reviewed under established guidelines and review criteria.

In Massachusetts, UR Agents are required to use licensed health care professionals to conduct utilization review. Care and treatment can be approved by a licensed or registered nurse using established guidelines and review criteria. Care that cannot be approved must be reviewed by a licensed health care practitioner in the same school as the provider prescribing the care or treatment for the injured employee. All decisions regarding care and treatment (and the basis for the decision) must be disclosed in writing to the injured employee and the ordering practitioner within specific timeframes. Any decision, by any licensed reviewer cannot be arbitrary and will be based on established guidelines. For care that cannot be approved, the UR Agent must inform the injured employee and the ordering practitioner of their rights and procedure to appeal the decision to the UR Agent. After the exhaustion of this process, the injured worker and practitioner have additional rights to appeal the determination of the UR Agent to the DIA or file a claim for payment to the DIA in accordance with 452 CMR 1.07.

The OHP conducts investigations on all complaints received. Within the year, twenty-six (26) complaints were analyzed and any violations were recorded and forwarded to the Commissioner for due process. The OHP tracks the nature and pattern of these complaints and takes this information into account when reviewing policy and procedures of UR Agents.

To ensure the regulatory compliance with UR regulations, the OHP:

- Reviews new applications from UR Agents seeking approval to conduct UR for workers' compensation in Massachusetts. The OHP UR Coordinator provides consultation as requested throughout the application process to ensure all systems, policies and procedures comply with the DIA's rules, regulations and standards.
- Conducts system wide Quality Assessment Audits annually for UR Agents. The OHP UR Coordinator supports and assists the UR Agent throughout the following alternating process to remain in compliance with the DIA's regulations and requirements:

Application Review - Conducted every two years, the Application Review examines demographic information, changes in operations, and policy procedures.

Medical Record Review Audits - A sample of the agent's medical records are reviewed to monitor the quality of care provided to injured workers and to ensure the agent's compliance with the DIA's rules and regulations.

On-Site Reviews - Upon a mutually agreed date, this review is conducted for the purpose of confirming that the organization is operating in a manner consistent with 452 CMR 6.0 *et seq.*

- Audits the applications of Preferred Provider Arrangements and processes them according to 452 CMR 6.03.

Outreach and Support to UR Agents

The OHP provides outreach and support to UR Agents in an effort to assist them in offering the highest quality of service to injured workers. The OHP is providing educational sessions bi-annually to all UR Agents, practitioners and school/peer reviewers who are interested in attending. MNA contact hours are offered to participants. UR Agents are encouraged to attend and discuss issues, as well as share new information. Agents are encouraged to contribute input for agenda items. As necessary, the agency's UR Coordinator will schedule meetings and telephone consultations with any UR Agent having difficulty complying with the DIA's regulations. The OHP provides site education to any UR Agent upon request. During fiscal year 2005, the OHP conducted two formal educational programs for UR Agents and one formal educational program for self-insurers.

Health Care Services Board

Pursuant to M.G.L. c.152 §13, the Health Care Services Board ("HCSB") is a medical advisory body of 14 members specified by statute and appointed by the Commissioner. The HCSB met throughout fiscal year 2005, discharged its statutory responsibilities with regularity, and continued to assist the Commissioner and the DIA with the implementation of multiple medical initiatives stemming from the Workers' Compensation Reform Act of 1991.

The HCSB managed its affairs with its Chair appointed by the Commissioner, Legal Counsel and administrative staff.

Complaints Against Providers - The HCSB is required to accept and investigate complaints from employees, employers and insurers regarding the provision of health care services. Such complaints include provider's discrimination against compensation claimants, over-utilization of procedures, unnecessary surgery or other procedures, and inappropriate treatment of workers' compensation patients. Upon a finding of a pattern of abuse by a particular provider, the HCSB is required to refer its findings to the appropriate board of registration. The HCSB continues to receive, investigate and resolve complaints against health care practitioners providing medical services to injured workers under the workers' compensation statute. In fiscal year 2005, the HCSB received 3 such complaints and closed 3 complaints.

IME Roster Criteria - The HCSB is also required to develop eligibility criteria to select and maintain a roster of qualified impartial physicians to conduct medical examinations pursuant to M.G.L. c.152, §8(4) and §11A. The HCSB continued to work with the Senior Judge in the recruitment of physicians and health care practitioners throughout fiscal year 2005.

Treatment Guidelines - Under §13 of c.152, the Commissioner is required to ensure that adequate and necessary health care services are provided to injured workers by utilizing treatment guidelines developed by the HCSB, including appropriate parameters for treating injured workers. In addition to an annual review and endorsement of the existing 28 medical treatment guidelines adopted by the DIA, the HCSB endorsed two treatment guidelines that had been amended. Also, the HCSB continues to work on medical guidelines for pain management while reviewing its existing guidelines.

Compensation Review System (CRS)

As part of the 1991 Workers' Compensation Reform Act, the statute mandated that the DIA "monitor the medical and surgical treatment provided to injured employees and the services of other health care providers, and monitor hospital utilization as it relates to the treatment of injured employees. The monitoring shall include determinations concerning the appropriateness of the service, whether treatment is necessary and effective, the proper costs of services, and the quality of treatment" (M.G.L. c.152, §13).

In order to fulfill this legislative mandate, the OHP set out to create a Compensation Review System (CRS). The goals of CRS are to provide standardized, comparable data for the improvement of programs, policies, and services relative to injured workers in Massachusetts, as well as review compliance with HCSB Treatment Guidelines, review patterns of care, and review utilization of medical services and trends in medical care. In addition, CRS will aid in controlling costs by detecting over-utilization and improper utilization of treatments. This will be accomplished by collecting data from insurers, self-insurers and third party administrators (TPA) and comparing this data to the treatment guidelines. During 2005, the OHP focused on claims related to Treatment Guidelines #20 & #21 for back injuries. In 2005, data collection will continue to be related to back injuries and include Treatment Guideline #26 for Neuromusculo-Skeletal Injury and Treatment Guideline #27 for Chronic Pain Syndrome.

The OHP continues to receive and compile data from insurers, self-insurers, Third-Party Administrators (TPAs) and Bill Review companies from across the state. Data

submission and compliance is monitored on an individual basis by contacting the insurer and, if applicable, their data reporting entity (TPA/Bill Reviewers). Individual contact facilitates the receipt of viable data and provides assistance and support where/when needed which results in the collection of data that produces meaningful and quantifiable information.

The OHP CRS system had been scheduled for conversion to Oracle in October 2003. This conversion project has promised to deliver data collection and processing to the OHP in a uniform manner. However, a 2-year delay in the conversion project has resulted in the continued manual system of collection and file processing. In September 2005, OHP was able to submit CRS claims data into Oracle.

Currently, the OHP is merging additional data collected into the database for review. The OHP will continue to collect data to evaluate injured workers' access to medical care, standards of practice and compliance with the Massachusetts HCSB Treatment Guidelines, over and under-utilization of treatments, trends in the treatment of injured workers with back injuries and the need to update and revise the Massachusetts HCSB Treatment Guidelines. CRS will continue to monitor treatment guidelines and evaluate medical care received by injured workers.

OFFICE OF ASSESSMENTS & COMPLIANCE

In fiscal year 2005, the DIA created the Office of Assessments & Compliance to verify the accuracy of the assessments that are collected by the agency. Each year, the DIA determines an assessment rate that will yield revenues sufficient to pay the obligations of the Workers' Compensation Trust Fund and the operating costs for the DIA.²⁶ This assessment rate, multiplied by the employer's standard premium, is the DIA assessment, and is paid as part of an employer's insurance premium [see page 87, "*Private & Public Employer Assessments*"].

The DIA uses the Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBM) to communicate the annual assessment rate change, via circular letter, which is issued in July. The assessment rate changes are applied to policies, effective July 1st of that year, until notification of new rates are issued the following year. All insurance companies in Massachusetts that are licensed to write workers' compensation insurance must report and remit all collected assessments to the DIA on a quarterly basis.²⁷ Historically, the DIA has relied upon insurance carriers to self-report and pay the appropriate amounts collected from employers.

During the fiscal year, the Office of Assessments & Compliance initiated a series of communications with the insurance community in an effort to explain the DIA's objectives and review procedures. The Office has also developed a website to educate carriers on the DIA's procedures and definitions.

Standard Premium

In the past, there has been confusion in the insurance industry regarding the definition of "standard premium." Confusion was eliminated in 1997 when Circular Letter 1778 was issued by the WCRIBM. The circular letter clearly stated that the assessment should be applied to premiums prior to the effect of any company deviations. As used in c.152, §65 and 452 CMR 7.00, standard premium is defined as "direct written premium equal to the product of payroll by class code and currently applicable manual rates multiplied by any applicable experience modification factor."

Assessment Audit - Phase I

In 1999, the DIA utilized the services of three accounting firms to ensure that accurate and complete assessments were collected from policyholders and then properly remitted to the DIA. The initial reviews were designed to cover a two-year period spanning from July 1, 1996 to June 30, 1998 and included insurance carriers licensed to write workers' compensation in Massachusetts. Upon the completion of Phase I by the CPA firms in August of 2005, the DIA had collected a total of \$7,569,625.21 from insurance carriers as

²⁶ Regulated by M.G.L. c.152, §65(4).

²⁷ Quarterly assessment reports are due no later than 30 days after the end of the calendar quarter being reported. The quarterly assessment forms are mailed to each insurance company the first week in January, April, July and October.

a result of underpaid assessment amounts. The cost of conducting the Assessment Audit in Phase I totaled \$1,907,819.53. This represents a cost to collection ratio of 25%. In addition to the \$7.6M collected as a result of CPA reviews, the DIA also collected \$1,882,674.64 from conducting internal reviews, resulting in a grand total of \$9,452,299.88 collected in Phase I of the project.

The following table details the assessments that were remitted to the DIA on a fiscal year basis from the result of CPA reviews.

Table 20: Assessment Recovery Project - Collections by Fiscal Year

Assessment Recovery Project Insurance Reviews Performed by CPA Firms		
<u><i>Fiscal Year</i></u>	<u><i>Amount Collected</i></u>	<u><i>Cumulative Amount</i></u>
Fiscal Year 2000	\$159K	\$159K
Fiscal Year 2001	\$60K	\$227K
Fiscal Year 2002	\$1,106K	\$1,333K
Fiscal Year 2003	\$1,540K	\$2,873K
Fiscal Year 2004	\$224K	\$3,097K
Fiscal Year 2005	\$6,006K	\$7,569K

Source: DIA Office of Assessments & Compliance

Assessment Audit - Phase II

Phase II of the Assessment Audits will begin a new round of reviews focused upon a review period from January 1, 1999 to December 31, 2003. Each review is expected to be completed within four to six months. The DIA anticipates that the majority of insurance companies licensed to write workers' compensation will be included in this phase of the reviews. The DIA anticipates this phase to conclude in the second half of 2006.

It is the DIA's goal to become less reliant upon accounting firms for these reviews. In the future, it is anticipated that DIA staff will conduct the majority of reviews, with fewer audits contracted to accounting firms. In order for the DIA to be in a position to take on this responsibility, internal processes will need to be developed and external partnerships will need to continue with the WCRIBM, the Division of Insurance and the insurance industry.

DIA REGIONAL OFFICES

The Department of Industrial Accidents has offices in Boston, Lawrence, Worcester, Fall River, and Springfield. The main headquarters are located in Boston where all DIA case records are stored.

The Senior Judge and the managers of the conciliation and vocational rehabilitation units are located in Boston, but each has managerial responsibility for the operations of their respective Divisions at the regional offices.

Each regional office has a regional manager, a staff of conciliators, stenographers, vocational rehabilitation counselors, disability managers, administrative secretaries, clerks, and data processing operators. In addition, Administrative Judges make a particular office the base of their operations, with an assigned administrative secretary.

Administration and Management of the Offices

Each regional manager is responsible for the administration of his or her regional office. The offices are equipped with conference rooms and hearings rooms in which conciliations, conferences, hearings and other meetings are held. A principle clerk and a data processing operator manage the scheduling of these proceedings and the assignment of meeting rooms through the Oracle case scheduling system.

Cases are assigned to Administrative Judges by the Oracle system in coordination with the Senior Judge. Conciliators are assigned cases according to availability on the day of the meeting, and report to the conciliation manager located at the Boston office. Likewise, stenographers are assigned when needed, but report to the stenographer manager at the Boston office. The vocational rehabilitation personnel report directly to the OEVR manager in the Boston office, and take assignments as delegated from Boston.

When an employee or insurer files a workers' compensation claim or complaint with the DIA, the case is assigned to the office geographically closest to the home of the claimant. Assignments are based on zip codes, with each regional office accounting for a fixed set of zip codes.

Each regional office occupies space rented from a private realtor. The manager is responsible for working with building management to ensure the building is accessible and that the terms of the lease are met. Moreover, each regional manager is responsible for maintenance of utilities, including the payment of telephone, electricity, and other monthly services. Therefore, the costs of operating each office is managed by each regional manager.

Resources of the Offices

Each of the regional offices has moved to expanded and enhanced office space within the last six years.

Court rooms have been updated and modernized according to the needs of each regional office, including handicap accessibility and security systems. Moreover, each regional office is equipped with video equipment to assist with the presentation of court room evidence.

Each office has been provided with personal computers networked to the Boston office and with a CD-ROM for access to software on the MA General Laws, MA court reporters, and DIA reports.

The following are addresses for the regional offices:

Fall River
30 Third Street
Fall River, MA 02720
(508) 676-3406
Henry Mastey, Manager

Lawrence
160 Winthrop Avenue
Lawrence, MA 01840
(978) 683-6420
Dan DeMille, Manager

Springfield
436 Dwight Street, Room 105
Springfield, MA 01103
(413) 784-1133
Marc Joyce, Manager

Worcester
340 Main Street
Worcester, MA 01609
(508) 753-2072
Jonathan Ruda, Manager

SECTION

- 5 -

DIA FUNDING

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DIA FUNDING

To ensure that the Department of Industrial Accidents has adequate funds, the Legislature required the employers of Massachusetts, both public and private, to pay assessments covering the expenses of operating the agency and for the payment of trust fund benefits. In addition to these assessments, the DIA also derives revenue from the collection of fees (for various filing costs) and fines (for violations of the Act). There are no tax dollars used to fund the Department of Industrial Accidents or any of its activities.

Table 21: Funding Sources for the Department of Industrial Accidents

Funding Sources for the DIA
<p>Assessments - A charge levied against all companies in Massachusetts on their workers' compensation policy;</p> <p>Referral Fees - A fee paid by the insurer when a case cannot be resolved at the Conciliation level and is referred to Dispute Resolution for adjudication. The current referral fee is \$623.08 as of October 1, 2005. This fee is 65% of the current State Average Weekly Wage (SAWW), which is \$958.58. (This figure changes every October 1st);</p> <p>Fines - There are three types of fines. First, a Stop Work Order Fine is issued to a company without workers' compensation insurance, and it accumulates until they obtain a policy and the fine is paid. Second, a Late First Report Fine of \$100 is issued to a company if the injury is not reported within the specified time. Third, a 5% fine is charged when assessments are paid later than 30 days of billing.</p>

Source: Department of Industrial Accidents' Website: www.mass.gov/dia/

Each year, the DIA determines an assessment rate that will yield revenues sufficient to pay the obligations of the Workers' Compensation Trust Fund and the operating costs for the DIA. This assessment rate, multiplied by the employer's standard premium, is the DIA assessment, and is paid as part of an employer's insurance premium.²⁸ The assessment rate for both private and public sector employers in FY'06 is 4.393% of standard premium. This represents an 11% decrease from the FY'05 assessment rate of 4.913%.

The Special Fund - The DIA's operating expenses are paid from a Special Fund, funded entirely by assessments charged to private sector employers. Operating expenses must be appropriated by the Legislature each year through the General Appropriations Act. The DIA reimburses the General Fund the full amount of its budget appropriations plus fringe benefits and indirect costs from the assessments, fines, and fees collected. Payments are made quarterly. Chapter 23E of the Massachusetts General Laws directs the Advisory Council to review the DIA's operating budget as well as the Workers' Compensation Trust Fund budgets. With the affirmative vote of seven members, the Council may submit an alternative budget to the Director of Labor.

²⁸ For employers that are self insured or are members of self insured groups, an "imputed" premium is determined, whereby the WCRB will estimate what their premium would have been had they obtained insurance in the traditional indemnity market. Some employers are entitled to "opt out" from paying a full assessment. By opting out, the employer agrees that it can not seek reimbursement for benefits paid under sections 34B, 35C, 37, 30H, 26, and 37A. Separate opt out assessment rates are determined.

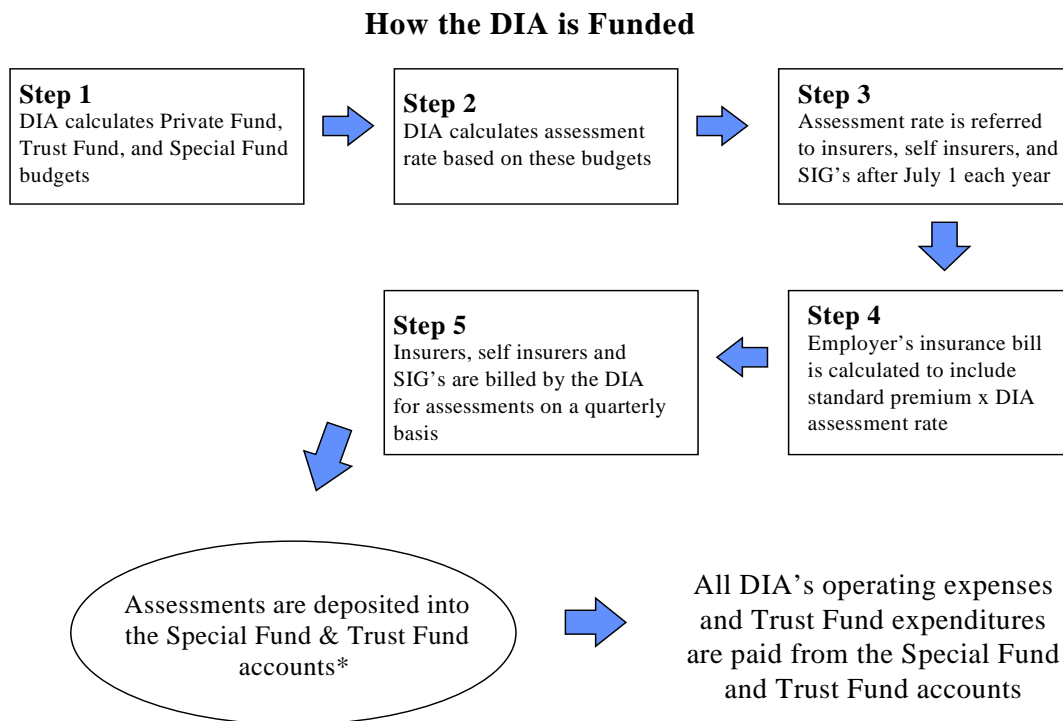
The Trust Fund - The Trust Fund was established so the DIA can make payments to uninsured, injured employees and employees denied vocational rehabilitation services by their insurers. In addition, the Trust Fund must reimburse insurers for benefits for second and latent injuries, injuries involving veterans, and for specified cost of living adjustments.²⁹ One account is reserved for payments to private sector employers (Private Trust Fund); the other is for payments to public sector employers (Public Trust Fund).

The Funding Process

At the beginning of each fiscal year, the DIA estimates the amount of money needed to maintain its operations in the next fiscal year. This amount is refined by December, when it is submitted to the Governor's Office for inclusion in the Governor's budget (House 1), and submitted for legislative action.

In May and June, the DIA uses consulting actuaries to estimate future expenses and determine the assessments necessary to fund the Special Fund and the Trust Fund. The budgets and the corresponding assessments must be submitted to the Director of Labor by July 1st annually. By July, the Legislature appropriates the DIA's operating expenses. At that time, insurance carriers are notified of the assessment rates paid quarterly directly to the DIA. Collected assessments are deposited into the DIA's accounts, which are managed by the Commonwealth's Treasurer.

Figure 17: DIA Funding Process



*Note: Maintained by the State Treasurer.

²⁹ M.G.L. c.152, §65(2).

PRIVATE & PUBLIC EMPLOYER ASSESSMENTS

On June 30, 2005, KPMG released an analysis of the DIA's FY'06 assessment rates as mandated under M.G.L. c.152, Section 65.

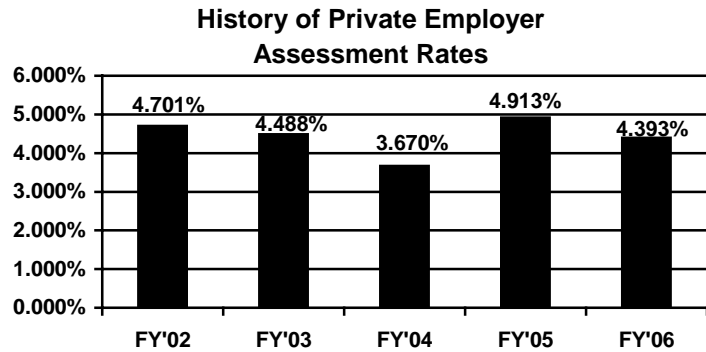
Specifically, the report detailed the estimated amount required by the Special Fund and Trust Funds for FY'06, beginning July 1, 2005.

Included in the report are the assessment rates to be applied to public and private employer insurance premiums. Both the

private and public employer assessment rates have been calculated to be **4.393%** of standard premium, a decrease of 11% from last year's assessment (4.913%).

This year the public employer assessment rate was set equal to the private employer assessment rate due to the low credibility of public fund data.

Figure 18: History of Private Employer Assessment Rates



Overview of Assessment Rate Calculations

KPMG uses the following six steps in determining the assessment rates for both private and public employers:

1. Project the Fiscal Year 2006 Expenditures;
2. Project the Fiscal Year 2006 Income (excluding assessments);
3. Estimate Fiscal Year 2006 Balance Adjustments;
4. Convert Above Items to Ratios by comparing them to the Assessment Base ('04 Paid Losses);
5. Calculate the Assessment Ratio by Subtracting the Projected Income and Balance Adjustment Ratios from the Projected Expenditure Ratio; and
6. Calculate the Assessment Rate by multiplying the Assessment Ratio by the Assessment Base Factor.

1. FISCAL YEAR 2006 PROJECTED EXPENDITURES: \$79.7M

The first step in the assessment process is the calculation of the expected FY'06 expenditures. Private employers are assessed for the sum of the Private Trust Fund budget and the Special Fund budgets.

<u>PRIVATE TRUST FUND BUDGET</u>	<u>Projected FY'06 Expenditures (06/05)</u>
Section 37 (2nd Injuries)	\$23,428,215
Uninsured Employers	\$ 5,242,806
Section 30H (Rehabilitation)	\$ 25,000
Section 35C (Latency)	\$ 500,000
Section 34B (COLA's)	\$23,714,859
Defense of the Fund	\$ 3,000,000
Total:	<u>\$55,910,880</u>

<u>SPECIAL FUND BUDGET</u>	<u>Projected FY'06 Expenditures (06/05)</u>
Total:	<u>\$23,754,997</u>

<u>PRIV. EMPLOY. EXPENDITURES</u>	<u>Projected FY'06 Expenditures (06/05)</u>
Total:	<u>\$79,665,878</u>

2. PROJECTED FISCAL YEAR 2006 INCOME: \$6.03M

Any income derived by the funds is used to offset assessments. An amount is projected for the collection of fees and fines for deposit in the Special Fund, reimbursements from uninsured employers for deposit in the Private Trust Fund, and an amount estimated for interest earned on the Private Fund and the Special Fund balances.

FY'06 Fines and Fees (Special Fund) = \$5,000,000
FY'06 Income Due to Reimbursements = \$ 651,171
Estimated Investment Income (FY'05) = \$ 380,972 (Private Fund: \$253,150/Special Fund: \$127,822)

Total Projected FY'06 Income: \$6,032,143

3. ADJUSTMENTS TO FUND BUDGETS: \$10.2M

According to M.G.L. c.152, §65(4)(c), the amount assessed employers for any fund must be reduced by a certain percentage of moneys held over from the previous year. Any amount greater than 35% of FY'04 expenditures in a particular fund must be used to reduce amounts assessed for that fund in FY'06. The balances of both the Special Fund and Private Trust Fund at the end of FY'05 will have a surplus exceeding 35% of FY'04 disbursements. Therefore, the assessment was calculated with a \$4 million reduction to the Special Fund Budget, and a \$6 million reduction to the Private Trust Fund Budget.

<i>SPECIAL FUND:</i>	<u>FY'05 Estimated Year End Balance</u>	<u>35% of FY'04 Expenditures</u>	<u>Amount of Reduction Required</u>
	\$11,620,194	\$7,837,467	\$3,782,727
<i>PRIVATE TRUST FUND:</i>	<u>FY'05 Estimated Year End Balance</u>	<u>35% of FY'04 Expenditures</u>	<u>Amount of Reduction Required</u>
	\$23,013,646	\$16,564,132	\$6,449,514

4. CONVERSION TO RATIO:

Expenditures, income, and any balance adjustment, must be converted to a ratio. This is calculated by dividing each of the first three steps by the assessment base, which represents losses paid during Calendar Year 2004. For the Private Fund, the assessment base is \$724.9M.

<i>Private Expenditure Ratio:</i>	10.990%	(\$79.7 million/\$724.9 million)
<i>Projected Income Ratio:</i>	0.832%	(\$ 6.0 million/\$724.9 million)
<i>Balance Adjustment Ratio:</i>	1.412%	(\$10.2 million/\$724.9 million)

5. CALCULATION OF THE ASSESSMENT RATIO: 8.746%

After the projected expenditures, income and balance adjustments are converted to ratios, the last two items are subtracted from the expected expenditure ratio to calculate an assessment ratio.

Projected expenditures -	Projected income -	Balance adjustment =	Assessment Ratio
10.990%	0.832%	1.412%	8.746%

6. CALCULATION OF THE ASSESSMENT RATE: 4.393%

Since the assessment ratio is relative to paid losses, the ratio must be converted into a rate that is relative to projected premiums. This is done by multiplying the assessment ratio by an assessment base factor which represents a ratio of losses to premiums (based on information provided by the WCRIBM). The 2006 assessment base factor is .502.

Assessment Ratio x	Assessment Base Factor =	Assessment Rate
8.746%	.502	4.393%

DIA OPERATING BUDGET

Legislative Appropriations, Fiscal Year 2006

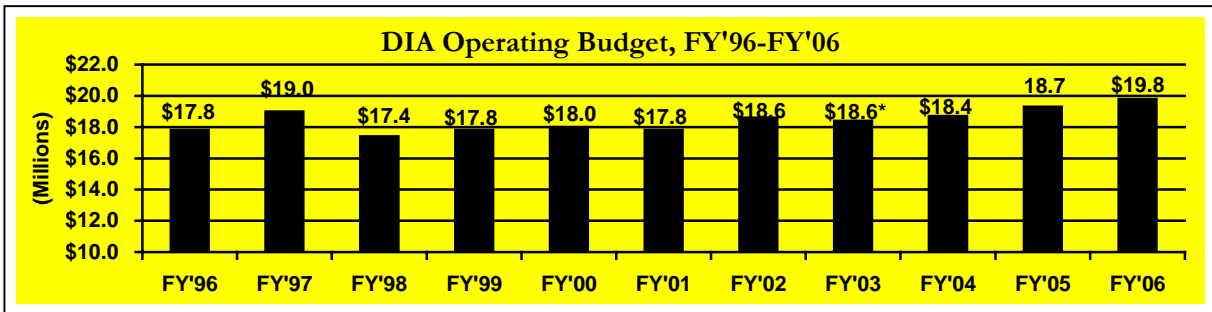
The Department of Industrial Accidents initially requested a budget of \$19,788,445 for fiscal year 2006. In House 1, the Governor's recommendation for the DIA's budget was \$19,788,445 (the identical amount as the DIA's original request). The House of Representatives approved a budget of \$19,411,568 and the Senate approved appropriations totaling \$19,788,445. The final conference committee resolution appropriated \$19,788,445 to the DIA, the same amount as the agency's original request.

Table 22: Legislative Budget Process for DIA Line-Item, Fiscal Year 2005 - Fiscal Year 2006

Fiscal Year 2005 Budget Process		Fiscal Year 2006 Budget Process	
DIA Request	\$18,698,357	DIA Request	\$19,788,445
Governor's Rec.	\$19,422,377	Governor's Rec.	\$19,788,445
Full House	\$18,764,222	Full House	\$19,411,568
Full Senate	\$19,422,377	Full Senate	\$19,788,445
Conference Committee	\$19,335,439	Conference Committee	\$19,788,445
Gen. Appropriations Act	\$19,335,439	Gen. Appropriations Act	\$19,788,445

General Appropriations Act

On June 30, 2005, Governor Romney signed the FY'06 General Appropriations Act which allocated the DIA a \$19,788,445 operating budget. The FY'06 appropriation is equal to the Governor's Recommendation (House 1) which was endorsed by the Advisory Council in March of 2005. This appropriation represents a 2.3% increase from last year's final appropriation. Provisions contained within the DIA's appropriation require that "not less than" \$800,000 be expended for occupational safety grants and that a judge be assigned to hear cases in Berkshire County "not less than once a month." Furthermore, the line-item contains a provision that allows for the Advisory Council to release sufficient funds from the Special Reserve Account to pay for the continued expansion of the agency's Oracle conversion project.



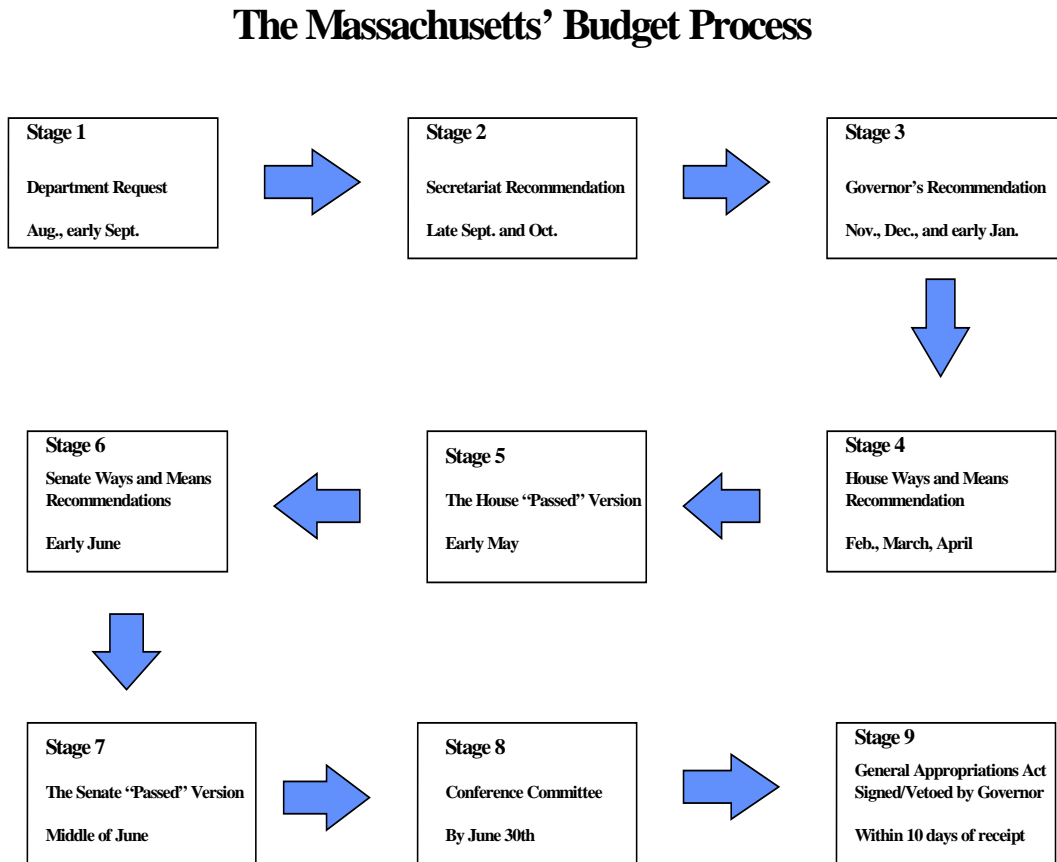
*Note: The FY'02 appropriation reflects the combination of the General Appropriation Act (\$17,270,401) and the Supplemental Budget figures (\$1,327,147).

The Budget Process

The operating budget of the DIA must be appropriated by the Legislature even though employer assessments fund the agency. The Division, therefore, must abide by the budget process in the same manner as most other government agencies. It is helpful to view this process in nine distinct phases.³⁰

The following is a brief description of the process:

Figure 19: The Massachusetts' Budget Process



³⁰ Making and Managing the Budget in the Commonwealth of Massachusetts, Donahue Institute for Government Services, University of Massachusetts.

STAGE #1: Department Request

Time Frame: August and Early September

Each department submits a budget for the next fiscal year and a spending plan for the current fiscal year to the Budget Bureau.

STAGE #2: Secretariat Recommendation

Time Frame: Late September and October

The Secretariats analyze each department's requests and meet with department heads to further review respective budgets. Each Secretary will then make their recommendations for the budget.

STAGE #3: Governor's Recommendation (House 1)

Time Frame: November, December, and 1st weeks of January

The Governor's recommendation must be the first bill submitted to the House of Representatives each calendar year. On the fourth Wednesday in January, copies of House 1 are distributed to members of the House and Senate, the Executive Secretaries and department heads, the media, and to any other interested parties. The Governor's recommended budget must be balanced and include all revenue accounts and all expenditure accounts.

STAGE #4: House Ways and Means Committee Recommendations

Time Frame: February, March, and April

House 1 is referred to the House Ways and Means Committee where each line item is analyzed. Public hearings are held in which testimony is taken from the Governor's staff, executive secretariats, departments, and any other interested parties. In April, a new version of the budget replaces House 1 and is traditionally given the label of House 5600.

STAGE #5: The House "Passed" Version

Time Frame: Early May

The members of the House of Representatives take over by subjecting each line item in the budget to debate and amendments. The full House votes to pass a new version of the budget, traditionally known as House 5700.

STAGE #6: Senate Ways and Means Committee Recommendations

Time Frame: Early June

House 5700 is referred to the Senate Ways and Means Committee where hearings and testimony are held. Typically by early June, a recommendation will be published and given to members of the Senate and interested parties. The Chairperson and members of the Committee will hold a press conference to address concerns with this new version of the budget.

STAGE #7: The Senate "Passed" Version

Time Frame: Middle of June

The full Senate reviews each line item and section and subjects them to debate and amendment. Members of the Senate will then vote to pass the new, updated budget.

STAGE #8: Conference Committee

Time Frame: By June 30th

A Conference Committee is created in an effort to resolve differences between the House passed version of the budget and the Senate version. Members of this committee include the chair of both Ways and Means Committees and ranking minority party members from both committees. The only budget information the Conference Committee can analyze is what survived from the House and Senate debates. Compromises are made on each line item by selecting either the budget amount from the House version, the Senate version, or a number in between the two versions. Finally, a new draft is created that both the House and Senate must ratify. If one branch does not ratify the budget, it is sent back to Conference Committee for more work. Once the budget is ratified, it is signed by the Speaker of the House and the President of the Senate. (An interim budget can be enacted by the legislature if the budget is late to allow the government to continue spending while the General Appropriation Act is being finished.)

STAGE #9: General Appropriations Act

Time Frame: Within 10 days of receipt

The Governor has 10 calendar days to decide his position on the budget. During this period, the Governor may both sign the budget and approve as complete; veto selected line items (reduce to zero) but approve and sign the rest; or partially veto (reduce to a lower number) selected line items and approve and sign the rest. The Legislature has the power to override a Governor's veto by a 2/3 vote in both chambers.

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MANDATORY INSURANCE COVERAGE

Every private sector employer in the Commonwealth is required to maintain workers' compensation insurance.³¹ Coverage may consist of purchasing a commercial insurance policy, membership in a self-insurance group, participation in a reciprocal insurance exchange, or maintaining a license as a self-insured employer.³²

All Commonwealth of Massachusetts employees are covered under the Workers' Compensation Act, with claims paid directly from the General Fund. The Executive Office of Administration & Finance, Human Resources Division administers workers' compensation claims, with individual agencies paying a yearly "charge-back" based on losses paid in the prior year. This charge-back comes directly from each agency's operating budget.

When enacted in 1911, the Workers' Compensation Act was elective for counties, cities, towns, and school districts. The majority of municipal employees are covered, with only a few communities having never adopted coverage for certain employee groups. Municipalities attain insurance coverage in a manner identical to private employers (commercial insurance, self-insurance, or membership in a self-insurance group).³³

The Office of Investigations at the DIA monitors employers in the state to ensure no employer operates without insurance. The office may issue fines and close any business operating without coverage.³⁴ If an employee is injured while working for a company without coverage, a claim may be filed with the DIA's Trust Fund.³⁵

Exemption of Corporate Officers

On July 25, 2002, a new law went into effect that made the requirement of obtaining workers' compensation insurance elective for corporate officers (or the director of a corporation) who own at least 25% of the issued and outstanding stock of that corporation. Said corporate officer must provide the Commissioner of the DIA with a written waiver of their rights should they choose to opt-out from the workers' compensation system.³⁶ The policies and procedures surrounding the exemption of a corporate officer or director are governed by 452 CMR 8.06 et.seq. The new law also amended the definition of an employee by giving a sole-proprietor or a partnership the ability to be considered an "employee" so they can obtain coverage under a workers' compensation insurance policy.

³¹ This mandate includes sole proprietors that are incorporated, domestics and seasonal workers that average over 16 hours of work a week, and family businesses employing family members. There are certain categories of workers for whom insurance is not required. Seamen, some professional athletes, and unincorporated sole proprietors are exempt.

³² A reciprocal exchange is a group of employers from diverse industries who pool their funds to insure themselves. An exchange is not self insurance or a self insurance group, but a way to provide commercial insurance to small and medium sized companies without resorting to the residual market.

³³ For more information of the coverage of public employees see [Report to the Legislature on Public Employees](#), Massachusetts Workers' Compensation Advisory Council, 1989.

³⁴ See section covering Office of Investigations.

³⁵ See section covering Trust Fund.

³⁶ Form 153 - "Affidavit of Exemption for Certain Corporate Officers."

COMMERCIAL INSURANCE

Purchasing a commercial insurance policy is the most common method of complying with the workers' compensation mandate. These policies are governed by the provisions of M.G.L. c.152, and are regulated by the Division of Insurance (DOI). The Workers' Compensation Rating & Inspection Bureau of Massachusetts (WCRIBM) has delegated authority to determine standard policy terms, classifications, and manual rates, in addition to maintaining statistics on behalf of the Commissioner of Insurance.

While commercial insurance policies are available that provide for varying degrees of risk retention (such as small and large deductibles), the most common type is first dollar coverage, whereby all losses are paid from the first dollar incurred for medical care and indemnity payments. A variety of pricing mechanisms are also available (including retrospective rating and dividend plans), with the most common being guaranteed cost. In exchange for payment of an annual premium based on rates approved each year by the Commissioner of Insurance, an employer is guaranteed that work related injuries and illnesses will be paid in full by the insurer.

The WCRIBM's Massachusetts Workers' Compensation and Employers Liability Insurance Manual sets forth the methods to determine the classification of insureds as well as terms of policies, premium calculations, credits and deductibles.

The Insurance Market

The commercial insurance market is the primary source of funding for workers' compensation benefits in Massachusetts. A healthy insurance market, therefore, is essential to the welfare of both employees and employers.

Commercial insurance carriers are regulated by the DOI, which provides licensing, monitors solvency, determines rates, approves the terms of policies, and adjudicates unfair claims handling practices. In FY'05, the DOI approved a total of 3 new licenses to carriers to write workers' compensation insurance in Massachusetts. In addition, one existing license was amended to include workers' compensation. There were no license withdrawals during the fiscal year.

In Massachusetts, workers' compensation insurance rates are determined through an administered pricing system.³⁷ Insurance rates are proposed by the Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIBM) on behalf of the insurance industry, and set by the Commissioner of Insurance. The WCRIBM submits to the Commissioner a classification of risks and premiums, referred to as the rate filing, which is reviewed by the State Rating Bureau. By law, a rate filing must be

³⁷ In the United States, workers' compensation insurance rates are regulated one of three ways: through administered pricing, competitive rating, or a monopolistic state fund. Administered pricing involves strict regulation of rates by the state. Competitive rating allows carriers to set rates individually, usually based on market-wide losses developed by a rating organization and approved by the state. Monopolistic state funds require that workers' compensation insurance be purchased exclusively through a program run by the state. Some states have competitive state funds that allow employers to purchase insurance from either a private carrier or the state.

submitted at least every two years, and no classifications or premiums may take effect until approved by the Commissioner.³⁸

According to the Workers' Compensation Act, the Commissioner of Insurance must conduct a hearing within 60 days of receiving the rate filing, to determine whether the classifications and rates are "not excessive, inadequate or unfairly discriminatory" and that "they fall within a range of reasonableness."³⁹

On Thursday, May 19, 2005, Insurance Commissioner Julianne Bowler issued a rate decision, which reduced average rates for workers' compensation insurance by 3% from 2003-2004 rate levels. The Commissioner's decision was based on an agreement reached between the State Rating Bureau, the Workers' Compensation Rating & Inspection Bureau, and the Attorney General's Office. This rate reduction became effective for policies taking effect on or after September 1, 2005. The only rate increase since 1994 occurred in 2001 when the Insurance Commissioner allowed a 1 percent increase.

The table to the right illustrates the fluctuations in workers' compensation insurance rates since 1987 and how each year's rate would effect a company's premium, assuming their premium was \$100 in 1987 (with all other factors remaining the same - experience rating, discounts, etc.).

Table 23: Impact of Rate Changes, 1987 - 2005

YEAR	Percent Change from Previous Year's Rate	Assuming a Manual Rate of \$100 in 1987
1987	No Change	\$100.00
1988	+ 19.9%	\$119.90
1989	+ 14.2%	\$136.93
1990	+ 26.2%	\$172.81
1991	+ 11.3%	\$192.34
1992	No Change	\$192.34
1993	+ 6.24%	\$204.34
1994	- 10.2%	\$183.50
1995	- 16.5%	\$153.22
1996	- 12.2%	\$134.53
1997	No Change	\$134.53
1998	- 21.1%	\$106.14
1999	- 20.3%	\$84.59
2000	No Change	\$84.59
2001	+ 1%	\$85.44
2002	No Change	\$85.44
2003	- 4%	\$82.02
2004	No Change	\$82.02
2005	- 3%	\$79.56

Source: Division of Insurance WC Rate Decisions

Deviations & Scheduled Credits

The Workers' Compensation Act allows individual carriers to seek permission from the Commissioner to use a percentage decrease from approved rates within certain classifications.⁴⁰ These percentage decreases are called "downward deviations." Scheduled credits are also used in Massachusetts as a tool for competitive pricing, by allowing insurers to reward policyholders for good experience. These discounting techniques have become an important part of the Massachusetts insurance market. While open competition is not permitted, the use of deviations (and other alternatively priced policies) has encouraged carriers to compete for business on the basis of pricing.

³⁸ If the Commissioner takes no action on a rate filing within six months, the rates are then deemed to be approved. If the Commissioner disapproves the rates, a new rate filing may be submitted. Finally, the Commissioner may order a specific rate reduction, if after a hearing it is determined that the current rates are excessive. Determinations by the Commissioner are subject to review by the Supreme Judicial Court.

³⁹ M.G.L. c.152, §53A(2).

⁴⁰ M.G.L. c.152, §53A(9).

In Massachusetts, approximately 33 insurers are currently offering deviations or scheduled credits to their customers. These discounts (some as high as 25%) will remain in effect until the next rate filing.

The Classification System

Workers' compensation insurance rates are calculated and charged to employers, according to industry categories called classifications. Every employer purchasing workers' compensation insurance is assigned a basic classification determined by the nature of its operations. Standard exception classifications may then be assigned for low risk tasks performed within most companies (i.e. clerical work).

Classifications were developed on the theory that the nature, extent and likelihood of certain injuries are common to any given industry. Each classification groups together employers that have a similar exposure to injuries which distributes the overall costs of workers' compensation equitably among employers. Without a classification system, employers in low risk industries would be forced to subsidize high-risk employers through higher insurance costs.

Regulation of Classifications - Classifications in Massachusetts are established by the Workers' Compensation Rating & Inspection Bureau (WCRIBM) subject to approval by the Commissioner of Insurance. Hearings are conducted at the Division of Insurance to determine whether classifications and rates are not excessive, inadequate or unfairly discriminatory and that they fall within a "range of reasonableness."⁴¹

Basic Classifications - Each business in the Commonwealth is assigned one "basic" classification that best describes the business of the employer. Once a basic classification has been selected, it becomes the company's "governing" classification, the basis for determination of premium.

Although most companies are assigned one governing classification, the following conditions determine when more than one basic classification should be used:

- the basic classification specifically states certain operations to be separately rated;
- the company is engaged in construction or erection operations, farm operations, repair operations, or operates a mercantile business, under which certain conditions allow for additional classifications to be assigned; or
- the company operates more than one business in a state.

Standard Exception Classifications - In addition to the 600 basic classification codes that exist in Massachusetts, there are 4 "standard exception classifications" for those occupations, which are common to virtually every business and pose a decreased risk to worker injury. Employees who fall within the definition of a standard exception classification are not generally included in the basic classification. These low cost

⁴¹ M.G.L. c.152, §53A.

standard exception classifications are: Clerical Office Employees (Code 8810), Drafting Employees (Code 8810), Drivers, Chauffeurs and their Helpers (Code 7380), and Salespersons, Collectors or Messengers-Outside (Code 8742).

General Inclusions and Exclusions - Sometimes certain operations within a company appear to be a separate business. Most are included, however, within the scope of the governing classification. These operations are called *general inclusions* and are:

- Employee cafeteria operations;
- Manufacture of packing containers;
- Hospital or medical facilities for employees;
- Printing departments; and
- Maintenance or repair work.

Some operations of a business are so unusual that they are separately classified. These operations are called *general exclusions* and are usually classified separately. General exclusions are:

- Aircraft operation - operations involved with flying and ground crews;
- New construction or alterations;
- Stevedoring, including tallying and checking incidental to stevedoring;
- Sawmill operations; and
- Employer-operated day care service.

Manual Rate - Every classification has a corresponding manual rate that is representative of losses sustained by the industry. An employers' base rate is based on manual rate per \$100 of payroll, for each governing and standard exception classification.

<u>Class Code</u>	<u>Governing Classification</u>	<u>Manual Rate</u>	<u>Payroll</u>	<u>Base Rate</u>
5188	Automatic Sprinkler Installation & Drivers	\$2.50	\$200,000	\$5,000
<u>Class Code</u>	<u>Standard Exception</u>	<u>Manual Rate</u>	<u>Payroll</u>	<u>Base Rate</u>
8810	Clerical Employees	\$.25	\$50,000	\$125

Appealing a Classification - When a new company applies for insurance, the broker or agent assigns a classification, which is audited by the insurance carrier at the end of the policy year. If the carrier determines the employer or their employees were misclassified, the employer is charged additional premium or receives a credit for the correct class. The WCRIBM is responsible for determining the proper classification for all insureds in Massachusetts. If an employer disagrees with its assigned classification, or believes a separate classification should be created, there is an appeal process made available by M.G.L. c.152, §52D. A formal appeal must be held with the WCRIBM's Governing Committee (for those insured in the Voluntary Market) or the Residual Market Committee (for those insured in the Assigned Risk Pool). The WCRIBM will send an auditor to the worksite and proceed to make a ruling on the classification in question. If reclassification is denied, an appeal can be made to the Commissioner of Insurance. A hearing officer will then be selected by the Commissioner to conduct an evidentiary hearing on the classification issue.

Construction Industry - In the construction industry alone, there are over 67 different classifications for the various types of construction or erection operations. Often, multiple classifications must be assigned to large general contractors who use different trades during the many phases of construction projects. Separate payrolls must be maintained for separate classifications or else a construction company can be assigned to the highest rated classification that applies to the job or location where the operation is performed. The Massachusetts Construction Classification Premium Adjustment Program is a program that provides for a manual premium credit ranging from 5% to 25%, depending on average hourly wages paid to employees. Because a disparity exists between high and low wage construction employers (largely determined by the existence of a collective bargaining agreement), this program is designed to offset the higher premiums associated with larger payrolls and equalize workers' compensation costs.

Premium Calculation

Premiums charged to employers in Massachusetts are dependent on several factors that are designed to measure each company's exposure to loss. Premium is based on uniform rates that are developed for each classification and modified according to the attributes of each employer. In return for payment of premiums, the insurance company will administer all workers' compensation claims and pay all medical, indemnity (weekly compensation), rehabilitation, and supplemental benefits due under the Workers' Compensation Act. The following is an overview of the premium calculation process.

Manual Premium - The first step in the premium calculation process is determination of manual premium. The manual premium is reflective of both the industry (manual rate) and size (payroll) of a company. The manual premium is calculated by multiplying the employer's manual rate by its annual payroll per \$100.

$$\text{Manual Premium} = (\text{Manual Rate} \times \text{Payroll}) / 100$$

An employer's manual rate is assigned according to its classification. As explained in the prior section, every classification has a corresponding manual rate that reflects the industry's exposure to loss.

Once a corresponding manual rate has been established, exposure to loss for the particular employer must then be considered. In Massachusetts, this is determined by payroll. Payroll is a factor of an employer's wage rate, the number of employees employed, and the number of hours worked. All other factors being equal, a firm with a large payroll has a greater exposure to loss than a firm with a smaller payroll. Furthermore, since indemnity benefits are calculated as a percentage of wages earned, payroll also reflects severity of potential loss.

Standard Premium - Once a manual premium has been determined, it is then multiplied by an experience modification factor to determine the standard premium.

$$\text{Standard Premium} = \text{Manual Premium} \times \text{Experience Modification Factor}$$

Experience rating is a system of comparing the claims history of each employer against the average claims experience of all employers within the same classification. An experience modification factor is calculated, which provides either a premium reduction (credit) or a premium increase (debit) to an insured's premium. For example, a modification of .75 results in a 25% credit or savings to the premium, while a modification of 1.10 produces a 10% debit or additional charge to the premium. When a modification of 1.00 (unity) is applied, no change to premium results.

The experience modification factor is determined on an annual basis, which is based on an insured's losses for the last three completed years. For instance, two similar employers may have a manual rate of \$25 per \$100 of payroll, but the safety conscious employer (with fewer past claims) may have an experience modification factor of .80, thus adjusting his rate to \$20 per \$100 of payroll. The other employer, who is not as safety conscious, may have an experience modification factor of 1.20, which adjusts the company's rate to \$30 per \$100 of payroll.

All Risk Adjustment Program - In January 1990, the WCRIBM instituted the All Risk Adjustment Program (ARAP), calculated in addition to the experience modification factor. Its original purpose was to establish adequate premiums to encourage more insurers to write voluntary business. ARAP measures actual losses against expected losses, but it differs from the experience modification in that it measures severity and not frequency of claims. ARAP can add a surcharge up to 49% of an employer's experience modified standard premium.

Premium Discounting

Insurance companies that provide workers' compensation coverage must factor in the various expenses involved with servicing insureds to determine appropriate premium levels. However, a problem occurs when pricing premiums for large policies because as the premium increases, the proportion required to pay expenses decreases. In an effort to compensate for these differences, insurers must provide a premium discount to large policy holders. The premium discount increases as the size of the policy premium increases, resulting in a premium that better reflects costs. In most states, policy holders are entitled to a premium discount if they are paying over \$10,000 in premiums.

Table 24: Percent of Premium Discount for Type A & B Companies

TYPE "A" COMPANIES			TYPE "B" COMPANIES		
Layer of Standard Premium	Percent of Premium Discount		Layer of Standard Premium	Percent of Premium Discount	
First	10,000	0.0%	First	10,000	0.0%
Next	190,000	9.1%	Next	190,000	5.1%
Next	1,550,000	11.3%	Next	1,550,000	6.5%
Over	1,750,000	12.3%	Over	1,750,000	7.5%

Source: WCRIBM, A General Revision of Workers' Comp. Insurance Rates and Rating Values, pg. 590 (8/14/95).

Deductible Policies

Since 1991, deductible policies can provide the advantages of a retrospective policy and self-insurance. Employers are responsible for paying from the first dollar incurred up to the deductible limit, either on a per claim basis or on an aggregate basis for claims in the policy year. The insurer pays all benefits and then seeks reimbursement from the employer up to the amount of the deductible.

Table 25: Premium Reduction % Per Claim Deductible

PER CLAIM DEDUCTIBLE ⁴² Effective May 1, 1996	
Medical and Indemnity Deductible Amount	Premium Reduction Percentage
\$ 500	3.0%
\$1,000	4.2%
\$2,000	6.2%
\$2,500	7.1%
\$5,000	10.6%

Source: WCRIBM

Table 26: Massachusetts Benefits Claim and Aggregate Deductible Program

MASSACHUSETTS BENEFITS CLAIM AND AGGREGATE DEDUCTIBLE PROGRAM ⁴³			
Estimated Annual Standard Premium	Claim Deductible Amount	Aggregate Deductible Amount	Premium Reduction Percentage
0 to \$75,000	\$2,500	\$10,000	7.0%
\$75,001 to \$100,000	\$2,500	\$10,000	6.5%
\$100,001 to 125,000	\$2,500	\$10,000	5.9%
\$125,001 to \$150,000	\$2,500	\$10,000	5.4%
\$150,001 to \$200,000	\$2,500	\$10,000	4.5%
over \$200,000	\$2,500	5% of Estimated Annual Standard Premium	4.3%

Source: WCRIBM, A General Revision of Workers' Comp. Insurance Rates & Rating Values (8/14/95).

Retrospective Rating Plans

Retrospective rating bases premium on an insured's actual losses calculated at the conclusion of the policy period. Therefore, the insured has greater control over its insurance costs by monitoring and controlling its own losses. Retrospective rating should not be confused with "experience rating." Both adjust premium based on an employer's loss history. Experience rating, however, adjusts premiums at the start of the policy period (to predict future losses), whereas retrospective rating adjusts premiums at the end of the policy period to reflect losses that actually occurred.

The Formula - Although retrospective premiums are determined by a complex formula, they are generally based on three factors: losses the employer incurs during a policy period; expenses that are related to the losses incurred; and basic premium. Incurred losses have historically included medical and indemnity losses, interest on judgments, and expenses incurred in third-party recoveries.⁴⁴ A basic premium is necessary to defray the expenses that do not vary with losses and to provide the insurance company with a

⁴² Massachusetts Workers' Compensation and Employer's Liability Insurance.

⁴³ Massachusetts Workers' Compensation and Employer's Liability Insurance.

⁴⁴ "Retrospective Rating," Risk Financing, Supplement No. 46, May 1995: III.D.7.

profit. To control the cost of the premium in extreme cases, the policies state that the premium cannot be less than a specific minimum and cannot exceed a stated maximum.

Eligibility Requirements - Eligibility for a retrospective rating plan is based upon a minimum standard premium. Eligibility for a one-year plan is an estimated standard premium of at least \$25,000 per year, and for a three-year plan the estimated standard premium must be at least \$75,000.⁴⁵ Although these eligibility standards exclude many small businesses, one of the biggest misconceptions is that retrospective plans are only for large employers and high-risk groups. In Massachusetts, more smaller employers are purchasing retrospective plans to lower premiums by controlling company losses.

Benefits and Disadvantages - Under the right circumstances, retrospective rating can benefit both the insurer and the policyholder. The policyholder benefits by paying a smaller premium at the beginning of the policy year. Because premium is determined by losses, retrospective plans reward those businesses that maintain effective loss control programs. If losses are low, the insured will pay less than standard premium. However, there is a significant uncertainty regarding the final premium amount, since it is impossible to be precise in predicting the volume or severity of workplace accidents. An unexpected claim towards the end of a policy period can be detrimental to a company, if funds have not been set aside for the retro-premium. Furthermore, there is little incentive for the insurance company to limit settlement costs, when they are able to recover payments made on claims brought against the policyholder.

Dividend Plans

Offered as another means of reducing an employers insurance costs, dividend plans can provide the policy-owner with a partial return on a previously paid premium. This payment from the insurer takes into account investment income, expenses, and the insured's overall loss-experience in a given year. The dividend is usually paid to the insured directly or by applying it to future premiums due. Regardless of how the payment is issued, dividends are non-taxable, since they are considered a return of premium.⁴⁶ Dividend plans may seem attractive to policy holders, but sometimes promise more than can be delivered. Insurer's are not legally bound to pay what they may have estimated a policy holder's return to be. Moreover, many insurers strategically calculate a dividend only once between 18 and 24 months after a policy's inception, and not always to the advantage of the insured.⁴⁷

⁴⁵ Workers' Compensation: Exposures, Coverage, Claims, Levick, Dwight E. Standard Publishing Corp., page 11-4.

⁴⁶ "Risk Management-Life, Health, and Income Exposures," Life Insurance, Part 4: 406.

⁴⁷ "Thinking About the Work Comp Crisis," Merrit Risk Management Review, December 1991: 3.

ASSIGNED RISK POOL

Any employer rejected for workers' compensation insurance can obtain coverage through the residual market, known as the Assigned Risk Pool. Administered by the Workers' Compensation Rating and Inspection Bureau (WCRIBM), the Assigned Risk Pool is the "insurer of last resort" and is required by law to provide coverage when an employer is rejected by at least two carriers within five business days. Very small employers and companies in high-risk classifications or having poor experience ratings often cannot obtain insurance in the voluntary market. This occurs when a carrier determines that the cost of providing insurance to a particular company is greater than the premium it can collect.

The estimated ultimate residual market share for the 12-months ending August, 2005 is 18%.⁴⁸ Although this percentage has trended upward since 1999, it remains far below the 64.7% of workers' compensation premium share that was in the residual market during the 1992 policy year.

Employers insured through the pool pay standard premium and are not offered premium discounts, dividend plans, etc. The Commissioner of Insurance chooses the carriers that will administer the policies, called "servicing carriers." The servicing carriers are paid a commission for servicing these policies, and are subject to performance standards and a paid loss incentive program. These programs are designed to provide servicing carriers with incentives to provide loss control services to those insured.

Residual Market Loads - Every insurance carrier licensed to write workers' compensation policies is required to be a member of the Assigned Risk Pool. Members are collectively responsible for underwriting pool policies, for bearing the risk of all losses, and are entitled to any profits generated. When the pool operates at a deficit, the members are subject to an assessment. Assessments are calculated in direct proportion to the amount of premium written in the voluntary market. This is called the Residual Market Load.

The Residual Market Load is incorporated into rates and can be a significant factor for employers to search out alternative risk financing options. Self insurance and self-insurance groups are not subject to residual market assessments. The Residual Market Load is incorporated into manual rates. This residual market burden (percentage of each voluntary market dollar used to pay for the assigned risk pool) has significantly increased over the past five years. The residual market loss ratio measures the amount of losses and expenses to the premiums written (roughly money out divided by money in). A loss ratio greater than 100% indicates that losses are greater than revenues (premiums). The estimated (as of 9/04) residual market loss ratio for Policy Year 2003 is 81.0% with a resulting residual market burden of 4.4%.⁴⁹

⁴⁸ WCRIBM Special Bulletin No. 11-05 (September 9, 2005).

⁴⁹ WCRIBM Special Bulletin No. 03-05 (March 21, 2005).

ALTERNATIVE RISK FINANCING METHODS

Self insurance and self insurance groups (SIGs) became an extremely popular device to control rising workers' compensation costs, when insurance rates rose dramatically in the late 1980's and early 1990's. Much of the cost savings derived from avoidance of residual market loads incorporated into commercial insurance premiums to pay for the large assigned risk pool. Since 1993, insurance rates have decreased dramatically, making alternative risk financing measures less attractive. In recent years, employers have re-assessed cost savings associated with these programs, and many have turned to commercial insurance plans, (large deductible policies and retrospective rating plans).

Self Insurance

The DIA strictly regulates self insured employers through its annual licensing procedures. For an employer to qualify to become self insured, it must post a surety bond of at least \$100,000 to cover for losses that may occur (452 C.M.R. 5:00). This amount varies for every company depending on their previous reported losses and predicted future losses. The average bond, however, is usually over \$1 million. Self insurance is generally available to larger employers with at least 300 employees and \$750,000 in annual standard premium.⁵⁰ These regulations may be waived by the Commissioner of the DIA for employers that have strong safety records and can produce the necessary bond to cover incurred losses. In addition, employers who are self insured must purchase reinsurance of at least \$500,000. Each self-insured employer may administer its own claims or engage the services of a law firm or a third party administrator (TPA) to handle claims administration. The Office of Insurance evaluates employers every year to determine their continued eligibility and to set bond amounts.

Figure 20: Self Insurance in MA - Premium Dollars

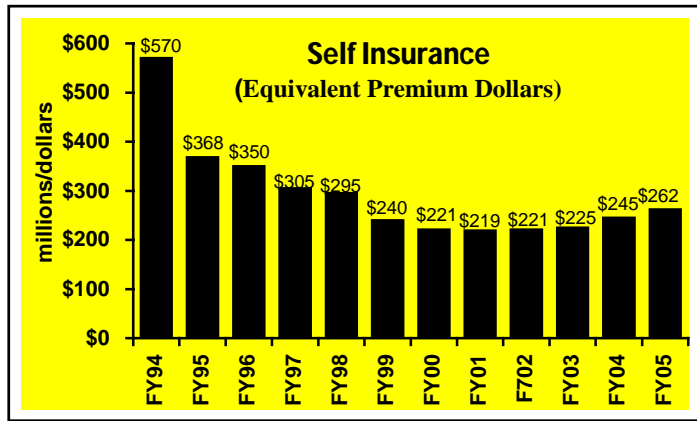


Table 27: Total Self-insured licenses in Massachusetts

	<u>New Licenses</u>	<u>Total Licenses</u>	<u>Companies Covered</u>
FY'05	2	129	409
FY'04	1	129	380
FY'03	2	143	445
FY'02	2	139	478
FY'01	3	151	419
FY'00	5	173	437
FY'99	6	174	464
FY'98	5	186	503
FY'97	5	206	417
FY'96	5	226	734
FY'95	11	227	734
FY'94	23	224	688

Source: DIA Office of Insurance

⁵⁰ 452 C.M.R. 5.00: Code of Massachusetts Regulations concerning insurers and self insurers.

Self Insurance Groups

Companies in related industries may join forces to form a self insurance group (SIG). Regulated by the Division of Insurance, SIGs may include public employers, non-profit groups, and private employers in the same industry or trade association.⁵¹

As part of the workers' compensation reform package of 1985, SIGs were permitted in Massachusetts to provide an alternative to coverage in the assigned risk pool. Since that time, membership has been a popular alternative to commercial insurance because of the ability for members to manage their own claims. In addition, SIGs are generally able to reduce administrative costs from a fully insured plan. These savings result from reduced or eliminated commissions, premium taxes, etc.

Members of a self insurance group are assigned a classification and are charged manual rates approved by the Commissioner of Insurance for commercial insurance policies. Premium is calculated in the same manner, with manual rates adjusted by an experience modification factor and the All Risk Adjustment Program (ARAP).⁵² Cost savings arise through dividends returned to members and deviated rates.

Companies who join self insurance groups rely heavily on the solvency and safety records of fellow members, since the insurance risks are spread amongst the group. If one of the employers in a group declares bankruptcy or suffers a catastrophic accident, the whole group must absorb the losses. In addition, all members share joint and several liability for losses incurred.

The first group was approved in 1987. After a few years of modest interest, eight SIGs were formed in 1991 and 21 in 1992. As of January 1, 2005, Massachusetts had 25 SIGs with 4,472 members.

Table 28: Membership in W/C SIGs as of Jan. 1st

Membership in Workers' Compensation Self-Insurance Groups as of Jan. 1st		
Year	Number of Groups	Number of Members
1991	8	N/A
1992	21	N/A
1993	28	N/A
1994	27	2,300
1995	31	2,550
1996	32	2,700
1997	30	2,830
1998	26	2,880
1999	25	2,821
2000	24	Unavailable
2001	25	Unavailable
2002	25	3,000
2003	24	3,456
2004	24	3,768
2005	25	4,472

Source: Division of Insurance

⁵¹ According to Division of Insurance regulations, a SIG must have "five or more employers who are engaged in the same or similar type of business, who are members of the same bona fide industry, trade or professional association which has been in existence for not less than two years, or who are parties to the same or related collective bargaining agreements. (Div. of Insurance Regulations, 211 CMR 67.02).

⁵² 211 CMR 67.09.

INSURANCE FRAUD BUREAU

The Insurance Fraud Bureau (IFB) is an insurance industry supported agency authorized by the Commonwealth to detect, prevent and refer for criminal prosecution suspected fraudulent insurance transactions involving all lines of insurance.⁵³ It was created in 1990 to investigate auto insurance fraud and expanded in 1991 to include workers' compensation fraud.⁵⁴ While its mission statement is to include all lines of insurance, the focus is on automobile and workers' compensation insurance.

IFB Funding

The IFB receives half of its annually budgeted operating revenues from the Automobile Insurers Bureau (AIB) and half from the Workers' Compensation Rating and Inspection Bureau (WCRIB). In 2004, each of these bureaus contributed a total of \$2,858,813 to fund the IFB. The 2004 operating expenses for the IFB totaled \$5,872,492, a \$509,658 increase (+9.5%) over 2003 expense levels. Due to actual operating expenses being less than what was budgeted for, the IFB returned the net surplus of \$99,539 back to the AIB and WCRIB in early 2005.

The Investigative Process

Referrals - Cases of suspected fraud for all types of insurance are generally referred to the IFB, either through an insurance carrier or through a toll-free hotline, which can be reached at: 800-32-FRAUD. In calendar year 2004, the IFB received 258 referrals regarding workers' compensation fraud.⁵⁵ Of these referrals, 64 (25%) were accepted for investigation.

Evaluation - Once a referral is received by the IFB, an investigative staff must evaluate each case within 20 working days. During this time, status letters are sent to the insurance companies indicating whether the case was referred to another agency or accepted for further investigation. A backlog has historically existed in investigations at this initial stage.

Assigned Cases - Once resources become available, a referral is assigned to an investigator and officially becomes a "case." In calendar year 2004, a total of 53 "new" cases were assigned to investigators dealing with workers' compensation fraud and 113 cases were investigated during the year.

⁵³ The Insurance Fraud Bureau has its own Internet web site which can be found at <http://www.ifb.org>. The site is designed to inform the public on the activities and accomplishments of the IFB. The site also allows the general public to submit anonymous tips on suspected insurance fraud.

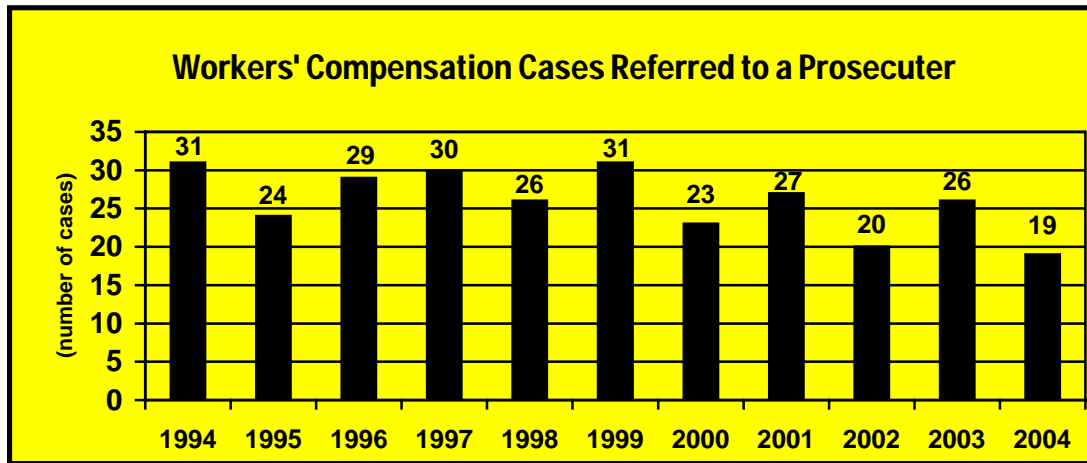
⁵⁴ M.G.L. St. 1990, c.338 as amended by St. 1991, c.398, §9

⁵⁵ Solicited referrals are included in this number.

Prosecution

After an investigator has completed their work on a case, it is either referred to a prosecutor (primarily the Massachusetts Attorney General's Office), transferred to another agency, or closed due to lack of evidence. In calendar year 2004, a total of 19 cases were referred to a prosecutor dealing with workers' compensation fraud.

Figure 21: Workers' Compensation Cases Referred to a Prosecutor



Source: 2004 Insurance Fraud Bureau Annual Report

The types of workers' compensation cases that are investigated vary greatly. Fraud can be perpetrated by the employee, employer, medical provider, attorney, and in some cases the insurance agent. The majority of IFB investigations, however, involve employee misconduct. IFB personnel primarily investigate the following types of workers' compensation fraud:

- *Claimants with duplicate identities who worked while receiving workers' compensation benefits or who earned income from one or more employers and failed to disclose it;*
- *Cases in which the subject staged an on-the-job accident;*
- *Cases where subjects participated in physical activities wholly inconsistent with the disability claimed or whose injuries were fraudulently attributed to the workplace;*
- *Premium evasion fraud and phony death claims.*

While fraud continues to be a major concern for everyone involved in workers' compensation, the IFB and the Attorney General's Office continue to make great strides in curtailing this crime. It is difficult to establish criminal intent in fraud cases, but the pursuit of these cases and publicizing any convictions will establish a precedent warning to those who consider defrauding the workers' compensation system, that fraud will not be tolerated.

MASSACHUSETTS WORKERS' COMPENSATION ADVISORY COUNCIL

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- APPENDIX D:** INDUSTRIAL ACCIDENT NOMINATING PANEL
- APPENDIX E:** THE GOVERNOR'S COUNCIL
- APPENDIX F:** HEALTH CARE SERVICES BOARD
- APPENDIX G:** ROSTER OF JUDICIAL EXPIRATION DATES
- APPENDIX H:** ADVISORY COUNCIL TESTIMONY - LABOR & WORKFORCE DEVELOPMENT HEARING
- APPENDIX I:** ADVISORY COUNCIL TESTIMONY - DOI RATE HEARING
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- APPENDIX N:** COLLECTIONS AND EXPENDITURES REPORT - FY'05
- APPENDIX O:** WORKERS' COMPENSATION LEGISLATION, 2005-2006 SESSION

APPENDIX A

ADVISORY COUNCIL MEMBERS – FY'05

BUSINESS		LABOR
<p>TOM JONES Vice President of Employer Services, AIM 222 Berkeley Street, P.O. Box 763 Boston, MA 02117-0763 Tel: (617) 262-1180 FAX: (617) 536-6785</p> <p>JEANNE-MARIE BOYLAN Boston Sand and Gravel Company 169 Portland Street Boston, MA 02114-1712 Tel: (617) 227-9000 FAX: (617) 523-7947</p> <p>ANTONIO FRIAS S & F Concrete Contractors, Inc. 1266 Central Street, P.O. Box 427 Hudson, MA 01749 Tel: (978) 562-3495 FAX: (978) 562-9461</p> <p>EDMUND C. CORCORAN, JR. Raytheon, Director of Integrated Disability Programs 47 Foundry Avenue Waltham, MA 02453 Tel: (781) 642-2612 FAX: (781) 642-2628</p> <p>JOHN D. BOYLE Boyle, Morrisey & Campo, P.C. 695 Atlantic Avenue Boston, MA 02111 Tel: (617) 451-2000 FAX: (617) 451-5775</p>		<p>PAUL BYRNE MBTA Police Association P.O. Box 1618 N. Falmouth, MA 02556 Tel: (617) 201-3820 FAX: (617) 268-4401</p> <p>ROBERT BANKS J.A.C. Iron Workers, Local 7 195 Old Colony Avenue South Boston, MA 02127 Tel: (617) 268-4200 FAX: (617) 268-0330</p> <p>MICKEY LONG AFL-CIO 193 Old Colony Avenue, P.O. Box E-1 Boston, MA 02127 Tel: (617) 269-0229 FAX: (617) 269-0567</p> <p>JOHN A. PULGINI Pulgini & Norton, LLP 10 Forbes Road West, Suite 240 Braintree, MA 02184 Tel: (781) 843-2200 FAX: (781) 843-4900</p> <p style="text-align: center;">(VACANT IN FY'05)</p>
EX-OFFICIO		EX-OFFICIO
<p>JOHN ZIEMBA Director, Department of Labor 600 Washington Street, 7th Floor Boston, MA 02111 Tel: (617) 727-4900 x356 FAX: (617) 727-7470</p>		<p>RENEE M. FRY Director, Department of Business & Technology One Ashburton Place, Suite 2101 Boston, MA 02108 Tel: (617) 727-8380 FAX: (617) 727-4426</p>
CLAIMANT'S BAR	INSURANCE	VOCATIONAL REHAB.
<p>KENNETH J. PARADIS, JR. Crowe, Paradis, & Albren, LLP 607 North Avenue, Suite 18 Wakefield, MA 01880 Tel: (781) 246-8975 FAX: (617) 246-9322</p>	<p>J. BRUCE COCHRANE Cochrane and Porter 981 Worcester St. Wellesley, MA 02482 Tel: (781) 431-9800 FAX: (781) 431-0222</p>	<p>CAROL FALCONE Falcone Associates 43 Witham Street, Suite 2 Gloucester, MA 01930 Tel: (978) 281-4275 FAX: (978) 281-4275</p>
STAFF		
<p>ANDREW S. BURTON, EXECUTIVE DIRECTOR EVELYN N. FLANAGAN, PROGRAM COORDINATOR</p>		

APPENDIX B

Agenda of Advisory Council Meetings - FY'05

July 14, 2004

DIA Update

Assessment Audit Update

- Karen Fabiszewski, Assistant General Counsel, Workers' Compensation Trust Fund

Action Items

- Minutes - June 9, 2004

DIA Funding for Annual Survey of Occupational Injuries

Executive Director Update

Miscellaneous

August 11, 2004

DIA Update

Action Items

- Minutes - July 14, 2004

Amendment to WCAC Judicial Guidelines

Executive Director Update

Miscellaneous

September 21, 2004

DIA Update

Action Items

- Minutes - August 11, 2004

Changes to the Safety Grant Program

Dying for Work in Massachusetts

- Marcy Goldstein-Gelb, Executive Director, MassCOSH

Executive Director Update

Miscellaneous

October 13, 2004

DIA Update

Action Items

- Minutes - September 21, 2004

Industrial Accident Board Medical Rates

Executive Director Update

Miscellaneous

November 10, 2004

DIA Update

Action Items

- Minutes - October 13, 2003

2004 Concerns & Recommendations Discussion

Executive Director Update

Miscellaneous

December 15, 2004

DIA Update

Action Items

- Minutes – November 10, 2004

Executive Director Update
Miscellaneous

January 12, 2005

DIA Update
Action Items
▪ Minutes – December 15, 2004
Executive Director Update
Miscellaneous

February 16, 2005

DIA Update
Action Items
▪ Minutes - January 12, 2005
Uninsured Employers and Misclassification
Executive Director Update
Miscellaneous

March 9, 2005

DIA Update
Action Items
▪ Minutes – February 15, 2005
Budget Subcommittee Update
Executive Director Update
Miscellaneous

April 13, 2005

DIA Update
Actuarial Review of Rate Filing – KPMG
▪ Richard A. Hofmann
Action Items
▪ Minutes – March 9, 2005
Executive Director Update
Miscellaneous

May 11, 2005

DIA Update
Action Items
▪ Minutes - April 13, 2005
Workers' Compensation Legislation Discussion
Executive Director Update
Miscellaneous

June 8, 2005

DIA Update
Action Items
▪ Minutes - May 11, 2005
Recommendations on Workers' Compensation Legislation
Executive Director Update

APPENDIX C

Joint Committee on Labor & Workforce Development - FY'05

Senator Thomas M. McGee (Chair)
State House - Room 74
Boston, MA 02133-1053
(617) 722-1350

Senator Pamela P. Resor
State House - Room 410
Boston, MA 02133-1053
(617) 722-1120

Senator Robert A. Antonioni
State House - Room 109-E
Boston, MA 02133-1053
(617) 722-1230

Senator Edward M. Augustus, Jr.
State House - Room 413-D
Boston, MA 02133-1053
(617) 722-1485

Senator Steven A. Tolman
State House - Room 213-A
Boston, MA 02133-1053
(617) 722-1280

Senator Robert L. Hedland
State House - Room 413-F
Boston, MA 02133-1053
(617) 722-1646

Rep. Michel J. Rodrigues (Chair)
State House - Room 43
Boston, MA 02133-1053
(617) 722-2030

Representative James B Leary
State House - Room 43
Boston, MA 02133-1053
(617) 722-2030

Representative Demetrius J. Atsalis
State House - Room 26
Boston, MA 02133-1053
(617) 722-2080

Representative Paul C. Casey
State House - Room 238
Boston, MA 02133-1053
(617) 722-2380

Representative Patricia D. Jehlen
State House - Room 275
Boston, MA 02133-1053
(617) 722-2676

Representative Barry R. Finegold
State House - Room 473-B
Boston, MA 02133-1053
(617) 722-2263

Representative Garrett J. Bradley
State House - Room 136
Boston, MA 02133-1053
(617) 722-2030

Representative Lewis G. Evangelidis
State House - Room 473B
Boston, MA 02133-1053
(617) 722-2263

Representative Sean Curran
State House - Room 43
Boston, MA 02133-1053
(617) 722-2030

Representative Paul J. Loscocco
State House - Room 254
Boston, MA 02133-1053
(617) 722-2220

Representative Barbara A. L'Italien
State House - Room 26
Boston, MA 02133-1053
(617) 722-2080

APPENDIX D

Industrial Accident Nominating Panel

John Chapman, Commissioner (Chair)
Division of Industrial Accidents
600 Washington Street
Boston, MA 02111
Tel: (617) 727-4900 x 356
Fax: (617) 727-6477

Joseph Bonfiglio, Bus. Mgr. & Secretary Treasurer
Laborer's International Union - Local 151
238 Main Street
Cambridge, MA 02142
Tel: (617) 876-8081
Fax: (617) 492-0490

John Ziemba, Director
Department of Labor
600 Washington Street
Boston, MA 02111
Tel: (617) 727-4900
Fax: (617) 727-6477

James C. Cronin, Esq.
Raytheon
47 Foundry Avenue
Waltham, MA 02453
Tel: (781) 642-2612
Fax: (781) 642-2628

Mr. Robert J. Haynes, President
Mass. AFL-CIO
389 Main Street, Suite 101
Malden, MA 02148
Tel: (781) 324-8230
Fax: (781) 324-8225

Mark D. Nielsen, Chief Legal Counsel
Room 271 - State House
Boston, MA 02133
Tel: (617) 727-2065
Fax: (617) 727-8290

Stephen Marley
22 Gavin Circle
Andover, MA 01810
Tel: (617) 495-3721
Fax: (617) 496-8672

James L. LaMothe, Jr., Senior Judge
Division of Industrial Accidents
600 Washington Street
Boston, MA 02111
Tel: (617) 727-4900 x 354
Fax: (617) 727-7122

Henry E. Bratcher, Esq.
Kenner, Engelberg, DaDalt & Bratcher
60 State Street
Boston, MA 02110
Tel: (617) 371-4141
Fax: (617) 439-8881

Terence McCourt, Esq.
Greenberg Traurig LLP
One International Place, 20th Floor
Boston, MA 02110
Tel: (617) 310-6246
Fax: (617) 310-6001

Dr. Grant Rodkey
11 Beatrice Circle
Belmont, MA 02478-02657
Office: 724-0110 (Use V.A.# below)
Tel: 232-9500 x 4836
Fax: 278-4543

Renee M. Fry, Director
Dept. of Business & Technology
One Ashburton Pl., Room 2101
Boston, MA 02108
Tel: (617) 727-8380 x 326
Fax: (617) 727-4426

Michael A. Torrissi, Esq.
Torrissi & Torrissi, L.L.C.
555 Turnpike Street, Suite 44
North Andover, MA 01845
Tel: (978) 683-4440
Fax: (978) 682-3330

APPENDIX E

The Governor's Council

Room 184, State House
Boston, MA 02133
(617) 725-4015

The Massachusetts Governor's Council, also known as the Executive Council, is comprised of eight individuals elected from districts, and the Lt. Governor who serves ex officio. The eight councilors are elected from their respective districts every two years. Each councilor is paid \$15,000 annually plus certain expenses.

The Council generally meets at noon on Wednesdays in the State House Chamber, next to the Governor's Office, to act on such issues as payments from the state treasury, criminal pardons and commutations, and approval of gubernatorial appointments; such as judges, notaries, and justices of the peace.

The Governor's Council is responsible for approving all Administrative Judges and Administrative Law Judges at the Division of Industrial Accidents.

Michael J. Callahan
500 Salem Street
Medford, MA 02155
Res: (781) 393-9890

Christopher A. Iannella
263 Pond Street
Boston, MA 02130
Bus: (617) 227-1538

Carol A. Fiola
307 Archer Street
Fall River, MA 02720
Bus: (508) 678-9727

Dennis P. McManus
78 Burncoat Street
Worcester, MA 01605
Bus: (508) 856-9800

Marilyn M. Petitto Devaney
98 Westminster Avenue
Watertown, MA 02472
Res: (617) 923-0778

Peter Vickery
P.O. Box 300
Amherst, MA 01004-0300
Bus: (413) 527-1352

Mary-Ellen Manning
P.O. Box 3528
Peabody, MA 01961-3528
Bus: (978) 531-6363

Kelly A. Timilty
15 Virgil Road
West Roxbury, MA 02132
Bus: (617) 325-7366
Bus: (781) 828-6363

APPENDIX F

Health Care Services Board

Current Members (2005):

Dean M. Hashimoto, MD, JD (Chair)	<i>Ex-Officio Member</i>
Henry W. DiCarlo, MM (Vice-Chair)	<i>Employers' Representative</i>
David S. Babin, MD	<i>Physician Representative</i>
Robert A. Gundersen	<i>Hospital Administrative Representative</i>
Peter A. Hyatt, DC	<i>Chiropractic Representative</i>
Robert P. Naperstek, MD	<i>Physician Representative</i>
Barbara C. Mackey, MS, APRN	<i>Public Representative</i>
L. Christine Oliver, MD	<i>Physician Representative</i>
Cynthia M. Page, PT	<i>Physical Therapist Representative</i>
Janet D. Pearl, MD, MSC	<i>Physician Representative</i>
Nancy Lessin	<i>Employee Representative</i>
Richard F. Struzziero, D.M.D.	<i>Dentist Representative</i>
Richard P. Zimon, MD, FACP	<i>Physician Representative</i>

Staff:

Catherine R. Farnam, RN, MS, CS	<i>Executive Director</i>
Judith A. Atkinson, Esq.	<i>Counsel</i>
Hella Dalton	<i>Research Analyst</i>

All members can be reached c/o:

Division of Industrial Accidents
Health Care Services Board
600 Washington Street, 7th Floor
Boston, MA 02111
Tel: (617) 727-4900 x310 or x574
Fax: (617) 348-2176

APPENDIX G

Roster of Judicial Expiration Dates

INDUSTRIAL ACCIDENT REVIEWING BOARD - SIX YEAR TERMS

1.	Martine Carroll	Unenrolled	05/28/10
2.	Bernard Fabricant	Republican	05/28/10
3.	Mark Horan	Democrat	06/10/10
4.	William McCarthy	Democrat	05/21/10
5.	Patricia Costigan	Unenrolled	06/03/10
6.	<VACANT>	<N/A>	05/28/04

INDUSTRIAL ACCIDENT BOARD - SIX YEAR TERMS

1.	Douglas Bean	Republican	06/26/05
2.	Michael Chadinha	Republican	05/28/10
3.	David Chivers	Republican	05/21/10
4.	William Constantino	Republican	06/13/07
5.	Lynn Brendemuehl	Unenrolled	07/06/06
6.	David Sullivan	Democrat	05/21/10
7.	Steven Rose	Republican	05/28/10
8.	Richard Heffernan	Democrat	09/04/09
9.	John Preston	Republican	07/29/06
10.	James LaMothe	Republican	01/31/09
11.	Roger Lewenberg	Republican	06/26/10
12.	Fred Taub	Democrat	08/03/06
13.	Douglas McDonald	Democrat	07/06/06
14.	Bridget Murphy	Republican	07/27/06
15.	Maureen McManus	Republican	05/28/10
16.	Herbert Dike	Republican	07/05/08
17.	Dianne Solomon	Unenrolled	08/10/06
18.	Catherine Koziol	Democrat	04/11/11
19.	Omar Hernandez	Democrat	12/29/05
20.	Richard Tirrell	Democrat	05/14/10
21.	Frederick Levine	Unenrolled	09/18/10

Testimony: Workers' Compensation Advisory Council

Joint Committee on Labor & Workforce Development
State House – Hearing Room B-1
June 29, 2005

Good morning. My name is Andrew Burton and I serve as Executive Director for the Massachusetts Workers' Compensation Advisory Council. I am joined today by Council Member Mickey Long who represents the interests of labor and Council Member John Boyle who represents the interests of business.

The Advisory Council is a Governor-appointed board comprised of leaders from business and labor, as well as representatives from the legal, medical, insurance and vocational rehabilitation communities. Each month, Council Members come together to discuss a variety of workers' compensation issues with the ultimate goal of identifying problems and developing solutions. When the affirmative vote of at least seven members can be reached between business and labor, these positions are reflected in our recommendations.

It has been fourteen years since the enactment of the workers' compensation reform act of 1991 and the Massachusetts Workers' Compensation System continues to benefit. However, as a labor/management coalition, the Advisory Council believes that the passage of several bills would further complement the system for injured workers, employers and insurers.

The Advisory Council supports **Senate Bill 1099**, filed by Senator Hart and Representative Walsh. This bill would provide a vehicle for both private citizens and insurers to bring forth a civil action against employers who illegally fail to carry workers' compensation insurance or misclassify their workers for the purpose of avoiding premiums. On suits brought forth by private citizens, the majority of the damages would be deposited into the DIA's Trust Fund to help off-set payments made to injured workers of uninsured employers. Insurance carriers would be able to recover the full amount of the award in situations where they obtain court approval to replace the private citizens in a lawsuit. The Advisory Council believes that the passage of this legislation will help alleviate the competitive disadvantage faced by the vast majority of honest employers who purchase workers' compensation policies, when their competitors may not.

The Advisory Council also endorses **House Bill 1606**, filed by Representative Cabral, and **Senate Bill 1095**, filed by Senator Hart and Representative Walsh. These two bills would rightfully provide compensation for scar-based disfigurement appearing on any part of the body. Currently, scarring is only compensable if it appears on the face, neck or hands. Although both bills are subject to a \$15,000 maximum benefit, the Advisory Council encourages the Legislature to consider increasing this amount to an appropriate level.

The Advisory Council has also voiced support for raising the maximum burial allowance from \$4,000 to \$8,000. The current burial allowance of \$4,000 has not been increased in fourteen years and appears to be well below the national average. In 2001, the National Funeral Directors Association estimated that the average funeral and burial cost in Massachusetts was \$6,177. The Advisory Council believes that the Commonwealth has an obligation to ensure there is sufficient compensation available to the families of those workers killed on the job so that they may be honored with a respectful burial.

Along with these endorsements, the Advisory Council would also like to express opposition on two bills. First, Council Members are opposed to **Senate Bill 1097**, filed by Senator Hart, Representative Walsh and Representative Galvin. Under this bill, the surviving dependent of a worker that had died from an occupational illness or disease would receive compensation based upon the earnings of the last full time employment, regardless of whether that worker was earning wages at the time of death. This bill troubles Council Members because workers' compensation was designed as a wage-replacement mechanism and not as a life insurance policy. Furthermore, language contained within this bill would expand benefit eligibility requirements to include workers who are not even subject to the Workers' Compensation Act. The Advisory Council has been informed that the passage of this bill could financially jeopardize the DIA's Trust Fund, which makes reimbursement payments to insurers for latency injuries.

Second, the Advisory Council is opposed to **House Bill 1604**, filed by Representative Rogers. This bill would require the Workers' Compensation Rating & Inspection Bureau to initiate a cost containment pilot project during 2006 whereby Third Party Administrators (TPAs) would service claims for policies within the Assigned Risk Pool. Specifically, the Advisory Council is opposed to this bill because TPAs have no vested interest in the costs or health of the Pool and could thereby place injured workers at risk for receiving poor claim service. Carriers in Massachusetts already have built-in incentives to provide quality service since they must collectively participate in the Pool burden, pay premium taxes, and pay assessments to support the state's Insolvency Fund, the Insurance Fraud Bureau, the State Rating Bureau, and the Attorney General's Office.

Finally, there are two bills that directly affect the rate of payment by insurers for health care services: **House Bill 3776** and **House Bill 3778**. Although the Advisory Council has not taken a position on either of these bills, members have unanimously acknowledged the fact that medical reimbursement rates set by the Division of Health Care Finance & Policy are inadequate and, where appropriate, need to be adjusted. Council Members recognize that there will be a cost-impact with any adjustment to medical rates. However, they also acknowledge the positive impact that adequate rates could generate from allowing injured workers faster access to medical care to decreasing friction costs associated with litigation.

On behalf of the Advisory Council, we would like to thank the Joint Committee on Labor & Workforce Development for holding this hearing and allowing us the opportunity to share our recommendations. Any effort to amend the workers' compensation system must be carefully scrutinized to ensure that changes to the statute will build upon the successful aspects of the system, benefiting both injured workers and employers.

Thank you for the consideration of our recommendations.

Testimony:
Workers' Compensation Advisory Council

Division of Insurance - Rate Hearing
March 30, 2005

Request of the Workers' Compensation
Rating & Inspection Bureau of Massachusetts (WCRB)
for a General Revision to Workers' Compensation
Insurance Rates and Rating Values

Commonwealth of Massachusetts, Division of Insurance
Docket No. R2005-06

Testimony of the Massachusetts Workers' Compensation Advisory Council

Good morning. My name is Andrew Burton, and I serve as the Executive Director for the Massachusetts Workers' Compensation Advisory Council. The Advisory Council is a labor-management council that monitors and makes recommendations on all aspects of the workers' compensation system in the Commonwealth. The Council members are appointed by the Governor and are comprised of leaders from business and labor, as well as representatives from the legal, medical, insurance, and vocational rehabilitation communities.

Although the Advisory Council's involvement in the rate hearing process is limited by statute, we are empowered to gather loss data from "any insurance company or rating organization" and to "present a written statement and oral testimony relating to any issues which may arise during the course of the hearing" [M.G.L. c.152, §53A(6)].

The Advisory Council has recently contracted with KPMG LLP ("KPMG") to provide an independent actuarial analysis of the WCRB's rate filing to ensure that any adjustment to rates is not excessive, inadequate or unfairly discriminatory and falls within a range of reasonableness. Specifically, the objective of KPMG will be to identify key elements within the filing that appear to be erroneous or unsound, or based on unreasonable analysis or assumptions. KPMG will be presenting their preliminary findings to the Advisory Council on April 13, 2005.

On behalf of the Advisory Council, I respectfully request that we be granted the opportunity to fulfill our statutory duty and assist you in your evaluations by presenting to you our actuarial report upon its completion.

Thank you for the opportunity to present testimony at this time.

Guidelines for Reviewing the Qualifications of Judicial Candidates

(Revised: August, 2004)

As the Massachusetts Workers' Compensation Advisory Council is charged with reviewing the qualifications of candidates for the position of administrative judge and administrative law judge at the Division of Industrial Accidents, the following guidelines are adopted to assist the Council in evaluating and rating candidates.

A. Information Distribution: Any information regarding a candidate, compiled by the Industrial Accident Nominating Panel, that is transmitted to the Advisory Council will be mailed, faxed, or delivered to the Advisory Council members. In the event this information cannot be provided to the Advisory Council members before an interview takes place, it will be provided at the interview.

B. Paper Review - Sitting Judges: Sitting Judges, seeking reappointment or appointment to a new position, who receive a favorable recommendation from the Senior Judge, will not be required to formally interview before the Council. The Advisory Council will vote on the qualifications of these Judges by reviewing any information provided by the Industrial Accident Nominating Panel. However, the Chair may, in his discretion or upon a vote of the majority of the Council members, require a sitting Judge to appear before the Council for an interview.

C. Paper Review - Nomination Pool Candidates: Any candidate who is currently serving in the Nomination Pool and reapplies for a judgeship will not be required to formally interview before the Council. The Advisory Council will vote on the qualifications of these candidates by reviewing any information provided by the Industrial Accident Nominating Panel. However, the Chair may, in his discretion or upon a vote of the majority of the Council members, require a Nomination Pool candidate to appear before the Council for an interview.

D. Interview Notification to Candidates: All other candidates, not mentioned in (B) or (C), will be formally interviewed by the Advisory Council. Said candidates will be notified by the Executive Director by telephone regarding the date, time, and location of the interviews.

E. Advisory Council Interviews: The Council will convene in Executive Session for the interview process. Each candidate must be prompt for their scheduled interview time. Each candidate will be allotted no more than 15 minutes for their interview. Council members will use nameplates for identification purposes and will forego introducing themselves to each candidate. The Chair will ask the candidates to briefly introduce themselves, state their qualifications, and their reasons for seeking the position. Upon

recognition of the Chair, both voting and non-voting members may ask questions of the candidates. Council members will use discretion in limiting questioning to the most pertinent concerns.

F. Voting Procedure: Upon determining a candidate's qualifications, pursuant to section 9 of chapter 23E, council members shall make a clear distinction of those candidates who have never served on the Industrial Accident Board, from those who are Sitting Judges, seeking reappointment or appointment to a new position. In conjunction with the Advisory Council's findings, it shall be noted that the judicial ratings of new candidates cannot and should not be compared to the judicial ratings of Sitting Judges.

Upon the completion of all interviews for each meeting, the Chair will ask for a motion on each candidate in the order in which they were interviewed. The Chair will first recognize only motions that rate the candidate as either "Qualified" or "Unqualified." If a motion for "Unqualified" passes, the Chair may recognize a "Motion to Reconsider" or shall move to the next candidate. If a motion for "Qualified" passes, a Council member may motion that the candidate be rated "Highly Qualified." A candidate must receive 7 affirmative votes for any motion to pass.

G. Proxy Votes: Voting by proxy is permitted. The Executive Director will contact each voting member prior to the interviews to obtain a proxy in the event said member is unable to attend. Voting members may direct their proxy how to vote on any candidate.

H. Transmission of Findings: After each meeting, the Chair shall address letters in alphabetical order to the Governor's Chief Legal Counsel advising him/her of the findings of the Council regarding each candidate. Each letter shall state that the qualifications of the candidate were reviewed, that an interview was conducted if necessary, and shall state the rating of the Council. In the event information was lacking on a particular candidate, this will be stated in the letter. In the event Council members could not agree as to "Qualified," "Unqualified," or "Highly Qualified" for any candidate, then the letter shall state that the Council could not reach a consensus on the qualifications for that candidate.

I. Request for Additional Time: In circumstances where the Advisory Council believes it has "good cause" to request additional time to review the candidates, beyond the one week time limit allotted in Executive Order No. 456, the Chair may contact the Governor's Chief Legal Counsel stating such reasons. The Chair will contact the Governor's Chief Legal Counsel by letter, phone, or fax, depending upon the urgency of the request.

APPENDIX K

Workers' Compensation Organizations

The following are government, private, and non-profit organizations that have a role in the Massachusetts workers' compensation system. Many of the organizations below are advocacy groups funded by a specific group to represent and promote their particular view.

This is meant to be informative only, and is by no means an exhaustive list of all groups involved with workers' compensation. Inclusion of an organization's name does not indicate an endorsement of any particular viewpoint or organization, nor does it relate to their effectiveness or reliability in advocating a particular view.

The categories are Massachusetts State Government, Insurance, Medical, Public Policy/Research, Fraud, Safety, Legal, and Federal Government/National Organizations.

Massachusetts State Government

Massachusetts Workers' Compensation Advisory Council (WCAC)

600 Washington Street, Boston, MA 02111

Phone: 617-727-4900 x378 Web Page: <http://www.mass.gov/wcac>

The Advisory Council is a labor-management committee appointed by the Governor to monitor, make recommendations, give testimony, and report on all aspects of the workers' compensation system, except the adjudication of particular claims or complaints, and to improve the workers' compensation system in the Commonwealth.

Division of Industrial Accidents (DIA)

600 Washington Street, Boston, MA 02111 (Boston Office)

Phone: 617-727-4900 Info: 800-323-3249 x470 Web Page: <http://www.mass.gov/dia>

The Division of Industrial Accidents administers the Commonwealth's workers' compensation system. The DIA provides prompt and rational compensation to victims of occupational injuries and illness. The DIA also ensure that medical treatment is provided in a timely manner to the injured worker while balancing the needs of employers to contain workers' compensation insurance costs.

Joint Committee on Labor & Workforce Development

State House, Room 43, Boston, MA 02133

Phone: 617-722-2030 Web Page: <http://www.mass.gov/legis/comm/j43.htm>

The Joint Committee on Labor and Workforce Development consists of elected state representatives and senators. It is their duty to consider all matters concerning commercial, industrial and mercantile establishments, industrial development, consumer protection, and discrimination with respect to employment, labor laws and other such matters.

Office of the Governor

State House, Room 360, Boston, MA 02133

Phone: 617-727-7238 Web Page: <http://www.mass.gov/gov>

The Governor appoints the Director of Labor, the Director of Workforce Development, the Director of Business and Technology, the Commissioner of the DIA, Administrative Judges and Administrative Law Judges of the DIA, as well as the members of the Workers' Compensation Advisory Council.

Department of Labor

600 Washington Street, 7th Floor, Boston, MA 02111

Phone: 617-727-4900 Web Page: <http://www.mass.gov/dol>

The Department of Labor consists of five state agencies: the Division of Industrial Accidents; the Division of Occupational Safety; the Board of Conciliation and Arbitration; the Labor Relations Commission; and the Joint Labor Management Committee. The Department of Labor's mission is to promote harmonious relations between employers and employees and the general welfare of the workers. The Director of Labor is an ex-officio member of the Massachusetts Workers' Compensation Advisory Council.

Division of Occupational Safety

399 Washington Street, 5th floor, Boston, MA 02108

Phone: 617-727-7047 Web Page: <http://www.mass.gov/dos>

The Division of Occupational Safety administers several workplace safety and health programs, all focused on the goal of having every worker return home from work safe and healthy each day. Part of the Division of Occupational Safety's mission is to effectively administer and enforce the laws of employment agencies in Massachusetts. This includes the issuance of the prevailing wage schedules for many public works projects; the promulgation and interpretation of the state's minimum wage regulations; and the issuance of minimum wage, seasonal business overtime, and uniform deposit waivers.

Governor's Council

State House, Room 184, Boston, MA 02133

Phone: 617-725-4015 Web Page: <http://www.mass.gov/gov/govco.htm>

The Massachusetts Governor's Council, also known as the Executive Council, is composed of eight individuals elected from districts, and the Lt. Governor who serves ex officio. The eight councilors are elected from their respective districts every two years. The Council generally meets at noon every Wednesday in the State House Chamber, next to the Governor's Office, to act upon such issues as payments from the state treasury, criminal pardons and commutations, and approval of gubernatorial appointments; such as judges, notaries, and justices of the peace. All DIA judges are appointed by the Governor subject to the consent & approval of the Governor's Council.

Department of Workforce Development

One Ashburton Place, Room 212, Boston, MA 02108

Phone: 617-727-6573 Web Page: <http://www.mass.gov/dlwd>

The Department of Workforce Development is dedicated to enhancing the quality, diversity, and stability of the Commonwealth's workforce by making available new opportunities and training for workers, job seekers, and employers; to preventing workplace injuries and illnesses; to providing temporary assistance when employment is interrupted; to ensuring that businesses are informed of all employment laws impacting them and their employees; and to promoting labor-management harmony.

Massachusetts Rehabilitation Commission (MRC)

59 Temple Place, Boston, MA 02111

Phone: 617-201-3600 Web Page: <http://www.mass.gov/mrc>

The mission of the MRC is to provide comprehensive services with and for persons with disabilities toward the goal of employment and independence. In cooperation with other public and private human service organizations, the MRC promotes its ultimate vision of equality, empowerment and productive independence of individuals with disabilities.

Department of Business and Technology

One Ashburton Place, Boston, MA 02108

Phone: 617-727-8380 Web Page: <http://www.mass.gov/dbt>

The Department of Business & Technology seeks to promote job creation and long-term economic growth in Massachusetts. The Department of Business & Technology seeks to attract new businesses to the state, helps existing businesses expand, assist emerging firms in obtaining the human, financial, and technological resources necessary to prosper and grow, and provide assistance and training to the unemployed and underemployed. The Director of Business & Technology is an ex-officio member of the Workers' Compensation Advisory Council.

Office of the Attorney General

One Ashburton Place, Boston, MA 02108

Phone: 617-727-2200 Web Page: <http://www.mass.gov/ago>

The Attorney General's office prosecutes workers' compensation fraud and enforces state labor laws. It also held a series of meetings for its task force on waste, fraud, and abuse in the workers' compensation system. A series of "White Papers" are available from the office on issues brought up at those meetings.

Insurance

Division of Insurance (DOI)

One South Station, 5th floor, Boston, MA 02110-2208

Phone: 617-521-7794 Web Page: <http://www.mass.gov/doi>

The DOI regulates all insurance programs and monitors and licenses self-insurance groups. The **State Rating Bureau** is an office within the DOI that testifies at rate hearings with respect to insurance rates. The Commissioner of DOI holds hearings on rate filings and issues a decision.

DIA - Office of Insurance

600 Washington Street, Boston, MA 02111

Phone: 617-727-4900 x371 Web Page: <http://www.mass.gov/dia>

Issues annual licenses for self-insurance; monitors insurance complaints; maintains the insurer register.

DIA - Office of Investigations

600 Washington Street, Boston, MA 02111

Phone: 617-727-4900 x406 Web Page: <http://www.mass.gov/dia/investigation/index.htm>

Hot Line: 1-877-MASSAFE (877-627-7233 ext. 214)

Issues stop work orders and fines to employers operating in the Commonwealth without workers' compensation insurance. In June 2004, the Investigation Unit established a "Tipsters Hotline" for citizens to anonymously report persons or businesses in violation with the law.

The Workers' Compensation Rating and Inspection Bureau of Massachusetts (WCRIB)

101 Arch Street, 5th floor, Boston, MA 02110

Phone: 617-439-9030 Web Page: <https://www.wcribma.org/mass>

Private non profit body funded by insurers;

- Licensed rating organization for workers' compensation; WCRIB submits workers' compensation insurance rates, rating plans, and forms for approval (rates are subject to approval by the Commissioner of Insurance);
- WCRIB is the statistical agent for workers' compensation for the Commissioner of Insurance;
- Administers assigned risk pool; designates insurance carriers for employers who cannot obtain policy in voluntary market;
- Collects statistical data from insurers;
- NCCI handles some of the accounting procedures for the pool.

National Council on Compensation Insurance (NCCI)

750 Park of Commerce Drive, Boca Raton, FL 33487

Phone: 800-622-4123 Web Page: <http://www.ncci.com>

NCCI is a national organization devoted to workers' compensation insurance. It has a somewhat limited role in Massachusetts:

- Does some of the accounting for the assigned risk pool under contract with the WCRIB;
- Determines residual market loss reserves.
- In 34 other states, NCCI is the organization that files for insurance rates or loss costs (in Massachusetts, it is the WCRIB that files for rate changes);
- NCCI also administers various state funds where the state acts as an insurance carrier for workers' compensation.

Medical

Division of Health Care Finance and Policy

2 Boylston Street, Boston, MA 02116-4737

Phone: 617-988-3100 Web Page: <http://www.mass.gov/dhcfp>

The Division of Health Care Finance and Policy (formerly the Rate Setting Commission) sets reimbursement rates for medical services in workers' compensation.

DIA - The Health Care Services Board (HCSB)

Phone: 617-727-4900 x310 Web Page: <http://www.mass.gov/dia/hcsb>

This is a medical advisory body consisting of 14 members. The HCSB reviews and develops medical treatment guidelines, in addition to developing criteria by which qualified health care providers are selected for the DIA's impartial physician roster. The Board also receives, reviews and investigates complaints against health care practitioners providing services to the injured worker. This office coordinates the utilization review program, the Medical Consultant Consortium, and the Health Care Services Board at the DIA.

DIA – The Office of Health Policy (OHP)

Phone: 617-727-4900 x438 Web Page: <http://www.mass.gov/dia/hcsb/OHP>

The Office of Health Policy approves and monitors workers' compensation utilization programs in Massachusetts to ensure compliance with the requirements of the regulations.

Massachusetts Medical Society

860 Winter Street, Waltham Woods Corporate Center, Waltham, MA 02451-1411

Phone: 781-893-4610 / 800-322-2303 Web Page: <http://www.massmed.org>

Private, non-profit professional association represents the Massachusetts physician community.

Massachusetts Hospital Association

5 New England Executive Park, Burlington, MA 01803

Phone: 781-272-8000 Web Page: <http://www.mhalink.org>

The Massachusetts Hospital Association (MHA) is a voluntary, non-profit organization comprised of hospitals and health systems, related organizations, and other members with a common interest in promoting the health of the people in the Commonwealth.

Massachusetts Orthopedic Association

45 Broad Street, Boston, MA 02109

Phone: 617-451-9663

Private, non-profit professional association representing physicians practicing in the specialty area of orthopedic surgery.

Massachusetts Chiropractic Society

76 Woodland Street, Methuen, MA 01844-4295

Phone: 978-682-8242 / 800-442-6155 Web Page: <http://www.masschiro.org>

The Massachusetts Chiropractic Society a non-profit membership service organization representing the chiropractic profession in Massachusetts. The Society's principle function is to maintain the standards in education, ethics, and professional competency necessary to meet the requirements of the profession and the expectations of the general public.

American Physical Therapy Association of Massachusetts

34 Atlantic Street, Gloucester, MA 01930-1625

Phone: 617-429-1325 National Chapter: 800-999-2782 Web Page: <http://aptaofmass.org>

The American Physical Therapy Association of Massachusetts Inc., with more than 2200 members, is a component of the American Physical Therapy Association. APTA's goal is to foster advancement in physical therapy practice, education, and research.

American Occupational Therapy Association (AOTA)

4270 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20824-1220

Phone: 301-652-2682 Web Page: <http://www.aota.org>

The American Occupational Therapy Association (AOTA) supports the professional community for occupational therapists and develops and preserves the viability and relevance of the profession. The organization serves the interests of its members, represents the profession to the public, and promotes access to occupational therapy services.

Massachusetts Occupational Therapy Association (MAOT)

57 Madison Road, Waltham, MA 02453-6718

Phone: 781-647-5556 Web Page: <http://www.maot.org>

The Massachusetts Association for Occupational Therapy provides a professional network for its members and develops and preserves the profession. MAOT serves the interests of its members, represents the profession to the public and promotes access to occupational therapy.

Public Policy / Research

Workers' Compensation Research Institute (WCRI)

955 Massachusetts Avenue, Cambridge, MA 02139

Phone: 617-661-9274(WCRI) Web Page: <http://www.wcrinet.org>

WCRI is a nonpartisan, non-profit public policy research organization funded primarily by employers and insurers. The WCRI research takes several forms, according to their statement of purpose: "original research studies of major issues confronting workers' compensation systems; original studies of individual state systems where policy makers have shown an interest in reform and where there is an unmet need for that objective information; source book that brings together information from a variety of sources to provide unique, convenient reference works on specific issues; periodic research briefs on significant new research, data, and issues in the field." (WCRI Annual Report/Research Review, 1992).

Associated Industries of Massachusetts (AIM)

Workers' Compensation Oversight Committee

222 Berkeley Street, P.O. Box 763, Boston, MA 02117-0763

Phone: 617-262-1180 Hot Line: 800-470-6277 Web Page: <http://www.aimnet.org>

The Associated Industries of Massachusetts is a dues-supported, non-profit, nonpartisan employers' association dedicated to improving the Commonwealth's economic climate.

Massachusetts AFL-CIO

389 Main Street, Malden, MA 02148

Phone: 781-324-8230 Web Page: <http://www.massaficio.org>

The AFL-CIO is the umbrella organization representing more than 750 local unions and intermediate bodies in Massachusetts. The AFL-CIO is dedicated to empowering the worker by improving the standard of living and the quality of life for all working people.

International Association of Industrial Accident Boards and Commissions (IAIABC)

5610 Medical Circle, Suite 24, Madison, WI 53719

Phone: 608-663-6355 Web Page: <http://www.iaiaabc.org>

The International Association of Industrial Accident Boards and Commissions serves the needs of the workers compensation system through promoting efficient and farsighted regulation and administration of the law.

Fraud

Insurance Fraud Bureau of Massachusetts (IFB)

101 Arch Street, Boston, MA 02110

Phone: 617-439-0439 (1-800-32FRAUD) Web Page: <http://www.ifb.org>

The Insurance Fraud Bureau of Massachusetts is a multifaceted investigative agency dedicated to the systematic elimination of fraudulent insurance transactions. Authorized by an Act of the Massachusetts Legislature and signed into law in 1990, the Insurance Fraud Bureau undertakes cases for investigation and preparation for criminal prosecution. The Bureau is wholly funded by the insurance industry in Massachusetts.

Safety

Office of the Attorney General - Business and Labor Protection Bureau

Fair Labor and Business Practices Division, One Ashburton Place, Boston, MA 02108

Phone: 617-727-2200 Web Page: <http://www.ago.state.ma.us>

Fair Labor and Business Practices Branch Office, 184 North St., Pittsfield, MA 01201

Phone: 413-7324 ext. 218

The Business and Labor Protection Bureau investigates and prosecutes violations of child labor laws and work-related injuries to minors, grants workplace procedure waivers, inspects workplace safety on construction sites, industrial sites and in the manufacturing industry. They also prosecute egregious cases of violations of industrial workplace safety and may shut down a job site in cases of imminent danger to the safety of employees or the public.

DIA - Office of Safety

600 Washington Street, Boston, MA 02111

Phone: 617-727-4900 x387 / 978-683-6420 x138 Web Page: <http://www.mass.gov/dia/Safety>

The function of the Office of Safety is to reduce work related injury and illnesses by “establishing and supervising programs for data collection on workplace injuries and for the education and training of employees and employers in the recognition, avoidance and prevention of unsafe or unhealthy working conditions in employment and advising employees and employers on these issues.” (M.G.L. c. 23E, 3(6)).

Massachusetts Coalition of Occupational Safety and Health (MassCOSH)

12 Southern Avenue, Dorchester, MA 02124

Phone: 617-825-7233(SAFE) Web Page: <http://www.masscosh.org>

The following safety councils provide publications, videos, training programs, speakers and other information for a fee.

- *Safety Council of Western Massachusetts* (Springfield) 413-731-0760
- *National Safety Council*, Central MA Chapter (West Boylston) 508-835-2333
- *Massachusetts Safety Council* (Braintree) (Serves Eastern MA) 781-356-1633
- *American Society of Safety Engineers* (ASSE) is a non profit association that provides monthly educational seminars and training. It can be reached through the local safety councils 847-699-2929.

Legal

Massachusetts Bar Association

Workers' Compensation Committee

20 West Street, Boston, MA 02111-1204

Phone: 617-542-3602 Web Site: <http://www.massbar.org>

The Massachusetts Bar Association is the statewide voluntary professional association for all lawyers, in all types of practice, in all areas of law.

Massachusetts Academy of Trial Attorneys

15 Broad Street, Suite 415, Boston, MA 02109

Phone: 617-248-5858 Web Site: <http://www.massacademy.com>

Private, non-profit professional association represents the plaintiff's attorneys in Massachusetts.

Federal Government / National Organizations

While most programs for workers' compensation are administered at the state level, there are various safety, labor, and workers' compensation programs administered by the federal government.

U.S. Department of Labor

Employment Standards Administration

Office of Workers' Compensation Programs

Division of Planning, Policy and Standards

200 Constitution Avenue, N.W., Washington, D.C. 20210

Phone: *1-866-4-USA-DOL* Web Site: *http://www.dol.gov*

The Division of Planning, Policy and Standards at the Office of Workers' Compensation Programs serves as a liaison to the states regarding state workers' compensation matters. They produce two major publications: State Workers' Compensation Administration Profiles and State Workers' Compensation Laws.

The Office of Workers' Compensation Programs also administers four other divisions: Division of Longshore and Harbor Workers' Compensation (202-693-0038); Division of Energy Employee's Compensation (866-888-3322*); Division of Federal Employee's Compensation (866-962-7487*); and the Division of Coal Mine Workers' Compensation (800-638-7072*).

***Toll Free Numbers**

Occupational Safety and Health Administration (OSHA)

200 Constitution Avenue, N.W.

Washington, D.C. 20210

Phone: *617-565-9860* Web Site: *http://www.osha.org*

OSHA's mission is to assure safety and health of America's workers by setting and enforcing standards; providing training, outreach and education; establishing partnerships; and encouraging continual improvement in workplace safety and health.

OSHA Massachusetts Regional Offices

North Boston Area Office

Valley Office Park, 13 Branch Street, Methuen, MA 01844

Phone: *(617) 565-8110*

South Boston Area Office

639 Granite Street, 4th Floor, Braintree, MA 02184

Phone: *(617) 565-6924*

Springfield Area Office

1441 Main Street, Room 550, Springfield, MA 01103-1493

Phone: *(413) 785-0123*

National Institute for Occupational Safety and Health (NIOSH)

1095 Willowdale Road

Morgantown, WV 26505-2888

Phone: *304-285-5894 / 800-311-3435* Web Site: *http://www.cdc.gov/niosh*

Federal agency under the Department of Health and Human Service. Clearinghouse information on workplace safety, health, and illness.

National Institute for Occupational Safety and Health (NIOSH)

New England Field Office

P.O. Box 87040, South Dartmouth, MA 02748-0701

Phone: 508-997-6126 Web Site: <http://www.cdc.gov/niosh>

Federal agency under the Department of Health and Human Service. Clearinghouse information on workplace safety, health, and illness.

Occupational Health Foundation (OHF)

815 16th Street, N.W. Suite 312

Washington, D.C. 20006

Phone: 202-842-7840

The OHF is a labor-sponsored, non-profit organization delivering service to the American labor movement and individual members of the workforce. OHF's mission is to improve occupational safety and health conditions for workers. (OHF 1993 Annual Program Report)

United States Chamber of Commerce

1615 H Street, N.W.

Washington, D.C. 20062-2000

Phone: 202-659-6000 / 800-638-6582 Web Site: <http://www.uschamber.com>

Publishes an analysis of state workers' compensation statutes.

APPENDIX L

Office of Safety Proposals Recommended for Funding - FY 2006

1. Caritas Good Samaritan
75 Stockwell Drive
Avon, MA 02322
(508) 427-3900
Title: Occupational Safety and Health Training Program
Category of Applicant: Private Employer
Target Population: Employees/Employers/Supervisors
Geographic Target: South Shore
Program Administrator: Kay Pacheo
Total Funds Requested: \$21,837.00 **Approved:** \$21,837.00 **Score:** 91.25
2. MA Division Of Occupational Safety
1001 Watertown Street
West Newton, MA 02465
(617) 727-4581
Title: Occupational Safety and Health Education and Training Program
Category of Applicant: Public Employer
Target Population: Employees/Supervisors
Geographic Target: Statewide
Program Administrator: Robert Kenrick
Total Funds Requested: \$17,515.47 **Approved:** \$17,515.47 **Score:** 85.75
3. ARC Berkshire Chapter
480 West Street
Pittsfield, MA 01201
Title: First Aid/ CPR
Category of Applicant: Private Employer
Target Population: Employees/Supervisors/Safety Committee
Geographic Target: Pittsfield
Program Administrator: Michael Murphy
Total Funds Requested: \$ 5,510.07 **Approved:** \$ 4,236.77 **Score:** 85.25
4. Guardian Ambulance
37 Marston Street
Lawrence, MA 01841
(978) 686-1199
Title: Preventing Injuries from Patients in Nursing Homes/Ambulances
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Lawrence
Program Administrator: Steve Combs
Total Funds Requested: \$19,200.00 **Approved:** \$19,200.00 **Score:** 83.75

5. Sun Life Financial
1 Sun Life Executive Park
Wellesley Hills, MA 02481
Title: Ergonomic Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: Boston
Program Administrator: Mary Kowalski
Total Funds Requested: \$24,957.00 **Approved:** \$22,269.38 **Score:** 82.75

6. Symmons Industries
31 Brooks Drive
Braintree, MA 02184
(781) 848-2250
Title: Prevention of Work Related Musculo-Skeletal Injuries/CPR-First Aid
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Boston/South Shore
Program Administrator: Jean Shiflett
Total Funds Requested: \$24,925.00 **Approved:** \$19,675.00 **Score:** 82.25

7. Mass Compliance
P.O. Box 609
Falmouth, MA 02574
(978) 847-9552
Title: Occupational Health and Safety Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: Statewide
Program Administrator: Beth DiPietro
Total Funds Requested: \$20,803.51 **Approved:** \$18,997.89 **Score:** 82.0

8. Rhom and Haas
455 Forest Street
Marlborough, MA 01752
(508) 481-7950
Title: Ergonomic Awareness Training for Manufacturing and Office Workers
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Worcester
Program Administrator: Michael Lombardi
Total Funds Requested: \$12,037.00 **Approved:** \$12,037.00 **Score:** 82.0

9. ATR
100 Main Street
Amesbury, MA 01913
(978) 388-6775
Title: Musculoskeletal Injury Prevention
Category of Applicant: Private Employer
Target Population: Employees/Employers
Geographic Target: Statewide

- Program Administrator:** Trish Going
Total Funds Requested: \$24,877.00 **Approved:** \$24,877.00 **Score:** 81.3
10. Mass. Floor Covers
803 Summer Street
S. Boston MA 02127-1616
Title: OSHA 10 hr Training
Category of Applicant: Labor Organization
Target Population: Employees/Supervisors/Employer
Geographic Target: Boston
Program Administrator: Thomas O'Toole
Total Funds Requested: \$ 7,056.70 **Approved:** \$ 7,056.70 **Score:** 80.75
11. Labor Management
256 Freeport Street
Boston, MA 02122
(617) 436-4163
Title: OSHA 10 and 30 hr Training
Category of Applicant: Joint Labor Management Committee
Target Population: Employees
Geographic Target: Statewide
Program Administrator: Mary Vogel
Total Funds Requested: \$ 9,006.00 **Approved:** \$ 8,243.28 **Score:** 80.5
12. Medical Training Associates
50 Worcester Place
Rockport, MA 01966
(800) 822-0550
Title: CPR/First Aid Training
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Statewide
Program Administrator: Craig Morrill
Total Funds Requested: \$24,975.00 **Approved:** \$24,975.00 **Score:** 80.5
13. Quadrant Health
34 Salem Street
Wilmington, MA 01887
(978) 988-8832
Title: Preventing Musculoskeletal Injuries
Category of Applicant: Private
Target Population: Employees
Geographic Target: Statewide
Program Administrator: Rena Hannaford
Total Funds Requested: \$24,990.00 **Approved:** \$17,246.25 **Score:** 78.5
14. Reebok
1895 JW Foster Blvd.
Canton, MA 02021
(781) 401-4190
Title: Ergonomics Training Program

- Category of Applicant:** Private Employer
Target Population: Employees/Supervisors
Geographic Target: Boston
Program Administrator: David Pratt
Total Funds Requested: \$24,870.30 **Approved:** \$22,470.30 **Score:** 78.375
15. Franklin Regional Council of Governments
 425 Main Street
 Greenfield, MA 01301-3313
 (413) 774-3167
Title: Various OSHA Trainings
Category of Applicant: Public Employer
Target Population: Employees/Supervisors
Geographic Target: Western MA
Program Administrator: Phoebe Walker
Total Funds Requested: \$10,407.50 **Approved:** \$ 8,247.03 **Score:** 78.0
16. New England Carpenters Training Fund
 13 Holman Road
 Millbury, MA 01527
Title: 10 and 30 hr OSHA Training
Category of Applicant: Labor Organization
Target Population: Employees
Geographic Target: Worcester
Program Administrator: Richard Nihita
Total Funds Requested: \$23,774.60 **Approved:** \$23,774.60 **Score:** 77.75
17. Red Cats USA
 300 Constitution Drive
 Tauton, MA 02379
 (508) 895-4179
Title: Ergonomic Training Program
Category of Applicant: Private Employer
Target Population: Employees/Supervisors/Employer
Geographic Target: South Shore
Program Administrator: Thomas Minichiello
Total Funds Requested: \$24,877.00 **Approved:** \$24,877.00 **Score:** 77.5
18. Varian Semi Conductor
 35 Dory Road
 Gloucester, MA 01930
 (978) 282-7547
Title: Ergonomics Training
Category of Applicant: Public Employer
Target Population: Employees/Employer
Geographic Target: North Shore
Program Administrator: Jon Levis
Total Funds Requested: \$20,425.00 **Approved:** \$14,800.00 **Score:** 76.5

19. Southeast Hospitals Group
363 Highland Avenue
Fall River, MA 02720
(508) 679-3131
Title: Health and Safety Training for Patients and Staff
Category of Applicant: Public Employer
Target Population: Employees/Employers
Geographic Target: Fall River
Program Administrator: Janet Hathaway
Total Funds Requested: \$14,231.00 **Approved:** \$11,823.50 **Score:** 76.5
20. US Food Service
One Technology Drive
Peabody, MA 01960
(978) 977-5106
Title: Ergonomic Safety Training Program
Category of Applicant: Public Employer
Target Population: Employees/Employers
Geographic Target: North Shore
Program Administrator: Laurel Marchessault
Total Funds Requested: \$23,455.00 **Approved:** \$19,967.50 **Score:** 76.25
21. Southeastern Mass Carpenters
21 Mazzeo Drive Suite 201
Randolf, MA 02687
(781) 963-0200
Title: Occupational Safety and Health Education and Training
Category of Applicant: Labor Organization
Target Population: Employees/Supervisors
Geographic Target: Statewide
Program Administrator: Richard Anderson
Total Funds Requested: \$23,082.00 **Approved:** \$24,062.00 **Score:** 75.25
22. Sagamore Plumbing
320 Libbey Industrial Parkway
Weymouth, MA 02189
(781) 331-1600
Title: Occupational Safety and Health Training Program
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Statewide
Program Administrator: Gerald Fusco
Total Funds Requested: \$19,802.00 **Approved:** \$16,954.36 **Score:** 75.0
23. Wayne Griffin Electric
116 Hopping Brook Road
Holliston, MA 01746
(508) 429-8830
Title: Comprehensive Safety Training Program OSHA
Category of Applicant: Public Employer
Target Population: Employees/Employers

- Geographic Target:** Statewide
Program Administrator: Margie D'Anneillo
Total Funds Requested: \$21,375.00 **Approved:** \$11,475.00 **Score:** 75.0
24. City of Newton
1000 Commonwealth Avenue
Newton Centre, MA 02459
(617) 282-1260
Title: Comprehensive Safety Training Program
Category of Applicant: Public Employer
Target Population: Employees/Employers
Geographic Target: Boston
Program Administrator: Lori Burke
Total Funds Requested: \$12,390.60 **Approved:** \$ 3,250.13 **Score:** 75.0
25. Northeast Carpenters
350 Fordham Street
Wilmington, MA
(978) 752-1197
Title: OSHA 10 and 30 hr Safety Training Program
Category of Applicant: Labor Organization
Target Population: Employees
Geographic Target: North Shore
Program Administrator: Richard Dean
Total Funds Requested: \$18,915.60 **Approved:** \$18,665.40 **Score:** 74.5
26. Hasbro Games
443 Shaker Road
East Longmeadow, MA 01028
(413) 526-2419
Title: Ergonomic Training to Prevent Musculoskeletal Injuries
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Springfield
Program Administrator: Jack Popp
Total Funds Requested: \$24,827.00 **Approved:** \$23,327.00 **Score:** 74.5
27. Weetabix Company
20 Cameron Street
Clinton, MA 01510
(978) 365-7268
Title: Ergonomics Awareness Training
Category of Applicant: Private Employer
Target Population: Employees/Employers/Supervisors
Geographic Target: Worcester
Program Administrator: Collette McHugh
Total Funds Requested: \$18,056.00 **Approved:** \$14,043.75 **Score:** 74.0
28. Mabbett and Associates
5 Alfred Circle
Bedford, MA 01730

- (781) 275-6050
Title: Weapons of Mass Destruction
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Lawrence
Program Administrator: Susan Smits
Total Funds Requested: \$24,619.10 **Approved:** \$24,619.10 **Score:** 73.25
29. Boston Carpenters
385 Market Street
Brighton, MA 02135
(617) 782-4314
Title: Health and Safety Training for Construction
Category of Applicant: Labor Organization
Target Population: Employees/Supervisors
Geographic Target: Statewide
Program Administrator: Benjamin Tilton
Total Funds Requested: \$24,013.00 **Approved:** \$24,989.40 **Score:** 73.0
30. Boston Painters Local 35
25 Colgate Road
Roslindale, MA 02131
(617) 524-0248
Title: 10 and 30 hr OSHA Training
Category of Applicant: Labor Organization
Target Population: Employees
Geographic Target: Boston
Program Administrator: Eric Redding
Total Funds Requested: \$23,520.00 **Approved:** \$17,166.01 **Score:** 71.5
31. Fishery Products International
18 Electronics Avenue
Danvers, MA 01923
(978) 750-5163
Title: Ergonomics Safety Training
Category of Applicant: Private Employer
Target Population: Employees /Supervisors
Geographic Target: North Shore
Program Administrator: Dawn Strong
Total Funds Requested: \$24,427.00 **Approved:** \$16,945.75 **Score:** 71.5
32. Trustees of the Reservations
572 Essex Street
Beverly, MA 01951
(978) 921-1944
Title: Various OSHA Safety Trainings
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: Statewide
Program Administrator: Kerry Smith
Total Funds Requested: \$15,003.00 **Approved:** \$14,492.66 **Score:** 71.25

33. 7 Generations
PO Box 713
Pepperell, MA 01463
(978) 808-6990
Title: Public Works Safety Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: North
Program Administrator: Lorretta Sanford
Total Funds Requested: \$24,097.47 **Approved:** \$24,097.47 **Score:** 70.25
34. Dr. Stephan Soreff
13 Uxbridge Street
Worcester, MA 01605-2512
(508) 791-0258
Title: Resident Aggression in Nursing Homes
Category of Applicant: Private Employer
Target Population: Employees /Employers
Geographic Target: Statewide
Program Administrator: Stephan Soreff
Total Funds Requested: \$24,343.00 **Approved:** \$24,343.50 **Score:** 69.0
35. Department of Conservation and Recreation
251 Causeway Street
Boston, MA 02114
(617) 626-1250
Title: Various OSHA Trainings
Category of Applicant: Public Employer
Target Population: Employees
Geographic Target: Statewide
Program Administrator: Johanna Zabriskie
Total Funds Requested: \$25,000.00 **Approved:** \$24,644.75 **Score:** 68.75
36. Polaroid
1265 Main Street
Waltham, MA 02450
(781) 386-0589
Title: OSHA Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: North Shore
Program Administrator: Richard DiBona
Total Funds Requested: \$24,931.00 **Approved:** \$24,931.00 **Score:** 66.25
37. Interprint Inc.
125 Pecks Road
Pittsfield, MA 01201
(413) 443-4733
Title: Company Safety Training
Category of Applicant: Private Employer

- Target Population:** Employees
Geographic Target: Pittsfield
Program Administrator: Lauren Ziemek
Total Funds Requested: \$ 6,960.00 **Approved:** \$ 3,470.00 **Score:** 66.0
38. Metalor Technologies USA
255 John Dietsch Blvd.
North Attleboro, MA 02761
Title: Company Safety Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: South Shore
Program Administrator: Chuck Tatakis
Total Funds Requested: \$ 9,600.00 **Approved:** \$ 2,400.00 **Score:** 65.25
39. Rehabilitative Resources
PO Box 38
Sturbridge, MA 01566
(508) 347-8181
Title: Kitchen and Back Safety Training
Category of Applicant: Private Employer
Target Population: Employees /Employers
Geographic Target: Statewide
Program Administrator: Bonita Keefe Laden
Total Funds Requested: \$24,986.00 **Approved:** \$17,042.96 **Score:** 64.5
40. Cycles, Inc.
32 Chocksett Road
Sterling, MA 01564
(978) 422-6800
Title: OSHA Training for Employees
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: Western MA
Program Administrator: Pam Hanna
Total Funds Requested: \$ 5,450.00 **Approved:** \$ 5,450.00 **Score:** 63.2
41. Newton Wellesly Hospital
2014 Washington Street
Newton, MA 02462
(617) 243-6170
Title: Safety Patient Transfer Training
Category of Applicant: Private Employer
Target Population: Employees
Geographic Target: Boston
Program Administrator: Marie Jessup
Total Funds Requested: \$21,635.00 **Approved:** \$20,283.19 **Score:** 63.0
42. Caritas Norwood Hospital
800 Washington Street
Norwood, MA 02062

- (508) 427-3900
Title: Safety Patient Transfer Training
Category of Applicant: Non-profit
Target Population: Employees
Geographic Target: Boston
Program Administrator: Dan Mauchard
Total Funds Requested: \$17,302.00 **Approved:** \$16,250.63 **Score:** 63.0
43. Milton Hospital
902 Highland Street
Milton, MA 02186
(617) 696-4600
Title: Safety Patient Transfer Training
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: South Shore
Program Administrator: Kathleen Harrington
Total Funds Requested: \$16,120.00 **Approved:** \$15,167.25 **Score:** 63.0
44. Jordan Hospital
275 Sandwich Street
Plymouth, MA 02360
(508) 830-2032
Title: Occupational Safety and Health Training Program
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: South Shore
Program Administrator: Peg O'Conner
Total Funds Requested: \$17,302.00 **Approved:** 16,250.63 **Score:** 63.0
45. First Cardinal
190 Forbes Road
Braintree, MA 02184
(781) 844-4378
Title: Ergonomic
Category of Applicant: Private Employer
Target Population: Supervisors/Employees
Geographic Target: Boston
Program Administrator: Chric Clark
Total Funds Requested: \$29,770.80 **Approved:** \$22,627.35 **Score:** 61.0
46. EH&H
60 Wells Avenue
Newton, MA 02459
(617) 964-8550
Title: Preventing Injuries in the Health Care Industry
Category of Applicant: Private Employer
Target Population: Employees/Supervisors
Geographic Target: Boston
Program Administrator: Marc LePrie
Total Funds Requested: \$24,325.00 **Approved:** \$20,250.00 **Score:** 60.5

47. Family Service Association
101 Rock Street
Fall River, MA 02720
(508) 677-3822
Title: Safety and Health Training Program
Category of Applicant: Private Employer
Target Population: Employees/Employers
Geographic Target: Fall River
Program Administrator: Paula Toland
Total Funds Requested: \$ 8,817.50 **Approved:** \$ 2,074.20 **Score:** 58.0

Budget Subsidiaries

Subsidiary AA: Regular Employee Compensation

Includes regular compensation for employees in authorized positions including regular salary, overtime, and other financial benefits. All expenditures for this subsidiary must be made through the payroll system.

Subsidiary BB: Regular Employee Related Expenses

This subsidiary includes reimbursements to employees and payments on behalf of employees with the exception of pension and insurance related payments. This includes out of state travel (airfare, lodging, other); in state travel; overtime meals; tuition; conference, training, and registration; membership dues, etc.

Subsidiary CC: Special Employees / Contracted Services

Payments to individuals employed on a temporary basis through contracts as opposed to authorized positions paid through subsidiary AA. Includes contracted faculty; contracted advisory board/commission members; seasonal; student interns, etc. (These employees are generally not eligible for benefits.)

Subsidiary DD: Pension and Insurance-Related Expenditures

Pension and insurance related expenditure for former and current employees and beneficiaries. Includes retirement, health and life insurance, workers' compensation benefits; medical expenses; universal health insurance charge-back; universal health insurance payments, etc.

Subsidiary EE: Administrative Expenses

Expenses associated with divisional operations. Includes office and administrative supplies; printing expenses and supplies; micrographic supplies; central reprographic charge-back; postage, telephone, software, data processing; subscriptions and memberships; advertising; exhibits/displays; bottled water.

Subsidiary GG: Energy Costs and Space and Rental Expenses

Plant operations, space rentals, utilities, and vehicle fuel. Includes fuel for buildings; heating and air conditioning; sewage and water bills, etc.

Subsidiary HH: Consultant Services

Outside professional services for specific projects for defined time periods, incurred when services are not provided by, or available from state employees. Consultants advise and assist departments but do not provide direct services to clients. Includes accountants; actuaries/statisticians; information technology professionals; advertising agency; arbitrators; architects; attorneys; economists; engineers; health/safety experts; honoraria for visiting speakers; researchers; labor negotiators; management consultants; medical consultants, etc.

Subsidiary JJ: Operational Services

Expenditures for the routine functioning of the Division. Services are provided by non-employees (individuals or firms) generally by contractual arrangements, except when authorized by statute or regulation. Includes movers; snow removal services; messenger services; law enforcement (detail officer).

Subsidiary KK: Equipment Purchase

Purchase and installation of equipment. (See LL for equipment lease, repair.) Includes information technology equipment (computers, software); educational equipment (overhead projectors, tape recorders); photocopying equipment, office equipment, etc.

Subsidiary LL: Equipment Lease-Purchase, Lease and Rental, Maintenance and Repair

Includes expenditures for the lease-purchase, lease, rental, maintenance and repair of equipment. Includes information technology equipment (computers, software); educational equipment (overhead projectors, tape recorders); photocopying equipment, office equipment, etc.

APPENDIX N

COLLECTIONS AND EXPENDITURES REPORT - FISCAL YEAR 2005

SPECIAL FUND	FY'05	FY'04	FY'03	FY'02	FY'01
<u>COLLECTIONS</u>					
INTEREST	350,529	194,200	209,426	342,449	932,637
ASSESSMENT	16,404,375	12,805,486	23,213,608	16,031,304	14,427,829
LESS RET. CHECKS	0	0	0	(2,789)	(9,320)
LESS REFUNDS	(8,658)	0	(20,171)	(258,971)	(332,081)
SUB-TOTAL	16,395,717	12,805,486	23,193,437	15,769,544	14,086,428
FILING FEES	4,336,826	4,166,153	5,264,175	4,254,978	4,431,724
COLLECTION FEE	(36,577)	(32,357)	(21,944)	(23,705)	(18,778)
LESS RET. CHECKS	(6,908)	(3,140)	(6,610)	(2,739)	(1,027)
LESS REFUNDS	(7,119)	(4,837)	(7,480)	(7,325)	(7,368)
SUB-TOTAL	4,286,222	4,125,819	5,228,141	4,221,209	4,404,551
1ST REPORT FINES	315,125	241,890	179,750	333,515	378,050
LESS COLLECTION FEE	(10,318)	(4,642)	(5,798)	(12,460)	(13,100)
LESS RET. CHECKS	(2,100)	0	0	(1,640)	(500)
LESS REFUNDS	0	(100)	(200)	(700)	(200)
SUB-TOTAL	302,707	237,148	173,752	318,715	364,250
STOP WORK ORDERS	303,030	394,207	637,426	393,340	465,961
LESS REFUNDS	0	(600)	(1,750)	(423)	0
LESS BAD CHECKS	(1,300)	(10,638)	(29,962)	(5,250)	(12,208)
COLLECTION FEE	(17,270)	(39,441)	(72,156)	(25,842)	(50,639)
SUB-TOTAL	284,460	343,528	533,558	361,825	403,114
LATE ASSESS. FINES	14,074	20,428	19,574	28,124	36,661
SEC. 7 & 14 FINES	2,000	6,500	5,700	0	
MISCELLANEOUS	37,823	21,685	43,800	56,120	43,472
SUB-TOTAL	53,897	48,613	69,074	84,244	80,133
TOTAL COLLECTIONS	21,673,532	17,754,794	29,407,388	21,097,986	20,271,113
BALANCE BRGT FWD	10,090,768	14,728,736	7,638,265	10,065,860	12,725,215
TOTAL	31,764,300	32,483,530	37,045,653	31,163,846	32,996,328
LESS EXPENDITURES	(22,615,386)	(22,392,762)	(22,316,917)	(23,525,582)	(22,930,468)
BALANCE	9,148,914	10,090,768	14,728,736	7,638,264	10,065,860
<u>EXPENDITURES</u>					
ORACLE START-UP	0	1,227,305	936,853	2,731,097	
ORACLE SOFTWARE	0				408,754
UNISYS CORP.	0				23,264
ORACLE CONSULTANTS	0				825,000
SUN MICROSYSTEMS	0				4,264
TOTAL	0	1,227,305	936,853	2,731,097	1,261,282
<u>REPAYMENT</u>					
SALARIES	13,552,369	13,148,258	13,788,158	13,644,820	13,158,744
FRINGE BENEFITS	3,606,371	2,989,091	2,969,507	2,965,931	3,798,264
INDIRECT COSTS	232,262	223,937	405,376	285,004	332,090
NON-PERSONNEL COSTS	5,200,563	4,772,185	4,171,404	3,872,690	4,348,884
IP INDIRECT-EXPENSE	23,821	31,986	45,619	29,528	31,204
ADJUSTMENT				(3,488)	
TOTAL REPAYMENT	22,615,386	21,165,457	21,380,064	20,794,485	21,669,186

COLLECTIONS AND EXPENDITURES REPORT - FISCAL YEAR 2005

PUBLIC TRUST	FY'05	FY'04	FY'03	FY'02	FY'01
<u>COLLECTIONS</u>					
INTEREST	3,604	1,691	2,924	5,376	21,904
ASSESSMENTS	173,786	1,078,719	2,094,687	3,376,503	3,103,066
REFUNDS	0	0	0	(39,494)	
TOTAL ASSESSMENTS	173,786	1,078,719	2,094,687	3,337,009	3,103,066
TOTAL COLLECTIONS	177,390	1,080,410	2,097,611	3,342,385	3,124,970
BALANCE BRGT FWD	503,112	13,010	37,945	56,716	25,572
TOTAL	680,502	1,093,420	2,135,556	3,399,101	3,150,542
LESS EXPENDITURES	0	(590,308)	(2,122,546)	(3,361,156)	(3,093,826)
BALANCE	680,502	503,112	13,010	37,945	56,716
<u>EXPENDITURES</u>					
RR COLAS	0	584,916	2,106,371	3,249,773	3,023,919
RR SEC. 37	0	5,392	16,175	111,383	69,907
TOTAL EXPENDITURES	0	590,308	2,122,546	3,361,156	3,093,826

PRIVATE TRUST	FY'05	FY'04	FY'03	FY'02	FY'01
<u>COLLECTIONS</u>					
INTEREST	126,512	107,041	266,311	511,003	1,246,983
ASSESSMENTS	50,919,285	41,932,779	41,155,377	41,651,141	39,778,971
LESS RET. CHECKS	0	0	0	(6,533)	(60,437)
LESS REFUNDS	(26,906)	0	(45,402)	(820,175)	(994,294)
SUB-TOTAL	50,892,379	41,932,779	41,109,975	40,824,433	38,724,240
REIMBURSEMENTS	885,811	639,484	698,536	922,936	547,085
LESS COLLECTION FEE			(220)	(783)	(1,005)
RET. CHECK	(2,225)	(11,650)	(1,000)	(5,290)	(6,193)
REFUNDS	0	0	(15,000)	(519)	(588)
SUB-TOTAL	883,586	627,834	682,316	916,344	539,299
SEC. 31-J. FERNANDEZ					8,068
SEC. 30 H	0	39,322	3,630	3,471	0
TOTAL COLLECTIONS	51,902,477	42,706,976	42,062,232	42,255,251	40,518,590
BALANCE BRGT FWD	11,685,006	16,304,121	22,394,085	23,172,956	18,724,712
TOTAL	63,587,483	59,011,097	64,456,317	65,428,207	59,243,302
LESS EXPENDITURES	(49,969,164)	(47,324,567)	(48,152,196)	(43,034,125)	(36,070,345)
BALANCE	13,618,319	11,686,530	16,304,121	22,394,082	23,172,957

COLLECTION AND EXPENDITURE REPORT - FISCAL YEAR 2005

PRIVATE TRUST	FY'05	FY'04	FY'03	FY'02	FY'01
<u>EXPENDITURES</u>					
RR SEC. 34	1,078,481	880,289	696,301	496,677	732,945
RR SEC. 35	301,736	235,072	243,633	291,047	297,577
RR LUMP SUM	1,651,369	877,951	749,968	1,462,143	699,231
RR SEC. 36	247,314	363,636	184,359	184,054	39,953
RR SEC. 31	100,386	106,257	69,226	71,502	281,105
RR SEC. 34, PERM. TOTAL	290,558	287,762	311,716	305,627	265,364
RR SEC.31-J. FERNANDEZ					8,068
RR COLA ADJ	152,639	149,555	175,618	167,841	137,101
RR EE MEDICAL	104,327	63,848	38,453	48,593	44,634
RR EE TRAVEL	3,920	673	84	0	0
RR EE MISC. EXPENSE	0	0	550	0	0
RR BURIAL BENEFITS	0	0	1,969	4,000	0
RR LEGAL FEES	471,698	310,903	296,840	408,008	256,360
RR LEGAL EXPENSES				23,815	22,777
RR LEGAL MISC. / OTHER				6,384	2,141
RR VOC. REHAB SERVICES	1,400	2,149	6,927	4,442	4,837
RR REHAB. SERV. TRAVEL	0	26	0	64	98
RR LABOR MARKET STUDY	0	0	7,000	7,000	11,093
RR REHAB (PRIOR YEAR)	1,768	0	406	6	2,925
RR MEDICAL	1,328,010	1,097,087	994,132	1,222,572	406,344
RR MEDICAL RECORDS				567	1,853
RR WELFARE LIENS	0	0	0	93,728	88,403
SUB-TOTAL RR	5,733,606	4,375,208	3,777,182	4,798,070	3,302,809
MM TUITION	0	0	2,085	1,140	0
SUB-TOTAL CLAIMANTS	5,733,606	4,375,208	3,779,267	4,799,210	3,302,809
<u>INSURERS</u>					
RR COLAS	14,948,170	18,110,397	17,809,263	15,835,070	15,325,146
RR SEC. 19 COLA LUMP SUM	1,094,044	1,111,415	1,021,639	1,203,306	1,026,126
RR SHELBY CLAIMS	0	0	0	0	86,033
RR LATENCY SEC. 35C	293,542	899,231	1,377,046	1,173,347	950,567
RR LEGAL FEE SEC. 35		141,588	266,943	186,357	172,111
RR LEGAL EXP. SEC. 35				1,800	860
RR SEC. 37	19,836,350	19,733,766	19,863,605	16,719,602	12,782,757
RR SEC. 37 QUARTERLY	5,421,404				
SUB-TOTAL INSURERS	41,593,510	39,996,397	40,338,496	35,119,482	30,343,600
TOTAL LEGAL	47,327,116	44,371,605	44,117,763	39,918,692	33,646,409
<u>OEVR</u>					
JJ IME CORP.		0	0	0	0
MM TUITION	36,694	24,071	16,848	15,448	7,728
RR PRIOR YEAR REHAB	1,645				
RR REHAB-30H	13,173	12,670	4,879	12,989	5,528
RR TRAVEL REHAB	0	290	151	0	112
RR EE TRAVEL	2,015	1,708	1,226	2,620	810
RR EE BOOKS & SUPPLIES	3,483	1,331	1,788	1,742	354
SUB-TOTAL OEVR	57,010	40,070	24,892	32,799	14,532
TOTAL PRIVATE TRUST	49,969,164	47,324,567	48,152,196	43,034,125	36,070,345

COLLECTION AND EXPENDITURE REPORT - FISCAL YEAR 2005

EXPENDITURES DEFENSE OF THE FUND	FY'05	FY'04	FY'03	FY'02	FY'01
AA PERSONNEL	1,018,958	1,418,182	1,569,972	1,405,120	1,147,577
AA OVERTIME	4,067	3,899	2,386	0	0
SUB-TOTAL	1,023,025	1,422,081	1,572,358	1,405,120	1,147,577
BB TRAVEL	5,504	5,796	7,384	7,252	9,322
BB TRAINING/TUITION	0	2,455	2,200	3,009	6,186
BB EMPLOYEE REIMBURS	341	532	55	0	156
BB PRIDE & PERFORMANCE	0	0	201	0	390
BB MANAGER TRAINING				1,000	
SUB-TOTAL	5,845	8,783	9,840	11,261	16,054
CC LAW CLERKS				0	12,128
DD FRINGE	273,755	325,898	338,370	303,759	328,866
DD UNIVERSAL HEALTH	269	243	304	8,079	0
DD MEDICARE	10,144	8,881	10,956	293	0
DD UNEMPLOYMENT	3,118	2,774	2,060	1,260	2,295
DD BOND		0	0	310	62
DD WORKERS' COMP CHRG.	23,411	0	335	19,234	1,321
SUB-TOTAL	310,697	337,796	352,025	332,935	332,544
EE RENTAL/MV CHRG-BACK	681	1,431	2,173	1,703	0
EE DEST. OLD RECORDS	0	5,541	5,293		
EE ADVERTISING		0	54	0	0
EE BOOKS/SUPPLIES	19,678	66,147	32,881	36,887	28,971
EE IMPARTIAL APPEALS	13,175	5,625	11,650	5,600	5,950
EE CENTRAL REPRO.	0	0	0	222	0
EE OMIS CHARGEBACK	0	0		6,648	0
EE SEC. 37 INTEREST		0	0	0	46,344
EE VERIZON SERVICES	17,110	8,066	4,904		
EE BELL ATLANTIC		0	2,700		
EE NEW ENG. TEL.		0	2,830		
EE MOBILE PHONES				3,712	1,448
EE AT&T					5,695
EE TELEPHONE & FAX	0	2,754	2,224	4,577	0
EE POSTAGE	21,334	3,235	23,375	3,039	13,000
EE MCI TELEPHONE					1,242
EE QUEST COMM.	0	0	0	810	
EE STATE BOOK STORE	0	0	264		
EE REFRESHMENTS	0	673	0	594	
EE ITT COMPUTER SERV.	14,004	9,552	10,341	0	0
EE WATER	0	930	864	1,367	
EE MCAD SEMINAR	0	1,400			
EE NEXTELL	4,983				
EE TRAINING	3,654				
EE JUDGEMENT (E54)	43,836				
EE INDIRECT COSTS	25,952	31,435	89,017	42,493	39,296
SUB-TOTAL	164,407	136,789	188,570	107,652	141,946

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COLLECTION AND EXPENDITURE REPORT - FISCAL YEAR 2005

EXPENDITURES DEFENSE OF THE FUND	FY'05	FY'04	FY'03	FY'02	FY'01
GG BOSTON LEASE	470,156	348,342	322,676	293,687	146,846
GG ELECTRICITY	10,268	5,484	2,859	5,432	3,300
SUB-TOTAL	480,424	353,826	325,535	299,119	150,146
HH CONSULTANTS	276,713	425,783	1,449,826	798,586	400,493
SUB-TOTAL	276,713	425,783	1,449,826	798,586	400,493
JJ OPERATIONAL SERV.	292,525	174,137	76,237	87,584	106,575
SUB-TOTAL	292,525	174,137	76,237	87,584	106,575
KK EQUIPMENT	5,580	23,813	294	3,036	63,010
SUB-TOTAL	5,580	23,813	294	3,036	63,010
LL PAGE NETWORK				0	52
LL XEROX	7,187	3,799	3,024	4,524	4,448
LL ORACLE	13,335	13,336	8,891	0	0
LL SIMPLEX	245	245	0	0	0
LL FAIRCHILD	2,138	3,256	2,153	2,870	2,929
LL PITNEY BOWES	1,272	625	101	912	681
LL IKON	0	465	493	778	976
LL SUN	0	2,100	0	6,853	7,829
LL RETROFIT	903	6,058	3,514	4,037	5,652
LL COMMAIR		0	348		
LL CAM OFFICE SERV	0	0	74		
LL PYRAMID			16,164	16,164	16,164
LL CONGRESS ALARM	0		94	140	
LL MILLENNIUM MECHAN	742				
LL RICOH	0	0	0	63	
SUB-TOTAL	25,822	29,884	34,856	36,341	38,731
RR PENALTIES SEC. 8	0	0	0	1,000	200
SUB-TOTAL	0	0	0	1,000	
TOTAL DEFENSE OF FUND	2,585,038	2,912,892	4,009,541	3,082,634	2,409,404
TOTAL EXPENDITURES	52,554,202	50,237,459	52,161,737	46,116,759	38,479,749

Workers' Compensation Legislation

*Before the Joint Committee on Workforce & Development
2005-2006 Legislative Session*

HOUSE BILLS:

HOUSE BILL 1594

Filed By: Rep. Martin J. Walsh, AFL-CIO

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Comprehensive Bill (c.152, §1(7A), §13, §14, §30, §34, §35, §36, §46A)

Section 1 of this refiled bill (formerly H.498) would amend Section 1(7A) by allowing administrative judges to consider the employee's pre-injury employment when determining predominant cause of disability.

Section 2 would amend Section 13 setting the medical payment rate at no less than 80% of the usual and customary fee for any such health care service.

Section 3 would clarify Section 14(1) providing penalties against an insurer who refuses to pay medical benefits without reasonable grounds.

Section 4 would amend Section 30 allowing an emergency conference before an administrative judge to determine if an injured worker is entitled to medical treatment.

Sections 5 and 6 would amend Section 30 by limiting utilization review to five of "the most common industrial injury or illnesses." This change would limit the utilization review process to the most frequent care given to injured workers. Failure for an insurance company to comply with utilization review time guidelines would result in said treatments to "be deemed approved."

Section 7 would increase wage benefits for injured workers under §34 by restoring the amount to 2/3 of an employee's average weekly wage.

Section 8 would amend Section 35 by adding additional circumstances under which an administrative judge may extend the number of weeks under §35 (partial disability) benefits. These additional conditions are that the injured worker has returned to employment pursuant to an Individual Written Rehabilitation Plan under Section 30(H), has been found unsuitable for vocational rehabilitation by the OEVR, has returned to work at less than their pre-injury AWW, or has a permanent partial incapacity.

Section 9 would eliminate the requirement that scar-based disfigurement appear on the face, neck or hands to be compensable. This would require compensation for all disfigurement, whether or not scar-based, regardless of its location on the body. Section 36(k) was amended by Chapter 398 to limit payments for purely scar-based disfigurement by requiring benefits only when the disfigurement is on the face, neck, or hands.

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Section 10 would amend Section 46A by requiring an injured workers general health insurance carrier (if they have one) to cover all medical expenses of the injured worker until the workers' compensation insurer is ordered to pay a disputed claim. Currently, there is no language requiring a health insurance provider to cover these costs.

HOUSE BILL 1595

Filed By: Rep. Martin J. Walsh

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Scar-Based Disfigurement (c.152, §36(k)), Burial Expenses (§33), Extension of Partial Incapacity Benefits (§35).

Section 1 of this refiled bill (formerly H.1241) would eliminate the requirement that scar-based disfigurement appear on the face, neck or hands to be compensable. This would require compensation for all disfigurement, whether or not scar-based, regardless of its location on the body. Section 36(k) was amended by Chapter 398 to limit payments for purely scar-based disfigurement by requiring benefits only when the disfigurement is on the face, neck, or hands. Under this bill, compensation could not exceed the average weekly wage in the Commonwealth (at time of injury) multiplied by 29 ($\$918.78 \times 29 = \$26,644.62$). Currently, the statute states that scar-based disfigurement compensation cannot exceed \$15,000.

Section 2 would require an insurer to pay for burial expenses when a worker has died, not to exceed eight thousand dollars. Currently, the statute requires the insurer to pay reasonable expenses of burial, not to exceed four thousand dollars.

Section 3 would amend Section 35 by adding additional select circumstances under which an administrative judge may extend the number of weeks under §35 (partial disability) benefits from 260 weeks to 520 weeks. These additional conditions are that the injured worker has returned to employment pursuant to an Individual Written Rehabilitation Plan, has been found unsuitable for vocational rehabilitation, has returned to employment at less than his pre-injury average weekly wage, or has a permanent partial incapacity.

HOUSE BILL 1596

Filed By: Rep. Patricia A. Walrath

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Exemption of Non-Profit Entities (c.152, §1)

This refiled bill (formerly H.305) would amend the word “employer” as not including: “nonprofit entities, as defined by the Internal Revenue Code, that are staffed by volunteers, board members, directors, and paid employees.” This would make the requirement of obtaining workers’ compensation insurance elective for said employers. Current law only exempts nonprofit entities that are exclusively staffed by volunteers.

HOUSE BILL 1597**Filed By:** Rep. Lewis G. Evangelidis**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Continuation of Temporary Total Benefits (c.152, §34)

This refiled bill (formerly S.28) would extend the benefits for injuries compensable under section 34 (temporary total) assuming there has been no discontinuance or modification order of an administrative judge. Currently, §34 benefits are equal to 60% of the injured worker's average weekly wage and are limited in duration to 156 weeks. House 1597 would allow an injured worker to receive additional benefits upon the exhaustion of their §34 benefits. This additional compensation would be equal to 45% of their average weekly wage "pursuant to section 35." The maximum benefits period for §35 injuries is 260 weeks, but may be extended to 520 weeks.

HOUSE BILL 1598**Filed By:** Rep. Lewis G. Evangelidis**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Workers' Compensation Dependency Benefits (c.152, §35A)

This refiled bill (formerly S.29) would amend §35A, which provides additional compensation to injured workers who have dependents. Currently, §35A provides additional compensation of \$6 per/week to injured workers who have persons dependent upon them for injuries occurring under §34, §34A, and §35. No weekly payments under this section can be greater than \$150 per week when combined with the compensation due under §34, §34A, and §35. House 1598 would provide injured workers additional compensation of \$15 per/week to injured workers who had persons dependent upon them. This bill would also cap weekly payments at \$300 when combined with the compensation due under §34, §34A, and §35.

The amount of \$6 per dependent per week has not increased since a 1959 amendment to the Act. The current cap of \$150 per week has not been increased since 1979.

HOUSE BILL 1599**Filed By:** Rep. Eugene L. O'Flaherty**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Attorney's Fees (c.152, §13A(10)), Agreements to Pay Benefits (§19), Temporary Total Disability (§34), Permanent and Total Incapacity (§34A)

Section 1 of this refiled bill (formerly H.670 and S.47) would allow attorneys to collect fees for advancing an employee's rights under §75A (preferential hiring of injured workers) and §75B (protections against handicap discrimination), in addition to any attorney's fees owed under §13A.

Section 2 of this bill adds two new subsections to §19. It would allow any administrative judge, administrative law judge or conciliator to approve any agreement to pay benefits authorized by §19. It would also allow an agreement to include a pay without prejudice clause.

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Section 3 of this bill would amend §34 and require the insurer to pay the injured employee 60% of his average weekly wage (AWW) before the injury, but not more or less than the maximum or minimum weekly compensation rate, if the injury is considered total. If the AWW were found to be less than the minimum weekly compensation rate, it would then be increased to equal the AWW.

Section 4 of this bill would amend §34A and require the insurer to pay the injured employee two-thirds of his AWW before the injury, but not more or less than the maximum or minimum weekly compensation rate if the injury is considered permanent and total. If the AWW were found to be less than the minimum weekly compensation rate, it would then be increased to equal the AWW.

HOUSE BILL 1600

Filed By: Rep. Eugene L. O'Flaherty

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Appointment of Impartial Physicians (c.152, §9C), Impartial Exams (§11A).

Section 1 of this refiled bill (formerly H.673) would create a new section (§9C) to allow an AJ or ALJ to appoint an impartial physician to examine and report on a claimant's condition prior to a conference or hearing. [Currently, under §8(4), an impartial physician can be requested at the conference stage only at the request of the insurer after the 180-day pay without prejudice period has expired.]

This bill also replaces language for §11A on impartial exams. It would remove the c.398 requirement that an impartial exam be conducted whenever "a dispute over medical issues is the subject of a conference order." Under this bill, appointment of an impartial physician would be at the discretion of the AJ or ALJ. It also requires that the report indicate whether employment is the predominant contributing cause for mental or emotional disability.

This bill would expand the role of the impartial physician by requiring that the physician make a determination about causation, whether or not the determination can be made with a reasonable degree of medical certainty. Moreover, the causation standard would change from whether the work-related injury was the "major or predominant contributing cause" of the disability, to whether the work-related injury was "probably caused or was contributing cause" of the disability. The standard would therefore be eased.

The report from §9C must be entered into evidence at the hearing, and the current requirement that it be treated as *prima facie* evidence is eliminated. This means that the impartial report must not be the only medical evidence presented to the AJ, but that medical evidence from the employee's treating physician and insurer reports may be entered as well. The deposing party would pay the fee for any deposition. However, if the decision of the AJ is in favor of the employee, the cost of the deposition would be added to the amount awarded to the employee.

HOUSE BILL 1601**Filed By:** Rep. Eugene L. O'Flaherty**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Definition of Average Weekly Wage (c.152, §1(1)), Return to Work - Attorney Fees (§13A(4)), Eliminate Consideration of Offers at Conciliation (§13A(4))

Section 1 of this refiled bill (formerly H.671) addresses injured employees who return to work (without a lump sum settlement) and receive wages that are less than the pre-injury wages. This bill would apply the prior average weekly wage to any subsequent period of incapacity, whether or not such incapacity was the result of a new injury, or subsequent injury as set forth in §35B.

Section 2 of this bill would eliminate consideration of the last best offer in awarding attorney's fees when the insurer files for discontinuance of benefits or refuses initial payment. Currently, the claimant's attorney is only entitled to payment if the administrative judge accepts the offer of the claimant or the amount submitted by the conciliator.

HOUSE BILL 1602**Filed By:** Rep. Robert P. Spellane**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Serious and Willful Misconduct (c.152, §27) - Intoxication, Unlawful Use of a Controlled Substance

This refiled bill (formerly H.2930) would amend §27 by barring workers' compensation benefits to employees who are injured while intoxicated or while using an illegal controlled substance as defined in §1 of Chapter 94C. Currently, §27 bars workers' compensation benefits to employees injured as a result of "serious and willful misconduct."

HOUSE BILL 1603**Filed By:** Rep. Robert P. Spellane**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Insurance Rates – Loss Cost - Competition (c.152, §53A)

This bill (similar to H.3293 filed last session) would change how workers' compensation rates are determined in Massachusetts. Currently, the Commonwealth uses a system of "Administered Pricing" in which the Commissioner of Insurance makes the final determination in establishing workers' compensation rates per job classification.

Under House Bill 1603, workers' compensation insurance rates would be determined under a "Loss-Cost System." Similar to the current law, insurers would submit all their loss data to a designated rating organization (WCRIB) and would adhere to a uniform classification system. Instead of a rate hearing, the Commissioner of Insurance would hold a loss-cost hearing in which the WCRIB would submit a loss cost filing for each classification (e.g. roofers, clerical workers). "Loss Costs" are the historical aggregate data and loss adjustment expenses, developed and trended for each classification and is expressed as a dollar amount per \$100 of payroll. For

example, the loss cost for a "roofer" might be \$6.00 and for a "clerical worker" \$.90.

Following the Commissioner's approval of a loss-cost filing, each carrier would submit to the State Rating Bureau a "loss cost multiplier (LCM)" filing. This LCM takes into account the carriers expenses other than LAE, such as overhead, acquisition, marketing, profit, etc. Upon approval of this filing, LCM's would be multiplied by the loss cost to determine the final rate.

$$\text{RATE} = \text{LOSS COST} \times \text{LCM}$$

[Example: If the loss cost for a roofer is \$6 and the carrier's LCM for roofers is 1.4 then the rate will be \$6 x 1.4 or \$8.40 per \$100 of payroll. If the loss cost for a clerical worker was \$.90 and the LCM for clerical workers was .90, the rate will be \$.90 x .90 or \$.81 per \$100 of payroll.]

The Advisory Council's involvement in the rate process would remain limited in scope, allowing for the presentation of written and oral testimony relating to any issues which may arise during the course of the hearing.

A safety mechanism has been included in this legislation which would allow the Commissioner of Insurance to hold a "Market Competition Hearing" if the market were deemed unhealthy or non-competitive. In this event the Commissioner would have the authority to revert the market to a temporary system of administered pricing.

HOUSE BILL 1604

Filed By: Rep. John H. Rogers

Type of Bill: Similar

Endorsed by Advisory Council: No

Laws Affected: Workers' Compensation Reinsurance Pool (c.152, §65C)

House Bill 1604 (similar to H.3482 and H.4552) would require the Workers' Compensation Rating & Inspection Bureau (WCRIBM) to initiate a cost containment pilot project during 2006 whereby Third Party Administrators (TPAs) would service claims for policies within the Assigned Risk Pool. The bill states that the pilot project would attempt to reduce losses and introduce competition and innovation into the Assigned Risk Pool.

Currently, employers in Massachusetts who are unable to obtain workers' compensation insurance in the voluntary market can obtain coverage through a reinsurance pool known as the "Assigned Risk Pool." Nearly 60% of the total written Pool premium is assigned to 10 Voluntary Direct Assignment Carriers (VDAC). The VDACs handle the claims administration and are personally responsible for any losses on these policies. The remaining 40% of Pool premium is issued among three designated servicing carriers whereby losses are distributed among the remaining members of the Pool.

Last Legislative Session, the Governing Committee of the WCRIBM unanimously opposed a similar bill. Specifically, the Governing Committee believed that because TPAs have no vested interest in the costs or health of the Pool, injured employees could be put at risk for receiving poor claim service, thereby increasing an employer's premium. The Governing Committee stated that carriers in Massachusetts already have built-in incentives to provide quality service since they must collectively participate in the Pool burden, pay premium taxes, pay assessments to support the state's Insolvency Fund, the Insurance Fraud Bureau, the State Rating Bureau, and the Attorney General's Office.

HOUSE BILL 1605**Filed By:** Rep. Peter J. Larkin**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Lump Sum Settlements (c.152, §48) - Limits on Agreements

This refiled bill (formerly H.2388) would limit when a lump sum agreement can discharge an employee's right to payment of future benefits. Under this proposed legislation, no lump sum agreement could be entered into or approved unless:

1. the employee has returned to work for at least 6 months, earning at least 75% of his/her pre-injury wage;
2. survivor benefits are claimed under §31;
3. the employee is determined by the AJ to be permanently and totally disabled;
4. or the employee becomes a domiciliary of another state.

HOUSE BILL 1606**Filed By:** Rep. Antonio Cabral**Type of Bill:** Refile**Endorsed by Advisory Council:** YES (2003-2004)**Laws Affected:** Benefits for Specific Injuries (c.152, §36(k)) - Scar-Based Disfigurement

This refiled bill (formerly H.2382) would eliminate the requirement that scar-based disfigurement appear on the face, neck or hands to be compensable. This would require compensation for all disfigurement, whether or not scar-based, regardless of its location on the body. Section 36(k) was amended by Chapter 398 to limit payments for purely scar-based disfigurement by requiring benefits only when the disfigurement is on the face, neck, or hands. House Bill 1606 would not affect the \$15,000 maximum benefit for scar-based disfigurement currently in the statute.

HOUSE BILL 1607**Filed By:** Rep. Antonio Cabral**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Lump Sum Settlements (c.152, §48) - Approval

This refiled bill (formerly H.2381) would require the insurer to notify an employer, with an experience modified policy, of any lump sum agreement, allowing the employer to attend any proceeding in which a lump sum is being presented for approval before their employee. Currently, insurance companies are not required to notify the employer of lump sum activity.

HOUSE BILL 3123**Filed By:** Rep. Ronald Mariano**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Third Party Lawsuits (§15) - Protecting Employee Leasing Companies (§14A)

Section 1 of this bill (similar to S.72 and S.88) would clarify that an injured worker is barred from filing a third party lawsuit against an insured Employee Leasing Company or its client company if both are in compliance with Chapter 152. Currently, under §15, injured employees may sue third parties if a compensable injury was "caused under circumstances creating a legal liability in some person other than the insured to pay damages." This protection of Employee Leasing Companies and their client companies under the "exclusive remedy" provision would not apply to temporary staffing agencies. A recent Superior Court Case held that a client company was not protected by the exclusive remedy provision from a leased employee who brought a suit against them [*Margolis v. Charles Precourt & Sons, Inc.* - 6/7/99].

Section 2 of this bill would require the Commissioner of Insurance to establish regulations requiring Employee Leasing Companies to be the workers' compensation policyholder of employees leased to client companies. This section of the bill is unnecessary as the Commissioner of Insurance has already established regulations requiring Employee Leasing Companies to insure its employees leased to other entities [211 CMR 111.00].

HOUSE BILL 3757**Filed By:** Rep. Martin J. Walsh**Type of Bill:** Refile**Endorsed by Advisory Council:** YES (2003-2004: "in concept")**Laws Affected:** Private Right of Action to Recover WC Coverage Payments (c.152, §25C)

This refiled bill (formerly H.2205) would allow a minimum of 10 people to bring a civil action against an employer to recover amounts which should have been paid in securing proper workers' compensation insurance as mandated by Chapter 152. Such a person seeking civil action could petition either the Attorney General's Office, the Commissioner of Insurance, or a superior court to hold a "probable cause hearing." At the hearing, it shall be *prima facie* evidence that such probable cause exists if it is shown that:

- an employee was paid any portion of wages in cash with no deductions or taxes withheld;
- no accompanying pay slip showing the wage payment and deductions as required by law;
- an individual was misclassified as an independent contractor when actually an employee;
- wages were not timely paid;
- the employer failed to withhold from the employee's wages all related state taxes; or
- employees have not been properly reported on certified payroll records as required by law.

On suits brought forth by private citizens, the majority of the damages would be deposited into the DIA's Trust Fund. Insurance carriers would be able to recover the full amount of the award in situations where they obtain court approval to replace the private citizens in the lawsuit.

HOUSE BILL 3776**Filed By:** Rep. Martin J. Walsh**Type of Bill:** NEW**Endorsed by Advisory Council:** No**Laws Affected:** Rate of Payment by Insurers for Health Care Services (c.152, §13)

This new bill would empower Administrative Judges to determine the rate of payment for health care services "if the insurer, employer and health care service provider cannot agree or if equity of justice requires a rate other than so provided."

Currently, the Division of Health Care Finance and Policy (DHCFP) regulates the rates of payment (fee schedule) for hospitals and health care providers rendering services covered by insurers under the Workers' Compensation Act. The fee schedule is subject to a regulatory proceeding ensuring a public process through which rate setting is established. Although rate negotiation is common, the rates that are set by the DHCFP are the only amount that an insurer is required to pay.

HOUSE BILL 3777**Filed By:** Rep. Martin J. Walsh**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Termination or Modification of Payments (c.152, §8,) - Impartial Medical Exams (c.152, §11A,)

Section 1 of this bill (similar to S.76) would amend an insurer's right to modify or terminate the payment of benefits. Under current law, an insurer paying benefits can only modify or discontinue payments under specific circumstances. One of these circumstances is when the insurer has possession of a medical report from either the treating or impartial medical examiner indicating that the employee is capable of returning to the job held at the time of injury or another suitable job. House Bill 3777 would eliminate the "impartial medical examiner report" from these specific circumstances.

Section 2 of this bill would amend §8(4) involving the insurer's right to request an Impartial Medical Exam (IME) when the dispute is over medical issues. Under current law, when an insurer requests an IME, the Senior Judge is responsible for appointing an impartial physician. House Bill 3777 would require the Administrative Judge, to which the case has been assigned, to appoint the impartial physician. This section of the bill would also diminish the weight given to the IME report thereby allowing the parties to submit other medical evidence at a hearing.

Section 3 of this bill would amend §11A involving the necessity to obtain an IME when a conference order is appealed. Under current law, the parties may agree upon an impartial physician, or the Senior Judge will assign one. This bill requires the Administrative Judge to appoint the impartial physician. This section of the bill would also diminish the weight given to the IME report thereby allowing the parties to submit other medical evidence at a hearing. Under current law, once a case is brought before an Administrative Judge at a hearing, the impartial physician's report is the only medical evidence that can be presented. Any additional medical testimony is inadmissible, unless the judge determines the report to be "inadequate" or that there is considerable "complexity" of the medical issues that could not be fully addressed by the report. The 1991 reforms were designed to solve the problem of "dueling doctors," which frequently resulted in the submission of conflicting evidence by employees and insurers.

HOUSE BILL 3778**Filed By:** Rep. Eugene L. O'Flaherty**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Rate of Reimbursement - Health Care Services (c.152, §13)

This bill (similar to H.672) deletes the current language in §13 and replaces it with simpler language. This legislation states that the Rate Setting Commission (now called Division of Health Care Finance & Policy) must establish the maximum reimbursement rates for hospitalization and all other health care services, and that no insurer may be held liable for any charge greater than those established rates. This proposed legislation would eliminate the ability for insurers and medical providers to negotiate rates. It would also remove the "regardless of setting" provision thereby allowing hospitals to set rates higher than non-hospital facilities. Furthermore, it would remove the requirement that providers sign bills with their license numbers, and the removal of the adherence to federal "safe harbor" regulations. All provisions regarding treatment protocols, utilization review and the establishment of the Health Care Services' Board would be deleted.

SENATE BILLS:

SENATE BILL 1087**Filed By:** Senator Robert S. Creedon, Jr.**Type of Bill:** New**Endorsed by Advisory Council:** No**Laws Affected:** Temporary Total Benefits (c.152, §34) - Increase

This new bill would increase the weekly compensation rate for total incapacity (§34) benefits. Compensation would increase from the current 60% to 2/3 of their average weekly wage. If the recipient of §34 benefits earned less than the minimum weekly compensation rate, their benefit would be increased to the minimum weekly compensation rate. Senate 1087 would also extend the duration of §34 benefits from the current 156 weeks to 208 weeks.

SENATE BILL 1088**Filed By:** Senator Robert S. Creedon, Jr.**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Lump Sum Agreements (c.152, §48)

This bill (similar to H.2650 filed in the 2001-2002 legislative session) would remove the requirement for an experienced modified employer to provide written consent of a lump sum settlement. Under this bill, an employer would have the right to appear and be heard if they object to the proposed lump sum settlement.

SENATE BILL 1089**Filed By:** Senator Robert S. Creedon, Jr.**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Scar-Based Disfigurement (c.152, §36(k))

This bill (similar to H.2382) would eliminate the requirement that scarring appear on the face, neck or hands to be compensable. However, if the scarring resulted from a surgical or medical procedure, no amount would be payable unless such disfigurement occurred on the face, neck or hands. This bill would not affect the \$15,000 maximum benefit for scar-based disfigurement currently in the statute.

SENATE BILL 1095**Filed By:** Senator John A. Hart, Jr. and Rep. Martin J. Walsh**Type of Bill:** Refile**Endorsed by Advisory Council:** YES (2003-2004)**Laws Affected:** Scar-Based Disfigurement (c.152, §36(k))

This refiled bill (formerly S.49) would eliminate the requirement that scar-based disfigurement appear on the face, neck or hands to be compensable. Compensation would be required for all disfigurement, whether or not scar-based, regardless of its location on the body. This bill would not affect the \$15,000 maximum benefit for scar-based disfigurement currently in the statute. In 1991, section 36(k) was amended by chapter 398 to limit payments for purely scar-based disfigurement by requiring benefits only when the disfigurement is on the face, neck, or hands.

SENATE BILL 1097**Filed By:** Senator John A. Hart, Jr., Rep. Martin J. Walsh, Rep. William C. Galvin**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Widow's Benefits (c.152, §35C, 32, 31)

This refiled bill (formerly a Senate amendment to the FY'05 Budget) would significantly alter the definition of the "average weekly wage" exclusively for Section 35C cases (latency claims). If passed, this legislation would directly affect a recent decision by the State Supreme Judicial Court (Joseph V. McDonough's Case).

According to the SJC's decision in the *McDonough's Case*, the widow of an employee who died as a result of past asbestos exposure is not entitled to receive compensation under Section 35C since the deceased had voluntarily retired in 1991 and was not receiving wages on the date of his death. Section 35C clearly states that "[w]hen there is a difference of five years or more between the date of injury and the initial date [of] eligib[ility] for benefits under section thirty-one...the applicable benefits shall be those in effect on the first date of eligibility for benefits."

The Workers' Compensation Trust Fund is responsible for reimbursing insurers for certain payments made for Section 35C latency claims. In Fiscal Year 2003, the Trust Fund reimbursed insurers for approximately **\$1,189,898** in latency claims.

SENATE BILL 1098**Filed By:** Senator John A. Hart, Jr.**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Attorney's Fees (c.152, §13A(10)), Agreements to Pay Benefits (§19), Temporary Total Disability (§34), Permanent and Total Incapacity (§34A)

Section 1 of this refiled bill (formerly H.670 and S.47) would allow attorneys to collect fees for advancing an employee's rights under §75A (preferential hiring of injured workers) and §75B (protections against handicap discrimination), in addition to any attorney's fees owed under §13A.

Section 2 of this bill adds two new subsections to §19. It would allow any administrative judge, administrative law judge or conciliator to approve any agreement to pay benefits authorized by §19. It would also allow an agreement to include a pay without prejudice clause.

Section 3 of this bill would amend §34 and require the insurer to pay the injured employee 60% of his average weekly wage (AWW) before the injury, but not more or less than the maximum or minimum weekly compensation rate, if the injury is considered total. If the AWW were found to be less than the minimum weekly compensation rate, it would then be increased to equal the AWW.

Section 4 of this bill would amend §34A and require the insurer to pay the injured employee two-thirds of his AWW before the injury, but not more or less than the maximum or minimum weekly compensation rate if the injury is considered permanent and total. If the AWW were found to be less than the minimum weekly compensation rate, it would then be increased to equal the AWW.

SENATE BILL 1099**Filed By:** Senator John A. Hart, Jr. and Rep. Martin J. Walsh**Type of Bill:** Similar**Endorsed by Advisory Council:** YES (2003-2004: "in concept")**Laws Affected:** Private Right of Action to Recover WC Coverage Payments (c.152, §25C)

Senate Bill 1099 (similar to H.2205) would allow a minimum of 10 people to bring a civil action against an employer to recover amounts which should have been paid in securing proper workers' compensation insurance as mandated by Chapter 152. Such a person seeking civil action could petition either the Attorney General's Office or a superior court to hold a "probable cause hearing." At the hearing, it shall be *prima facie* evidence that such probable cause exists if it is shown that:

- an employee was paid any portion of wages in cash with no deductions or taxes withheld;
- no accompanying pay slip showing the wage payment and deductions as required by law;
- an individual was misclassified as an independent contractor when actually an employee;
- wages were not timely paid;
- the employer failed to withhold from the employee's wages all related state taxes; or
- employees have not been properly reported on certified payroll records as required by law.

On suits brought forth by private citizens, the majority of the damages would be deposited into the DIA's Special Fund to pay for the agency's operating expenses. Insurance carriers would be able to recover the full amount of the award in situations where they obtain court approval to replace the private citizens in the lawsuit.

SENATE BILL 1100**Filed By:** Senator John A. Hart, Jr.**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Definition of Average Weekly Wage (c.152, §1(1)), Eliminate Consideration of Last Best Offer in Awarding Attorney's Fees (§13A(4))

Section 1 of this refiled bill (formerly S.51) addresses injured employees who return to work (without a lump sum settlement) and receive wages that are less than the pre-injury wages. This bill would apply the prior average weekly wage to any subsequent period of incapacity, whether or not such incapacity was the result of a new injury, or subsequent injury as set forth in §35B.

Section 2 of this bill would eliminate consideration of the last best offer in awarding attorney's fees when the insurer files for discontinuance of benefits or refuses initial payment. Currently, the claimant's attorney is only entitled to payment if the administrative judge accepts the offer of the claimant or the amount submitted by the conciliator.

SENATE BILL 1103**Filed By:** Senator John A. Hart, Jr. and Rep. Martin J. Walsh**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Comprehensive Bill (c.152, §13, §30, §35, §48)

Section 1 of this bill would amend §13 of Chapter 152 by replacing the Division of Health Care Finance and Policy with the Rate Setting Commission under the provision of chapter six A and allowing them to establish the rate of payment for health care services. This bill would ensure that no insurer be liable for any cost in excess of the rate set by the rate setting commission nor shall any employee be liable for services compensable under this chapter.

Section 2 creates a new section 30. The bill would eliminate authorization for preferred provider arrangements (PPA's), as well as all language pertaining to utilization review guidelines.

Section 3 would amend §35 by eliminating the requirement that partial disability benefits cannot exceed 75% of what the injured employee would receive if they were eligible for total incapacity benefits under §34. This section also deletes the limits on duration for employees eligible for partial incapacity benefits (§35).

Section 4 of this bill would require the insurer to notify an employer, with an experience modified policy, of any lump sum agreement. Currently, insurance companies are not required to notify the employer of lump sum activity.

SENATE BILL 1106**Filed By:** Senator Brian P. Lees**Type of Bill:** Similar**Endorsed by Advisory Council:** No**Laws Affected:** Def. of Employee (c.152, §1(4)), Elective Coverage - Sole Executive Officers

This refiled bill (formerly S.60) would amend the definition of an employee by making coverage elective for the sole executive officer of a corporation and employees who are immediate family members that are sole executive officers of that corporation. Language contained in this bill states that this exemption cannot apply to more than two employees or to corporations engaged in high-risk work activity such as construction, trucking, or the building trades.

During the 2001-2002 Legislative Session, a bill was passed that made coverage elective for an officer or director of a corporation that owned at least 25% of the issued and outstanding stock. Senate Bill 1106 would delete this provision.

SENATE BILL 1107**Filed By:** Senator Brian P. Lees**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Employer Fines Reduction (c.152, §25C), Preferential Hiring (§75A), Employee Definition - Elective Coverage of Corporate Officers (§1(4))

Section 1 of this refiled bill (formerly S.61) would amend §25C(2) regarding fines for failing to secure workers' compensation insurance. It would add provisions allowing the DIA Commissioner to reduce employer fines to an amount no lower than \$250 following a hearing in which there is a finding that:

- (a) the fine would have a severe negative impact on the cash flow or financial stability of the business;
- (b) weekends and holidays interrupted the employer's ability to secure coverage in a more timely fashion;
- (c) the business was unable to secure voluntary coverage, thus delaying their application to the Massachusetts Workers' Compensation Assigned Risk Pool for coverage; or
- (d) the amount of annual premium for worker's compensation coverage is less than the amount of fines imposed by the DIA under the stop work order.

Section 2 of the bill, would amend §75A, which requires employers to give preference in hiring to injured employees applying for re-employment. This bill would relieve the rehiring requirement if the injured employee has been employed by another employer for more than six months since the date of injury.

Section 3 of the bill would amend §1(4). It would make the coverage of corporate officers elective.

SENATE BILL 1109**Filed By:** Senator Brian P. Lees**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Employee Leasing Companies - Exclusive Remedy (c.152, §15)

This refiled bill (formerly S.72 and S.88) would clarify that an injured worker is barred from filing a third party lawsuit against an Employee Leasing Company or its client company if both are in compliance with Chapter 152. Currently, under §15, injured employees may sue third parties if a compensable injury was "caused under circumstances creating a legal liability in some person other than the insured to pay damages." A recent Superior Court Case held that a client company was not protected by the exclusive remedy provision from a leased employee who brought a suit against them [*Margolis v. Charles Precourt & Sons, Inc.* - 6/7/99].

The Commissioner of Insurance has already established regulations that require Employee Leasing Companies to insure its employees leased to other entities [211 CMR 111.00].

SENATE BILL 1111**Filed By:** Senator Thomas M. McGee**Type of Bill:** Refile**Endorsed by Advisory Council:** No**Laws Affected:** Comprehensive Bill (c.152, §1, §6, §7, §8, §13A, §28, §29, §30, §31, §33, §34, §34A, §34B, §35, §35D, §35E, §36, §50)

This refiled bill (formerly S.76) seeks to amend many aspects of Chapter 152.

Section 1 of this bill would amend the definition of "Average Weekly Wage" by specifying that if an injured employee is employed by more than one *employer*, the total earnings from the several *employers* should be considered in determining average weekly wage. Currently, the law is more specific in stating that if the injured employee is employed by more than *one insured employer or self-insurer* rather than "employer" as proposed by this legislation. Section 1 of this bill also states that weeks in which an employee received less than *four hours* in wages is considered lost time for determining average weekly wage. Currently, the law considers lost time as weeks when an employee receives *less than five dollars in wages*.

Section 2 of this bill would amend §1(7A) regarding the definition of "Personal Injury" in dealing with mental or emotional disabilities. Currently, "Personal Injuries" include mental or emotional disabilities only where the *predominant contributing cause* of such disability is an event or series of events occurring within any employment. This bill would replace "the predominant contributing cause" with "a significant contributing cause."

Section 3 of this bill would substantially increase the fines for employers who violate the provisions of §6 with regard to the reporting of the notice of injury to the DIA, the employee, or insurer. Currently, if an employer violates this provision three or more times they are required to pay a fine of \$100 for each violation. This bill would eliminate the necessity that a violation occurs three or more times before a penalty is issued. Fines would be issued as follows: \$100 for first violation; Subsequent violations within a year are increased \$100 for each subsequent violation; If employer fails to make notice to the DIA, employee, and insurer, it must pay additional penalty to the DIA of \$1,000 into the Special Fund and \$1,000 to the employee; If employer fails to make notice to the DIA, employee, and insurer, within 90 days, an additional

penalty of \$10,000 will be assessed.

Section 4 would amend §7(2) by increasing the penalty placed on insurers who fail to begin payment of weekly benefits or notify parties of refusal to pay benefits within 14 days of receipt of the employer's First Report of Injury. This bill would require the insurer to pay the employee an amount of \$200 or their compensation rate (whichever is higher). If the insurer still fails to begin payments or make such notification within 60 days, they must pay a penalty of \$1,000 to both the Special Fund and to the employee.

Section 5 and 6 of this bill would amend §8 by decreasing the "pay without prejudice" period to 90 days. Currently, when an insurer pays a claim, it may do so without accepting liability for a period of 180 days. This pay without prejudice period establishes a window where the insurer may refuse a claim and stop payments at its will. Up to 180 days, the insurer can unilaterally terminate or modify any claim as long as it specifies the grounds and factual basis for so doing. The purpose of the pay without prejudice period is to encourage the insurer to begin payments to the employee instead of outright denying the claim.

Section 7 of this bill would allow the pay without prejudice period to be extended upon agreement by the parties in 90-day increments not to exceed one year. Currently, pay without prejudice extensions are not required to be set at 90-day increments.

Section 8 of this bill would amend §13A(5). This section assesses an insurer a penalty of \$3,500 (plus necessary expenses) whenever an insurer files a complaint or contests a claim for benefits and then later accepts the claim or withdraws the complaint within 5 days. This section of the proposed legislation would increase the number to 10 days.

Section 9 of this bill would amend §28, paragraph 1, which addresses injuries caused by serious and willful misconduct of the employer. This section of the proposed legislation would further define "willful misconduct" as a "knowing and willful violation of the Federal and/or State O.S.H.A. standards." Currently, if an employee is injured by serious and willful misconduct by the employer, they will receive double compensation for their injuries.

Section 10 of this bill would amend §29 dealing with the required period of incapacitation. Current law states that no compensation pursuant to §34 and §35 shall be paid for any injury which does not incapacitate the employee from earning full wages for a period of 5 or more calendar days. If incapacity extends for a period of 21 days or more, compensation is paid from the date of the onset of the incapacity. This bill would decrease this 21-day period to *5 days or more*.

Section 11 of this bill would amend §30, which requires the insurer to furnish medical and hospital services, and medicines if needed. Except for the first appointment, the injured worker may select a treating physician and may switch to another such professional *once*. This bill would allow the injured worker the option of switching physicians *twice*.

Section 12 would amend §31 covering death benefits for dependants. Current law provides the widow or widower, that remains unmarried, 2/3 of the average weekly wage (AWW), but not more than the state's AWW or less than \$110 per week. They shall also receive \$6 per week for each child (this is not to exceed \$150 in additional compensation) of the deceased employee. This bill would increase the minimum amount a widower is entitled, to \$200 per week and \$12 more a week for each child of the deceased employee.

Section 13 would amend §33 regarding burial expenses for deceased employees. Currently, the insurer is required to pay reasonable expenses of burial, not exceeding \$4,000. This bill would increase the amount the insurer is required to pay for burial expenses to not exceed \$6,000.

Section 14 would increase the weekly compensation for total incapacity (§34) benefits. Compensation would increase from the current 60% to 2/3 of their average weekly wage. Durations would increase from the current 156 weeks to 208 weeks.

Section 15 would amend §34A pertaining to permanent and total incapacity. When the incapacity for work resulting from the injury is both permanent and total, an insurer is required to pay an injured employee a weekly compensation equal to 2/3 of their average weekly wage before injury, but not more than the maximum weekly compensation rate nor less than the minimum compensation rate. Current law requires that this payment be made "following payment of compensation in §34 and §35." This section of H.2854 would delete this requirement.

Sections 16 and 17 would amend §34B pertaining to supplemental benefits for §31 or §34A. This bill would expand supplemental benefits to include both §34 and §35.

Section 18 would amend §35 pertaining to partial incapacity benefits, by raising the wage benefits for injured workers to 2/3 AWW of the difference between their AWW before the injury and the weekly wage they are capable of earning after the injury, *but not more than the maximum weekly compensation rate*. Currently, under §35, compensation is 60% of the difference between the employee's AWW before the injury and the weekly wage earning capacity after the injury. This amount cannot exceed 75% of temporary benefits under §34 if they were to receive those benefits.

Section 19 would amend the durations allowed for §35 benefits. Currently, the maximum benefit period for partial disability is 260 weeks, but may be extended to 520 weeks. This bill would increase the maximum benefit period to 442 weeks and could be extended at "the discretion of an administrative judge."

Section 20 would amend §35A, which provides additional compensation to injured workers who have dependents. Currently, §35A provides additional compensation of \$6 per/week to injured workers who have persons dependent upon them for injuries occurring under §34, §34A, and §35. No weekly payments under this section can be greater than \$150 per week when combined with the compensation due under §34, §34A, and §35. This section of Senate 76 would provide injured workers additional compensation of \$12 per/week to injured workers who had persons dependent upon them. This bill would also cap weekly payments at \$250 when combined with the compensation due under §34, §34A, and §35.

Section 21 of this bill would amend §35D(5) and require that implementation of this section be subject to §8. Employment would be defined as a job that the employee is physically and mentally capable of performing, as long as it relates to the employee's work experience, education, or training either before or after the injury.

Section 22 of this bill would amend §35E. It would require that any person receiving old age benefits pursuant to federal social security law or receiving pension benefits paid by an employer should not be entitled to benefits under §35. This is unless the employee can establish that they would have remained active in the labor market.

Section 23 of this bill would amend §36(k). It would require that for bodily disfigurement,

compensation will not exceed \$20,000 and will be payable in addition to other sums outlined in this legislation.

Section 24 of this bill would amend §50. Payments required by order that are not made within 60 days of being claimed by employee, dependent or other party would accrue interest at a rate of 12% per year. If sums include weekly payments, then interest will accrue on each unpaid weekly payment.

SENATE BILL 1123

Filed By: Senator Steven A. Tolman

Type of Bill: Refile

Endorsed by Advisory Council: No

Laws Affected: Benefits for State Social Workers Resulting from Acts of Violence (c.30, §58)

This refiled bill (formerly S.123) would compensate state employees who receive bodily injuries resulting from acts of violence by children in their custody or parents of said children. If eligible for workers' compensation benefits, these injured state employees would receive the difference between the weekly cash benefits entitled under Chapter 152 and their regular salary. The affected employee's absence would not be charged against their available sick leave credits. Current law allows this benefit to state employees who receive bodily injuries resulting from acts of violence from patients or prisoners only.