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State of Minnesota
HOUSE OF REPRESENTATIVES
First Division Engrossment

NINETY-FIRST SESSION

H. F. No. 2311

03/11/2019 Authored by Sundin and Albright
 The bill was read for the first time and referred to the Committee on Labor
 03/21/2019 Adoption of Report: Re-referred to the Committee on Ways and Means

Division Action

05/07/2019 *Referred by Chair to the Jobs and Economic Development Finance Division*
Division action, to adopt as amended and return to the Committee on Ways and Means

1.1 A bill for an act
 1.2 relating to workers' compensation; adopting recommendations from the Workers'
 1.3 Compensation Advisory Council; authorizing the implementation of the workers'
 1.4 compensation Claims Access and Management Platform User System (CAMPUS);
 1.5 amending Minnesota Statutes 2018, sections 176.011, by adding subdivisions;
 1.6 176.1812, subdivision 2; 176.231; 176.253; 176.2611, subdivisions 2, 5, 6; 176.275;
 1.7 176.281; 176.285; 176.312; proposing coding for new law in Minnesota Statutes,
 1.8 chapter 176.

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

1.10 Section 1. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision
 1.11 to read:

1.12 Subd. 1c. **Agency.** "Agency" means, unless the context indicates otherwise, the
 1.13 commissioner of the Department of Labor and Industry, the Department of Labor and
 1.14 Industry, the Department's workers' compensation division, the Office of Administrative
 1.15 Hearings, the chief administrative law judge, and the Workers' Compensation Court of
 1.16 Appeals.

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

1.18 Sec. 2. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to
 1.19 read:

1.20 Subd. 1d. **CAMPUS.** "CAMPUS" means the workers' compensation Claims Access and
 1.21 Management Platform User System, developed pursuant to the appropriations in Laws 2015,
 1.22 First Special Session chapter 1, article 1, section 5, as amended by Laws 2017, chapter 94,
 1.23 article 2, section 17, and Laws 2017, chapter 94, article 1, section 4, and referenced as the

2.1 workers' compensation modernization program in section 176.2611 and as described in
2.2 section 176.2612.

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

2.4 Sec. 3. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to
2.5 read:

2.6 Subd. 8d. **Division file.** "Division file" means the official file created and maintained
2.7 by the department within CAMPUS to retain imaged or electronic documents and data
2.8 related to an employee's workers' compensation claim or injury under chapter 176, including
2.9 documents transmitted to the commissioner under sections 176.281 and 176.2611. The
2.10 division file does not include:

2.11 (1) paper, images, or electronic data created, used, or maintained for internal operational
2.12 purposes by an agency, the special compensation fund, or the vocational rehabilitation unit;

2.13 (2) a confidential mediation statement, including any documents submitted with the
2.14 statement for the mediator's review and any additional documents submitted to or sent by
2.15 the mediator in furtherance of mediation efforts; and

2.16 (3) work product of a compensation judge, mediator, or commissioner that is not issued
2.17 or sent to a party to a claim. Examples of work product include personal notes of hearings
2.18 or conferences and draft decisions or orders.

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

2.20 Sec. 4. Minnesota Statutes 2018, section 176.011, is amended by adding a subdivision to
2.21 read:

2.22 Subd. 8e. **Document.** "Document" includes a form, record, report, notice, order, and
2.23 paper. Document also includes information and data, regardless of format, that are required
2.24 or authorized by this chapter to be filed with or served on or by an agency. Document
2.25 excludes physical objects such as clothing, flash drives, compact discs, or physical objects
2.26 used as demonstrative evidence.

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

2.28 Sec. 5. Minnesota Statutes 2018, section 176.1812, subdivision 2, is amended to read:

2.29 Subd. 2. **Filing and review.** (a) A copy of the agreement and the approximate number
2.30 of employees who will be covered under it must be filed with the commissioner. Within 21
2.31 days of receipt of an agreement, the commissioner shall review the agreement for compliance

3.1 with this section and the benefit provisions of this chapter and notify the parties of any
3.2 additional information required or any recommended modification that would bring the
3.3 agreement into compliance. Upon receipt of any requested information or modification, the
3.4 commissioner must notify the parties within 21 days whether the agreement is in compliance
3.5 with this section and the benefit provisions of this chapter.

3.6 (b) After an agreement is approved by the commissioner under paragraph (a), a qualified
3.7 employer may join or withdraw from a qualified group of employers without commissioner
3.8 review or approval. The commissioner must be notified within 30 days when a qualified
3.9 employer joins or withdraws from a qualified group of employers.

3.10 (c) In order for any agreement to remain in effect, it must provide for a timely and
3.11 accurate method of reporting to the commissioner ~~necessary information regarding service~~
3.12 ~~cost and utilization~~ the individual claims covered by the agreement and claim-specific
3.13 dispute resolution data, in the form and manner prescribed by the commissioner. Dispute
3.14 resolution data includes information about facilitation, mediation, and arbitration and shall
3.15 be provided annually to the commissioner to enable the commissioner to annually report
3.16 aggregate dispute data to the legislature. ~~The information provided to the commissioner~~
3.17 ~~must include aggregate data on the:~~

3.18 ~~(i) person hours and payroll covered by agreements filed;~~

3.19 ~~(ii) number of claims filed;~~

3.20 ~~(iii) average cost per claim;~~

3.21 ~~(iv) number of litigated claims, including the number of claims submitted to arbitration,~~
3.22 ~~the Workers' Compensation Court of Appeals, the Office of Administrative Hearings, the~~
3.23 ~~district court, the Minnesota Court of Appeals or the supreme court;~~

3.24 ~~(v) number of contested claims resolved prior to arbitration;~~

3.25 ~~(vi) projected incurred costs and actual costs of claims;~~

3.26 ~~(vii) employer's safety history;~~

3.27 ~~(viii) number of workers participating in vocational rehabilitation; and~~

3.28 ~~(ix) number of workers participating in light-duty programs.~~

3.29 **EFFECTIVE DATE.** Paragraphs (a) and (b) are effective June 1, 2019. Paragraph (c)
3.30 is effective August 31, 2020.

4.1 Sec. 6. Minnesota Statutes 2018, section 176.231, is amended to read:

4.2 **176.231 REPORT OF DEATH OR INJURY TO COMMISSIONER OF**
4.3 **DEPARTMENT OF LABOR AND INDUSTRY.**

4.4 Subdivision 1. **Time limitation.** (a) Where death or serious injury occurs to an employee
4.5 during the course of employment, the employer shall report the injury or death to the
4.6 commissioner and insurer within 48 hours after its occurrence. Where any other injury
4.7 occurs which wholly or partly incapacitates the employee from performing labor or service
4.8 for more than three calendar days, the employer shall report the injury to the insurer on a
4.9 form prescribed by the commissioner within ten days from its occurrence.

4.10 (b) An insurer and self-insured employer shall report the injury to the commissioner no
4.11 later than 14 days from its occurrence. If an injury has not previously been required to be
4.12 reported, the insurer or self-insured employer must report the injury to the commissioner,
4.13 in the manner and format prescribed by the commissioner, no later than 14 days after the
4.14 date that:

4.15 (1) any document initiating a dispute is filed under this chapter;

4.16 (2) a rehabilitation consultation report or a rehabilitation plan is filed under this chapter;

4.17 or

4.18 (3) permanent partial disability is ascertainable under section 176.101, subdivision 3.

4.19 (c) Where an injury has once been reported but subsequently death ensues, the employer
4.20 shall report the death to the commissioner and insurer within 48 hours after the employer
4.21 receives notice of this fact.

4.22 (d) An employer who provides notice to the Occupational Safety and Health Division
4.23 of the Department of Labor and Industry of a fatality within the eight-hour time frame
4.24 required by law, or of an inpatient hospitalization, amputation, or loss of an eye, within the
4.25 24-hour time frame required by law, has satisfied the employer's obligation under ~~this section~~
4.26 paragraph (a).

4.27 (e) At the time an injury is required to be reported under paragraph (b), the insurer or
4.28 self-insured employer must also specify whether the injury is covered by a collective
4.29 bargaining agreement approved by the commissioner under section 176.1812. Notice must
4.30 be provided in the format and manner prescribed by the commissioner.

4.31 Subd. 2. **Initial report, written report.** (a) Where subdivision 1 requires an injury to
4.32 be reported within 48 hours, the employer may make an initial report to the commissioner
4.33 by telephone or personal notice, and ~~file a written~~ must report of the injury to the insurer

5.1 within seven days from its occurrence ~~or within such time as the commissioner of labor and~~
5.2 ~~industry designates.~~ After receiving this notice, the insurer or self-insured employer must
5.3 report the injury to the commissioner as provided in subdivision 1. All ~~written~~ reports of
5.4 ~~injuries~~ injury required by subdivision 1 or this subdivision shall include the date of injury.
5.5 The reports shall be ~~on a form designed~~ made in the manner and format designated by the
5.6 commissioner, with ~~a clear copy suitable for imaging to the commissioner,~~ one copy to the
5.7 insurer, and one copy to the employee. The employer must give the employee the "Minnesota
5.8 Workers' Compensation System Employee Information Sheet" at the time the employee is
5.9 given a copy of the first report of injury. Within two business days after a report of injury
5.10 filed by a self-insured employer or insurer is accepted by the commissioner, the self-insured
5.11 employer or insurer must serve the report on the employee in the manner and format
5.12 prescribed by the commissioner.

5.13 (b) If an insurer or ~~self-insurer~~ self-insured employer repeatedly fails to pay benefits
5.14 within three days of the due date, pursuant to section 176.221, the insurer or ~~self-insurer~~
5.15 self-insured employer shall be ordered by the commissioner to explain, in person, the failure
5.16 to pay benefits due in a reasonable time. If prompt payments are not thereafter made, the
5.17 commissioner shall refer the insurer or ~~self-insurer~~ self-insured employer to the commissioner
5.18 of commerce for action pursuant to section 176.225, subdivision 4.

5.19 **Subd. 3. Physicians, chiropractors, or other health care providers to report**
5.20 **injuries.** A physician, chiropractor, or other health care provider who has examined, treated,
5.21 or has special knowledge of an injury to an employee which may be compensable under
5.22 this chapter, shall report to the commissioner all facts relating to the nature and extent of
5.23 the injury and disability, and the treatment provided for the injury or disability, within ten
5.24 days after the health care provider has received a written request for the information from
5.25 the commissioner or an authorized representative of the commissioner.

5.26 **Subd. 4. Supplementary reports.** The commissioner or an authorized representative
5.27 may require the filing of supplementary reports of accidents as is deemed necessary to
5.28 provide information required by law.

5.29 Supplementary reports or other documents related to the current nature and extent of
5.30 the employee's injury, disability, or treatment may be requested from a physician, surgeon,
5.31 chiropractor, or other health care provider by the commissioner or a representative, an
5.32 employer or insurer, or the employee.

5.33 **Subd. 5. ~~Forms for reports~~ Electronic reports filed under this section.** (a) The
5.34 commissioner shall prescribe ~~forms~~ the manner and format for use in making providing the

6.1 reports and other documents required by this section. ~~Forms for reports required by this~~
6.2 ~~section shall be as prescribed by the commissioner and shall be the only forms used by an~~
6.3 ~~employer, insurer, self-insurer, group self-insurer, and all health care providers.~~

6.4 (b) A report or other document that is required to be filed with the commissioner under
6.5 this section must be filed electronically in the manner and format required by the
6.6 commissioner. Except as provided in paragraph (d), the commissioner must give at least 60
6.7 days' notice to self-insured employers and insurers, and publish notice in the State Register,
6.8 of the effective date of required electronic filing of the report or other document.

6.9 (c) Where specified by the commissioner under paragraph (d), a self-insured employer
6.10 or insurer must file a report or other document with the commissioner electronically according
6.11 to the version of the Claims Release Standard published by the International Association
6.12 of Industrial Accident Boards and Commissions (IAIABC) adopted by the commissioner.
6.13 The commissioner must publish on the department's website a Minnesota implementation
6.14 guide that prescribes reporting requirements consistent with this chapter.

6.15 (d) The commissioner must give notice to self-insured employers and insurers, and
6.16 publish notice in the State Register, of intent to adopt a version of the Claims Release
6.17 Standard for a report or other document required to be filed with the commissioner. The
6.18 notice must include a link to the Minnesota implementation guide. Interested parties must
6.19 have at least 90 days to submit comments to the commissioner. After considering the
6.20 comments, the commissioner must publish notice of the adopted version of the Claims
6.21 Release Standard and Minnesota implementation guide in the State Register at least 90 days
6.22 before the effective date of the Standard and Guide. The commissioner must also give at
6.23 least 30 days' notice to self-insured employers and insurers, and publish notice in the State
6.24 Register, of any updates to the Minnesota implementation guide. The requirements in the
6.25 adopted versions of the Claims Release Standard and the Minnesota implementation guide
6.26 supersede any conflicting rule. The adopted versions of the Claims Release Standards and
6.27 Minnesota implementation guides adopted by the commissioner under this section are not
6.28 rules under chapter 14, but have the force and effect of law as of the effective date specified
6.29 in the notice published in the State Register. The commissioner may publish the initial
6.30 notices in this subdivision before August 31, 2020, to ensure the adopted versions of the
6.31 Standard and Guide are effective on that date.

6.32 **Subd. 6. Commissioner of the Department of Labor and Industry; duty to keep**
6.33 **informed.** The commissioner of the Department of Labor and Industry shall keep fully
6.34 informed of the nature and extent of all injuries compensable under this chapter, their
6.35 resultant disabilities, and of the rights of employees to compensation. The insurer or

7.1 self-insured employer must keep the department advised of all payments of compensation,
7.2 the amounts of payments made, and the date of the first payment. Where a physician or
7.3 surgeon has examined, treated, or has special knowledge relating to an injury which may
7.4 be compensable under this chapter, the commissioner of the Department of Labor and
7.5 Industry or any member or employee thereof shall request in writing a report from such
7.6 person of the attendant facts.

7.7 Subd. 7. **Medical reports.** If requested by the division, a compensation judge, the
7.8 Workers' Compensation Court of Appeals, or any member or employee thereof an employer,
7.9 insurer, or employee shall file with the commissioner a ~~verified~~ copy suitable for imaging
7.10 of any medical report or other document in possession which bears upon the case and shall
7.11 also file a ~~verified~~ copy of the same report or document with the agency or individual who
7.12 made the request.

7.13 Subd. 8. **No public inspection of reports.** Subject to subdivision 9, a report or other
7.14 document, or its copy, which has been filed with the commissioner of the Department of
7.15 Labor and Industry under this section is not available to public inspection. Any person who
7.16 has access to such a report shall not disclose its contents to anyone in any manner.

7.17 A person who unauthorizedly discloses a report or its contents to another is guilty of a
7.18 misdemeanor.

7.19 Subd. 9. **Uses that may be made of reports; access to division file.** (a) Reports ~~filed~~
7.20 ~~with the commissioner under this section~~ and other documents in the division file are private
7.21 data on individuals and nonpublic data as those terms are defined in section 13.02, except
7.22 that the reports and documents in the division file may be used in hearings held under this
7.23 chapter, and for the purpose of state investigations and for statistics. ~~These~~ The reports and
7.24 documents in the division file are also available without authorization to:

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

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

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

7.30 (4) the special compensation fund for the purpose of auditing assessments under section
7.31 176.129; and

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

8.1 ~~(b) The division or Office of Administrative Hearings or Workers' Compensation Court~~
8.2 ~~of Appeals may permit the examination of its file by the employer, insurer, employee, or~~
8.3 ~~dependent of a deceased employee or any person who furnishes signed authorization to do~~
8.4 ~~so from the employer, insurer, employee, or dependent of a deceased employee. Reports~~
8.5 ~~filed under this section and other information the commissioner has regarding injuries or~~
8.6 ~~deaths shall be made available to the Workers' Compensation Reinsurance Association for~~
8.7 ~~use by the association in carrying out its responsibilities under chapter 79.~~

8.8 (b) A person with an authorization signed by the employer, insurer, employee, or
8.9 dependent of a deceased employee has access to reports and other documents in the division
8.10 file as provided in the authorization. An authorization must:

8.11 (1) be in writing;

8.12 (2) include the printed name and dated signature of the employee or dependent of an
8.13 employee, employer, or insurer representative who is authorizing the documents to be
8.14 released;

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

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

8.21 (5) specify the time period within which the authorization is valid, which may not exceed
8.22 one year from the date the authorization was signed, except that access to the division file
8.23 may exceed one year if provided in subdivision 9a, paragraph (b); and

8.24 (6) include a statement that the person signing the authorization may revoke the
8.25 authorization by filing written notice with the department at any time, which shall be effective
8.26 upon receipt by the department.

8.27 Subd. 9a. Access to division file without an authorization. (a) Access to the division
8.28 file established for a specific claimed date or dates of injury under this chapter is allowed
8.29 without an authorization from the employee, employer, insurer, or dependent, as described
8.30 in clauses (1) to (6):

8.31 (1) an employee, an employee's guardian under section 176.092, and a deceased
8.32 employee's legal heir or dependent as defined in section 176.011, have access to the division
8.33 file established for the employee's claimed date or dates of injury;

9.1 (2) an employer and insurer have access to the division file for a workers' compensation
9.2 claim to which the employer and insurer are parties;

9.3 (3) the Department of Administration under section 13.43, subdivision 18, the assigned
9.4 risk plan under chapter 79, the special compensation fund established under section 176.129,
9.5 the self-insurers security fund under chapter 79A, and the Minnesota insurance guarantee
9.6 association under chapter 60C have access to all of the documents in the division file for a
9.7 claim to which they are a party or are otherwise providing, paying, or reimbursing workers'
9.8 compensation benefits under this chapter;

9.9 (4) a person who has filed a motion to intervene in a pending dispute at an agency has
9.10 access to the documents in the division file that are filed in connection with the dispute in
9.11 which the person has filed a motion to intervene;

9.12 (5) a registered rehabilitation provider assigned to provide rehabilitation services to an
9.13 employee has access to the documents in the division file that are filed in connection with
9.14 the employee's vocational rehabilitation or a dispute about vocational rehabilitation under
9.15 section 176.102; and

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

9.19 (b) An attorney who has filed with the commissioner: a written authorization signed by
9.20 a person listed in paragraph (a), clause (1) or (2); or a retainer agreement, a notice of
9.21 appearance or representation, or a pleading or a response to a pleading, on behalf of a person
9.22 or entity listed in paragraph (a); has the same access to documents in the division file that
9.23 the authorizing person has, unless access is limited by the authorization, retainer agreement,
9.24 or notice of appearance or representation. If the attorney's access is not limited by one of
9.25 the documents in this paragraph, the attorney's access continues until one of the following
9.26 occurs, whichever is later:

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

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

9.30 (3) five years after the date the attorney filed a document initiating or responding to a
9.31 workers' compensation dispute under this chapter;

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

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

10.4 Notwithstanding the time frames in clauses (1) to (5), an attorney no longer has access to
10.5 the division file as of the date the attorney files a notice of withdrawal from the case, or the
10.6 date the department receives written notice that the authorization is withdrawn or that the
10.7 attorney no longer represents the person. However, if a dispute over an attorney's fees is
10.8 pending at the office, the attorney has continued access to the division file until a final order
10.9 or award on stipulation resolving the attorney fee dispute is received by the commissioner.

10.10 (c) The division may provide the worker identification number assigned under section
10.11 176.275, subdivision 1, without a signed authorization required under paragraph (b) to an:

10.12 (1) attorney who represents one of the persons described in paragraph (b);

10.13 (2) attorney who represents an intervenor or potential intervenor under section 176.361;

10.14 (3) intervenor; or

10.15 (4) employee's assigned qualified rehabilitation consultant under section 176.102.

10.16 (d) If the department receives information that indicates that identifying or contact
10.17 information for an employee, dependent, employer, insurer, or third-party administrator for
10.18 an employer or insurer is erroneous or no longer accurate, the department may update the
10.19 information in all relevant workers' compensation files to reflect:

10.20 (1) the current and accurate name, address, Social Security number or worker
10.21 identification number, and contact information for an employee, unless the employee notifies
10.22 the commissioner in writing that the information in a workers' compensation file for a
10.23 specific date of injury may not be updated; and

10.24 (2) the current and accurate name, address, and contact information for an employer,
10.25 insurer, or third-party administrator for an employer or insurer.

10.26 **Subd. 9b. Interagency access to documents and data related to workers'**
10.27 **compensation disputes.** An agency shall, without the need for an authorization, have full,
10.28 read-only, real-time, electronic access to view all documents, document contents, dispositions,
10.29 outcomes, and other data related to a workers' compensation dispute at one of the other
10.30 agencies, except for the following:

10.31 (1) paper, images, or electronic data created, used or maintained for internal operational
10.32 purposes by an agency, the special compensation fund, or the vocational rehabilitation unit;

11.1 (2) a confidential mediation statement, including any documents submitted with the
11.2 statement for the mediator's review and any additional documents submitted to or sent by
11.3 the mediator in furtherance of mediation efforts; and

11.4 (3) the work product of a compensation judge, Workers' Compensation Court of Appeals
11.5 judge, a mediator at the office or department, or the commissioner that is not issued or sent
11.6 to a party to a claim. Examples of work product include personal notes of hearings or
11.7 conferences and draft decisions or orders.

11.8 This subdivision is not intended to allow interagency access to non-dispute related paper,
11.9 images, or electronic data created, used or maintained solely for an agency's internal
11.10 operational purposes.

11.11 Each agency's responsible authority as defined in section 13.02 is responsible for its
11.12 own employees' use and dissemination of the data and documents in CAMPUS and the
11.13 office's case management system as required by section 13.05, subdivision 5.

11.14 Subd. 9c. **Investigative and enforcement data.** (a) For purposes of this subdivision,
11.15 the terms in this paragraph have the meanings given.

11.16 (1) "Enforcement action" means a proceeding initiated by the department, commissioner,
11.17 medical services review board under section 176.103, or rehabilitation review panel under
11.18 section 176.102, that may result in a penalty, fine, or sanction for violation of workers'
11.19 compensation laws or that may result in an order for compliance with workers' compensation
11.20 laws.

11.21 (2) "Investigation" includes an investigation, inspection, audit, file review, inquiry, or
11.22 examination performed by the department or commissioner to administer, enforce, and
11.23 monitor compliance with workers' compensation laws within the department's jurisdiction.

11.24 (3) "Final order" or "final penalty assessment," means that:

11.25 (i) no objection, appeal, or request for hearing has been filed in the manner and within
11.26 the time required by law;

11.27 (ii) an objection, appeal, or request for hearing has been withdrawn;

11.28 (iii) a settlement agreement or stipulation resolving all or part of the matter has been
11.29 signed by all parties and, if required by law, has been approved by a judge; or

11.30 (iv) all appeals have been exhausted or waived.

11.31 (b) A claim-specific final order or final penalty assessment issued by the department or
11.32 commissioner pursuant to a workers' compensation investigation or enforcement proceeding

12.1 shall be placed in the division file for that employee's claim. Access to the final enforcement
12.2 order or penalty assessment in the division file shall be as provided in subdivision 9a. Before
12.3 the enforcement order or penalty assessment is final, only the employee, dependent of a
12.4 deceased employee, employer, or insurer who are parties to the claim, and any respective
12.5 attorney representing the party, shall have access to it.

12.6 (c) Enforcement orders and penalty assessments issued by the department, commissioner,
12.7 medical services review board, or rehabilitation review panel pursuant to workers'
12.8 compensation investigations or enforcement proceedings that are not claim-specific shall
12.9 not be placed in the division file. The data practices classification of these orders and
12.10 penalties is as provided in sections 13.39 and 13.41, except that the names, Social Security
12.11 numbers, and worker identification numbers of employees with workers' compensation
12.12 claims and their dependents, and the identity of persons filing a complaint with the
12.13 department about the subject of the investigation or enforcement action, are private or
12.14 nonpublic data as those terms are defined in section 13.02 when maintained by a government
12.15 entity.

12.16 **Subd. 10. Failure to file required report, penalty.** If an employer, qualified
12.17 rehabilitation consultant or rehabilitation vendor, insurer, physician, chiropractor, or other
12.18 health provider fails to file with the commissioner any report or other document required
12.19 by this chapter in the manner and within the time limitations prescribed, or otherwise fails
12.20 to provide a report or other document required by this chapter in the manner provided by
12.21 this chapter, the commissioner may impose a penalty of up to \$500 for each failure.

12.22 The imposition of a penalty may be appealed to a compensation judge within 30 days
12.23 of notice of the penalty.

12.24 Penalties collected by the state under this subdivision shall be payable to the
12.25 commissioner for deposit into the assigned risk safety account.

12.26 **Subd. 11. Failure to file required report; substitute filing.** Where this section requires
12.27 the employer to file a report of injury with the commissioner, and the employer is unable
12.28 or refuses to file the report, the insurer shall file the report within ten days of a request from
12.29 the division. The report shall be filed in the manner prescribed by this section. If both the
12.30 employer and the insurer fail to file the report within 30 days of notice of the injury, the
12.31 commissioner shall file the report.

12.32 The filing of a report of injury by the commissioner does not subject an employee or
12.33 the dependents of an employee to the three-year time limitations under section 176.151,
12.34 paragraphs (a) and (b).

13.1 A substitute filing under this subdivision shall not be a defense to a penalty assessed
13.2 under subdivision 10.

13.3 Subd. 12. **Reports; electronic monitoring.** Beginning July 1, 1995, the commissioner
13.4 shall monitor electronically all reports of injury, all payments for reported injuries, and
13.5 compliance with all reporting and payment timelines.

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

13.7 Sec. 7. Minnesota Statutes 2018, section 176.253, is amended to read:

13.8 **176.253 INSURER, EMPLOYER, AND THIRD-PARTY ADMINISTRATOR;**
13.9 **PERFORMANCE OF ACTS.**

13.10 **Subdivision 1. Definitions.** (a) The terms used in this section have the meanings given
13.11 to them in this subdivision.

13.12 (b) "Department" has the meaning in section 176.011, subdivision 8b.

13.13 (c) "Employer" means an employer as defined in section 176.011, subdivision 10, against
13.14 whom a workers' compensation claim has been asserted or who is liable for a workers'
13.15 compensation injury under this chapter. Employer includes:

13.16 (1) an employer authorized to self-insure by the Department of Commerce under chapter
13.17 79A; and

13.18 (2) the state or a political subdivision that is not required to be authorized to self-insure
13.19 by the commissioner of commerce in order to pay its workers' compensation claims.

13.20 (d) "Insurer" means a workers' compensation insurer licensed by the Department of
13.21 Commerce under section 60A.

13.22 (e) "Third-party administrator" means an administrator that is licensed by the Department
13.23 of Commerce to administer a workers' compensation self-insurance or insurance plan under
13.24 section 60A.23, subdivision 8, with a contract to act on behalf of an employer or insurer.

13.25 Subd. 2. **General.** Where this chapter requires an employer to perform an act, the insurer
13.26 of the employer may perform that act. Where the insurer acts in behalf of the employer, the
13.27 employer is responsible for the authorized acts of the insurer and for any delay, failure, or
13.28 refusal of the insurer to perform the act. This section does not relieve the employer from
13.29 any penalty or forfeiture which this chapter imposes on the employer.

13.30 Subd. 3. **Authority of a third-party administrator.** A third-party administrator that
13.31 has an active account in CAMPUS under section 176.2612 may act on behalf of the employer

14.1 or insurer as provided in the contract between the administrator and the employer or insurer.
14.2 If the department or commissioner issues an order or assesses a penalty against an employer
14.3 or insurer, the order or penalty must be served on any administrator acting on behalf of the
14.4 employer or insurer. A third-party administrator has the authority to act on behalf of the
14.5 employer or insurer in responding to a commissioner or department inquiry, order or penalty
14.6 assessment, or paying a penalty, until the insurer or administrator notifies the department
14.7 in writing that the administrator does not have authority.

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

14.9 Sec. 8. Minnesota Statutes 2018, section 176.2611, subdivision 2, is amended to read:

14.10 Subd. 2. **Applicability.** Subject to further amendments pursuant to section 176.2612,
14.11 subdivision 2, this section governs filing requirements pending completion of the workers'
14.12 compensation modernization program specifies whether documents must be filed with the
14.13 office or the commissioner, and governs access to dispute-related documents and data in
14.14 the office's case management system, the workers' compensation Informix imaging system,
14.15 and the system that will be developed as a result of the workers' compensation modernization
14.16 program at the office or department. This section prevails over any conflicting provision in
14.17 this chapter, Laws 1998, chapter 366, or corresponding rules.

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

14.19 Sec. 9. Minnesota Statutes 2018, section 176.2611, subdivision 5, is amended to read:

14.20 Subd. 5. **Form revision and access to documents and data.** (a) The commissioner
14.21 must revise dispute resolution forms, in consultation with the chief administrative law judge,
14.22 to reflect the filing requirements in this section.

14.23 (b) For purposes of this subdivision, "complete, read-only electronic access" means the
14.24 ability to view all data and document contents, including scheduling information, related
14.25 to workers' compensation disputes, except for the following:

14.26 (1) a confidential mediation statement, including any documents submitted with the
14.27 statement for the mediator's review and any additional documents submitted to or sent by
14.28 the mediator in furtherance of mediation efforts;

14.29 (2) work product of a compensation judge, mediator, or commissioner that is not issued.
14.30 Examples of work product include personal notes of hearings or conferences and draft
14.31 decisions;

14.32 (3) the department's Vocational Rehabilitation Unit's case management system data;

15.1 (4) the special compensation fund's case management system data; and

15.2 (5) audit trail information.

15.3 ~~(e) The office must be provided with continued, complete, read-only electronic access~~
15.4 ~~to the workers' compensation Informix imaging system.~~

15.5 ~~(d) The department must be provided with read-only electronic access to the office's~~
15.6 ~~case management system, including the ability to view all data, including scheduling~~
15.7 ~~information, but excluding access into filed documents.~~

15.8 ~~(e)~~ (c) Until August 31, 2020, the office must send the department all documents that
15.9 are accepted for filing or issued by the office. The office must send the documents to the
15.10 department, electronically or by courier, within two business days of when the documents
15.11 are accepted for filing or issued by the office. Beginning August 31, 2020, all dispute-related
15.12 documents accepted for filing or issued by the office, and all dispute-related documents
15.13 filed with the department that are referred to the office under section 176.106, must be
15.14 immediately transmitted between the office's case management system and CAMPUS using
15.15 application programming interfaces.

15.16 ~~(f)~~ (d) The department must place documents that the office sends to the department in
15.17 the appropriate imaged file for the employee. This paragraph expires August 31, 2020.

15.18 ~~(g) The department must send the office copies of the following documents, electronically~~
15.19 ~~or by courier, within two business days of when the documents are filed with or issued by~~
15.20 ~~the department:~~

15.21 ~~(1) notices of discontinuance;~~

15.22 ~~(2) decisions issued by the department; and~~

15.23 ~~(3) mediated agreements.~~

15.24 ~~(h) Upon integration of the office's case management system and the department's system~~
15.25 ~~resulting from the workers' compensation modernization program,~~ (e) Each agency will
15.26 must be provided with complete, read-only electronic access, as defined in paragraph (b),
15.27 to the other agency's case management system.

15.28 ~~(i)~~ (f) Each agency's responsible authority pursuant to section 13.02, subdivision 16, is
15.29 responsible for its own employees' use and dissemination of the data and documents in the
15.30 workers' compensation Informix imaging system, the office's case management system, and
15.31 the system developed as a result of the workers' compensation modernization program. This
15.32 paragraph expires August 31, 2020.

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

16.2 Sec. 10. Minnesota Statutes 2018, section 176.2611, subdivision 6, is amended to read:

16.3 Subd. 6. **Data privacy.** (a) All documents filed with or issued by ~~the department or the~~
16.4 office under this chapter are private data on individuals and nonpublic data pursuant to
16.5 chapter 13, except that the documents are available to the following:

16.6 (1) the office;

16.7 (2) the department;

16.8 (3) the employer;

16.9 (4) the insurer;

16.10 (5) the employee;

16.11 (6) the dependent of a deceased employee;

16.12 (7) an intervenor in the dispute;

16.13 (8) the attorney to a party in the dispute;

16.14 (9) a person who furnishes written authorization from the employer, insurer, employee,
16.15 or dependent of a deceased employee; and

16.16 (10) a person, agency, or other entity allowed access to the documents under this chapter
16.17 or other law.

16.18 Once a document filed with or issued by the office under this chapter is transmitted to the
16.19 commissioner under subdivision 5 or section 176.281, access to the document in the division
16.20 file is as provided in section 176.231.

16.21 (b) The office and department may post notice of scheduled proceedings on the agencies'
16.22 websites and at their principal places of business in any manner that protects the employee's
16.23 identifying information. Identifying information includes the employee's name or any part
16.24 of the employee's name.

16.25 **EFFECTIVE DATE.** This section is effective August 31, 2020, except that the
16.26 amendments to paragraph (b) are effective the day following final enactment.

17.1 Sec. 11. [176.2612] THE WORKERS' COMPENSATION CLAIMS ACCESS AND
17.2 MANAGEMENT PLATFORM USER SYSTEM (CAMPUS).

17.3 Subdivision 1. Requirements. (a) The commissioner shall maintain the workers'
17.4 compensation Claims Access and Management Platform User System (CAMPUS) as defined
17.5 in section 176.011, subdivision 1d. This section applies to the department and the Workers'
17.6 Compensation Court of Appeals. Except for paragraph (b), clause (4), this subdivision does
17.7 not apply to the office.

17.8 (b) CAMPUS must:

17.9 (1) provide a single filing system for users to electronically file documents required or
17.10 authorized to be filed under this chapter with the commissioner or the Workers' Compensation
17.11 Court of Appeals;

17.12 (2) maintain and retain the division file and other claim-related documents;

17.13 (3) accept filings by electronic data entry and by uploaded images of supplemental
17.14 documents, such as a medical or narrative report or document;

17.15 (4) electronically and securely transmit data, and images of documents, between each
17.16 agency to allow the agency to perform its statutory functions;

17.17 (5) electronically and securely serve documents;

17.18 (6) organize electronic data filed in the division file into an image for viewing or printing
17.19 by parties to a claim and staff at each agency;

17.20 (7) provide electronic access to the division file by parties and each agency to workers'
17.21 compensation documents and other data as authorized or required by this chapter; and

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

17.24 Subd. 2. Plan and proposal for improvement. By January 11, 2021, the commissioner
17.25 must recommend to the Workers' Compensation Advisory Council a plan and proposed
17.26 statutory amendments for the most effective means, based on an assessment of benefits and
17.27 value, to implement improvements to CAMPUS and the case management system at the
17.28 office, including ensuring a single calendaring system and a single filing system. The filing
17.29 requirements in section 176.2611, subdivisions 3 and 4, remain in effect until further
17.30 amendments related to a single filing system in CAMPUS are enacted pursuant to the
17.31 recommendations of the Workers' Compensation Advisory Council.

18.1 Subd. 3. Creating a CAMPUS account. (a) For purposes of this subdivision, "employer,"
18.2 "insurer," and "third-party administrator" have the meanings given in section 176.253,
18.3 subdivision 1.

18.4 (b) Electronic access to view or file documents in CAMPUS shall be granted according
18.5 to the requirements established by the department and MN.IT services to authenticate the
18.6 identity of the person or entity creating the account and authorize access to the documents
18.7 that the person or entity is entitled to under this chapter.

18.8 (c) The persons or entities in clauses (1) to (12) must create and maintain an account in
18.9 CAMPUS to electronically access or file documents.

18.10 (1) an employee with a workers' compensation claim, the employee's guardian under
18.11 section 176.092, or the deceased employee's dependent under section 176.111;

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

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

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

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

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

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

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

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

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

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

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

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

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

19.5 (f) If a person or entity is required to create and maintain an account under this
19.6 subdivision and fails to do so:

19.7 (1) unless good cause is shown, the commissioner may assess a \$500 penalty against
19.8 the person or entity for each 30-day period that an account is not created or maintained
19.9 following the commissioner's notice that one is required;

19.10 (2) failure to create or maintain an account shall not be a defense to untimely filing
19.11 where electronic filing is required under this chapter; and

19.12 (3) failure to create or maintain an account results in the appointment of the commissioner
19.13 and successors in office as the person's agent to receive service by the commissioner or the
19.14 Workers' Compensation Court of Appeals where service is required under this chapter,
19.15 provided that the commissioner attempts service by United States mail on the party at the
19.16 last known address.

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

19.18 Sec. 12. Minnesota Statutes 2018, section 176.275, is amended to read:

19.19 **176.275 FILING OF PAPERS; PROOF OF SERVICE.**

19.20 Subdivision 1. **Filing.** If a document is required to be filed by this chapter or any rules
19.21 adopted pursuant to authority granted by this chapter, the filing shall be completed ~~by the~~
19.22 ~~receipt upon acceptance~~ of the document ~~at the division, department, office, or the court of~~
19.23 ~~appeals by the agency.~~ ~~The division, department, office, and the court of appeals shall accept~~
19.24 ~~any document which has been delivered to it for legal filing, but may refuse to accept~~ Any
19.25 ~~form or~~ document that lacks information required by statute or rule, or is not filed in the
19.26 manner and format required by this chapter, may be rejected. ~~The division, department,~~
19.27 ~~office, and court of appeals are~~ A document rejected for any of these reasons is not considered
19.28 filed. An agency is not required to maintain, and may destroy, a duplicate of a form or
19.29 document that has already been filed. If a workers' compensation identification number has
19.30 been assigned by the department, it ~~may~~ must be substituted for the Social Security number
19.31 on a ~~form or~~ document. ~~If the injured employee has fewer than three days of lost time from~~
19.32 ~~work, the party submitting the required document must attach to it, at the time of filing, a~~
19.33 ~~copy of the first report of injury.~~

20.1 A notice or other document required to be served or filed at either the department, the
20.2 office, or the court of appeals which is inadvertently served or filed at the wrong one of
20.3 these agencies by an unrepresented employee shall be deemed to have been served or filed
20.4 with the proper agency. The receiving agency shall note the date of receipt of a document
20.5 and shall forward the documents to the proper agency no later than two working days
20.6 following receipt.

20.7 Subd. 2. **Proof of service; affidavits and notarized statements.** (a) Whenever a
20.8 provision of this chapter or rules adopted pursuant to authority granted by this chapter
20.9 require either a proof of service ~~or~~, an affidavit of service, or a notarized statement on a
20.10 document, the requirement is satisfied by ~~the inclusion of a proof of service on the document~~
20.11 ~~which has been served, in a form acceptable by the state district courts or approved by the~~
20.12 ~~commissioner~~ a document that meets the definition of an affidavit under Rule 15 of the
20.13 General Rules of Practice for the district courts.

20.14 (b) An agency is not required to verify the accuracy of a proof or affidavit of service
20.15 filed by a party before accepting a document for filing. This does not prevent a party from
20.16 asserting insufficient or lack of service in a proceeding.

20.17 (c) Service on a party's attorney constitutes service on the represented party, unless
20.18 service on the employee is specifically required by this chapter.

20.19 (d) A party is not required to file a proof or affidavit of service when the party is served
20.20 electronically by the agency and the agency has issued a proof of service.

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

20.22 Sec. 13. Minnesota Statutes 2018, section 176.281, is amended to read:

20.23 **176.281 ORDERS, DECISIONS, AND AWARDS; FILING; SERVICE.**

20.24 (a) When the commissioner or compensation judge or Office of Administrative Hearings
20.25 or the Workers' Compensation Court of Appeals has ~~rendered a final~~ issued correspondence,
20.26 a notice, order, decision, or award, or other disposition or outcome of a dispute, or an
20.27 amendment to an order, decision, or award, it shall be filed immediately with the
20.28 commissioner.

20.29 (b) The agencies' systems must be configured so that transmission of data and documents
20.30 described in paragraph (a) and section 176.2611, subdivision 5, paragraph (c), are
20.31 immediately transmitted between the Office of Administrative Hearings' case management
20.32 system and CAMPUS using application programming interfaces.

21.1 (c) If the commissioner, compensation judge, Office of Administrative Hearings, or
21.2 Workers' Compensation Court of Appeals has rendered a final order, decision, or award,
21.3 or amendment thereto, the commissioner or the Office of Administrative Hearings or the
21.4 Workers' Compensation Court of Appeals shall immediately serve a copy upon every party
21.5 in interest, together with a notification of the date the order was filed.

21.6 (d) On all orders, decisions, awards, and other documents, the commissioner or
21.7 compensation judge or Office of Administrative Hearings or the Workers' Compensation
21.8 Court of Appeals may digitize the signatures of all officials, including judges, for the use
21.9 of electronic data interchange and clerical automation. These signatures shall have the same
21.10 legal authority of an original signature, provided that proper security is used to safeguard
21.11 the use of the digitized signatures and each digitized signature has been certified by the
21.12 division, department, office, or court of appeals before its use, in accordance with rules
21.13 adopted by that agency or court.

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

21.15 Sec. 14. Minnesota Statutes 2018, section 176.285, is amended to read:

21.16 **176.285 SERVICE OF PAPERS AND NOTICES; ELECTRONIC FILING.**

21.17 Subdivision 1. **Service by mail.** Service of ~~papers and notices~~ documents shall be by
21.18 United States mail or otherwise as the commissioner or the chief administrative law judge
21.19 may by rule direct except where electronic service is authorized or required under this
21.20 section and section 176.275. An employee cannot be required to accept electronic service
21.21 where service on the employee is required. Where service is by mail, service is effected at
21.22 the time mailed if properly addressed and stamped. If it is so mailed, it is presumed the
21.23 paper or notice reached the party to be served. However, a party may show by competent
21.24 evidence that that party did not receive it or that it had been delayed in transit for an unusual
21.25 or unreasonable period of time. In case of nonreceipt or delay, an allowance shall be made
21.26 for the party's failure to assert a right within the prescribed time.

21.27 Subd. 2. **Electronic service and filing on an agency.** (a) Where a statute or rule
21.28 authorizes or requires a document to be filed with or served on ~~an agency~~ the office, the
21.29 document may be filed electronically if electronic filing is authorized by the ~~agency~~ office
21.30 and if the document is transmitted in the manner and in the format specified by the ~~agency~~
21.31 office. Where a statute or rule authorizes or requires a document to be filed with or served
21.32 on the commissioner or the Workers' Compensation Court of Appeals, the document must
21.33 be filed electronically in the manner and format specified by the commissioner. An employee

22.1 must not be required to file a document electronically at any agency unless the document
 22.2 is filed by an attorney on behalf of the employee.

22.3 (b) If electronic filing of a document is authorized by the agency office or required under
 22.4 this subdivision and a statute or rule requires a copy of the document to be provided or
 22.5 served on another person or party, the document filed electronically with the agency and
 22.6 provided or served on the other person or party must contain the same information in the
 22.7 format required by the commissioner agency.

22.8 (c) For purposes of serving on and filing with an agency under this chapter, "electronic"
 22.9 and "electronically" excludes facsimile and e-mail unless authorized by the agency. A
 22.10 document is deemed filed with an agency on the business day it is accepted for filing on or
 22.11 before 11:59 p.m.

22.12 Subd. 2a. **Electronic signatures.** (a) Where a statute or rule authorizes or requires
 22.13 a person's signature on a document to be filed with or served on an agency, the signature
 22.14 may be an electronic signature, as defined by section 325L.02, or transmitted electronically,
 22.15 if authorized by the agency and if the signature is transmitted in the manner and format
 22.16 specified by the agency. The commissioner may require that a document authorized or
 22.17 required to be filed with the commissioner, department, or division be filed electronically
 22.18 in the manner and format specified by the commissioner, except that an employee must not
 22.19 be required to file a document electronically unless the document is filed by an attorney on
 22.20 behalf of an employee. The department or court may adopt rules for the certification of
 22.21 signatures.

22.22 (b) If a rehabilitation provider files a rehabilitation plan or other document that requires
 22.23 the signature of the employee, employer, or insurer pursuant to section 176.102, or rules
 22.24 adopted under section 176.102, the rehabilitation provider shall specify whether each party's
 22.25 signature has been obtained. The rehabilitation provider must retain the document with the
 22.26 original signature or signatures of the employee and insurer or self-insured employer for
 22.27 five years after the rehabilitation plan is closed and must make the signed document available
 22.28 to the commissioner or compensation judge upon request.

22.29 Subd. 2b. **Electronic service of documents on a party through the office's case**
 22.30 **management system or CAMPUS.** (a) The office may serve a document
 22.31 electronically on a payer, rehabilitation provider, or attorney. The office may
 22.32 serve a document on any other party if the recipient agrees to receive it in an electronic
 22.33 format. The date of electronic service of a document is the date the recipient is sent a

23.1 document electronically, or the date the recipient is notified that the document is available
23.2 on a website, whichever occurs first.

23.3 (b) The commissioner, the Workers' Compensation Court of Appeals, and a party may
23.4 electronically serve through CAMPUS a document required to be served on a party or filed
23.5 with the commissioner on any person with an account in CAMPUS under section 176.2612.
23.6 Service through CAMPUS must be either by secure e-mail or by e-mailing a notice that the
23.7 document may be accessed through a web portal. Service of a document through CAMPUS
23.8 on an attorney for a party is considered to be service on the party, except where service on
23.9 the employee is specifically required by this chapter.

23.10 (c) An employee must not be electronically served unless the employee has created an
23.11 account and has agreed to accept electronic service through the office's case management
23.12 system or CAMPUS.

23.13 (d) The date of electronic service of a document is the date the recipient is sent a
23.14 document electronically, or the date the recipient is notified that the document is available
23.15 on a website, whichever occurs first.

23.16 Subd. 2c. **Time to assert a right when a document is served or filed electronically.** (d)
23.17 When the electronic filing of a legal document with ~~the department~~ an agency marks the
23.18 beginning of a prescribed time for another party to assert a right, the prescribed time for
23.19 another party to assert a right shall be ~~lengthened~~ extended by two calendar days when it
23.20 can be shown that service to ~~the other~~ another party was by United States mail, and extended
23.21 by one business day if the document was electronically served on the party in CAMPUS or
23.22 the office's case management system after 4:30 p.m.

23.23 Subd. 3. **Proof of service of documents served by parties and agencies.** (a) The
23.24 commissioner ~~and~~, the chief administrative law judge and the chief judge of the Workers'
23.25 Compensation Court of Appeals shall ensure that proof of service of all papers and notices
23.26 served by their respective agencies is ~~placed in~~ transmitted to the official division file of
23.27 ~~the case~~ in the manner described in section 176.281.

23.28 (b) If a document unrelated to a dispute, such as a first report of injury, is required to be
23.29 filed with the commissioner and required to be served on the employee or other party, the
23.30 serving party must retain the proof of service and provide it to the commissioner or
23.31 compensation judge upon request.

23.32 Subd. 4. **Definitions; applicability.** (a) For purposes of this section, "agency" means
23.33 the workers' compensation division, the Department of Labor and Industry, the commissioner
23.34 of the Department of Labor and Industry, the Office of Administrative Hearings, the chief

24.1 ~~administrative law judge, or the Workers' Compensation Court of Appeals. "Document"~~
24.2 ~~includes documents, reports, notices, orders, papers, forms, information, and data elements~~
24.3 ~~that are authorized or required to be filed with an agency or the commissioner or that are~~
24.4 ~~authorized or required to be served on or by an agency or the commissioner. "payer" means~~
24.5 a workers' compensation insurer, self-insurer employer, or third-party administrator.

24.6 (b) Except as otherwise modified by this ~~section~~ chapter, the provisions of chapter 325L
24.7 apply to electronic signatures and the electronic transmission of documents under this ~~section~~
24.8 chapter.

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

24.10 Sec. 15. Minnesota Statutes 2018, section 176.312, is amended to read:

24.11 **176.312 AFFIDAVITS OF PREJUDICE AND PETITIONS FOR REASSIGNMENT.**

24.12 In accordance with rules adopted by the chief administrative law judge, an affidavit of
24.13 prejudice for cause may be filed by each party to the claim against a compensation judge
24.14 assigned to hear a case.

24.15 A petition for reassignment of a case to a different compensation judge for hearing may
24.16 be filed once, in any case, by each party to the claim within ~~ten~~ 20 days after the filing party
24.17 has received notice of the assigned judge. Upon receipt of a timely petition for reassignment,
24.18 the chief administrative law judge shall assign the case to another judge.

24.19 An affidavit of prejudice or a petition for reassignment shall be filed with the chief
24.20 administrative law judge and shall not result in the continuance or delay of a hearing
24.21 scheduled under section 176.341.

24.22 This section does not apply to prehearing ~~or~~, settlement conferences, or administrative
24.23 conferences.

24.24 **EFFECTIVE DATE.** This section is effective July 1, 2019.