

**CHAPTER 97--H.F.No. 4661**

*An act relating to workers' compensation; making policy and technical changes to workers' compensation coverage and hearings; modifying provisions related to the Workers' Compensation Court of Appeals; amending Minnesota Statutes 2022, sections 176.011, subdivisions 1a, 2, 18; 176.101, subdivision 1; 176.102, subdivision 13; 176.104, subdivision 1; 176.106, subdivision 4; 176.129, subdivision 10; 176.1292, subdivisions 2, 9; 176.137, subdivisions 2, 5; 176.155, subdivision 2; 176.231, subdivision 9a; 176.238, subdivisions 1, 2, 3, 4, 5, 6, 7, 10; 176.239, subdivisions 2, 3, 4, 5, 9, 10; 176.253, subdivision 2; 176.2611, subdivision 7; 176.271, subdivision 1; 176.275, subdivision 1; 176.285, subdivisions 2, 2a, 2b; 176.305, subdivision 1; 176.321, subdivisions 1, 3; 176.322; 176.341, subdivision 6; 176.361, subdivisions 1, 4; 176.421, subdivision 7; Minnesota Statutes 2023 Supplement, sections 176.081, subdivision 1; 176.101, subdivision 2a; 176.135, subdivision 7; 176.155, subdivision 1; 176.239, subdivisions 6, 7.*

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

Section 1. Minnesota Statutes 2022, section 176.011, subdivision 1a, is amended to read:

Subd. 1a. **Administrative conference.** An "administrative conference" is a meeting conducted by a commissioner's designee or a compensation judge where parties can discuss on an expedited basis and in an informal setting their viewpoints concerning disputed issues arising under section 176.102, 176.103, 176.135, 176.136, or 176.239. If the parties are unable to resolve the dispute, the commissioner's designee or a compensation judge shall issue an administrative decision under section 176.106 or 176.239.

Sec. 2. Minnesota Statutes 2022, section 176.011, subdivision 2, is amended to read:

Subd. 2. **Child.** "Child" includes a posthumous child, a child entitled by law to inherit as a child of a deceased person, a child of a person adjudged by a court of competent jurisdiction to be the ~~father~~ parent of the child, and a stepchild, grandchild, or foster child who was a member of the family of a deceased employee at the time of injury and dependent upon the employee for support. A stepchild is a "child" within the meaning of section 176.041.

Sec. 3. Minnesota Statutes 2022, section 176.011, subdivision 18, is amended to read:

Subd. 18. **Weekly wage.** "Weekly wage" is arrived at by multiplying the daily wage by the number of days and fractional days normally worked in the business of the employer for the employment involved. If the employee normally works less than five days per week or works an irregular number of days per week, the number of days normally worked shall be computed by dividing the total number of days in which the employee actually performed any of the duties of employment in the last 26 weeks by the number of weeks in which the employee actually performed such duties, provided that the weekly wage for part time employment during a period of seasonal or temporary layoff shall be computed on the number of days and fractional days normally worked in the business of the employer for the employment involved. If, at the time of the injury, the employee was regularly employed by two or more employers, the employee's days of work for all such employments shall be included in the computation of weekly wage. An employee injured while engaged in agricultural employment fewer than 30 days in a calendar year, and who is regularly employed by two or more employers, shall have their average weekly wage calculated based on the agricultural

wages at five times the employee's daily wage, or based only on the employee's other employment, whichever is higher. Occasional overtime is not to be considered in computing the weekly wage, but if overtime is regular or frequent throughout the year it shall be taken into consideration. The maximum weekly compensation payable to an employee, or to the employee's dependents in the event of death, shall not exceed 66-2/3 percent of the product of the daily wage times the number of days normally worked, provided that the compensation payable for permanent partial disability under section 176.101, subdivision 2a, and for permanent total disability under section 176.101, subdivision 4, or death under section 176.111, shall not be computed on less than the number of hours normally worked in the employment or industry in which the injury was sustained, subject also to such maximums as are specifically otherwise provided.

**EFFECTIVE DATE.** This section is effective for dates of injury on or after October 1, 2024.

Sec. 4. Minnesota Statutes 2023 Supplement, section 176.081, subdivision 1, is amended to read:

Subdivision 1. **Limitation of fees.** (a) A fee for legal services of 20 percent of the first ~~\$130,000~~ \$275,000 of compensation awarded to the employee is the maximum permissible fee and does not require approval by the commissioner, compensation judge, or any other party. All fees, including fees for obtaining medical or rehabilitation benefits, must be calculated according to the formula under this subdivision, except as otherwise provided in clause (1) or (2).

(1) The contingent attorney fee for recovery of monetary benefits according to the formula in this section is presumed to be adequate to cover recovery of medical and rehabilitation benefit or services concurrently in dispute. Attorney fees for recovery of medical or rehabilitation benefits or services shall be assessed against the employer or insurer only if the attorney establishes that the contingent fee is inadequate to reasonably compensate the attorney for representing the employee in the medical or rehabilitation dispute. In cases where the contingent fee is inadequate the employer or insurer is liable for attorney fees based on the formula in this subdivision or in clause (2).

For the purposes of applying the formula where the employer or insurer is liable for attorney fees, the amount of compensation awarded for obtaining disputed medical and rehabilitation benefits under sections 176.102, 176.135, and 176.136 shall be the dollar value of the medical or rehabilitation benefit awarded, where ascertainable.

(2) The maximum attorney fee for obtaining a change of doctor or qualified rehabilitation consultant, or any other disputed medical or rehabilitation benefit for which a dollar value is not reasonably ascertainable, is the amount charged in hourly fees for the representation or \$500, whichever is less, to be paid by the employer or insurer.

(3) The fees for obtaining disputed medical or rehabilitation benefits are included in the ~~\$26,000~~ \$55,000 limit in paragraph (b). An attorney must concurrently file all outstanding disputed issues. An attorney is not entitled to attorney fees for representation in any issue which could reasonably have been addressed during the pendency of other issues for the same injury.

(b) All fees for legal services related to the same injury are cumulative and may not exceed ~~\$26,000~~ \$55,000. If multiple injuries are the subject of a dispute, the commissioner, compensation judge, or court of appeals shall specify the attorney fee attributable to each injury.

(c) If the employer or the insurer or the defendant is given written notice of claims for legal services or disbursements, the claim shall be a lien against the amount paid or payable as compensation. Subject to the foregoing maximum amount for attorney fees, up to 20 percent of the first ~~\$130,000~~ \$275,000 of periodic compensation awarded to the employee may be withheld from the periodic payments for attorney fees or

disbursements if the payor of the funds clearly indicates on the check or draft issued to the employee for payment the purpose of the withholding, the name of the attorney, the amount withheld, and the gross amount of the compensation payment before withholding. In no case shall fees be calculated on the basis of any undisputed portion of compensation awards. Allowable fees under this chapter shall be available to an attorney who procures a benefit on behalf of the employee and be based solely upon genuinely disputed claims or portions of claims, including disputes related to the payment of rehabilitation benefits or to other aspects of a rehabilitation plan. The existence of a dispute is dependent upon a disagreement after the employer or insurer has had adequate time and information to take a position on liability. Neither the holding of a hearing nor the filing of an application for a hearing alone may determine the existence of a dispute. Except where the employee is represented by an attorney in other litigation pending at the department or at the Office of Administrative Hearings, a fee may not be charged for services with respect to a medical or rehabilitation issue arising under section 176.102, 176.135, or 176.136 performed before the attorney has filed with the commissioner and served on the employer or insurer and the attorney representing the employer or insurer, if any, a request for certification of dispute containing the name of the employer and its insurer, the date of the injury, and a description of the benefits claimed, and the department certifies that there is a dispute and that it has tried to resolve the dispute. If within 30 days of the filing of the request the department has not issued a determination of whether a dispute exists, the dispute shall be certified if all of the following apply:

(1) the insurer has not approved the requested benefit;

(2) the employee, the employee's attorney, or the employee's treating provider has submitted any and all additional information requested by the insurer necessary to determine whether the requested benefit is disputed or approved; and

(3) the insurer has had at least seven calendar days to review any additional information submitted.

In cases of nonemergency surgery, if the employer or insurer has requested a second opinion under section 176.135, subdivision 1a, or an examination under section 176.155, subdivision 1, a dispute shall be certified if 45 days have passed following a written request for an examination or second opinion and the conditions in clauses (1) to (3) have been met.

(d) An attorney who is claiming legal fees for representing an employee in a workers' compensation matter shall file a statement of attorney fees with the ~~commissioner or compensation judge before whom the matter was heard~~ office. A copy of the signed retainer agreement shall also be filed. The employee, employer or insurer, and the attorney representing the employer or insurer, if any, shall receive a copy of the statement of attorney fees. The statement shall be on a form prescribed by the commissioner and shall report the number of hours spent on the case.

(e) Employers and insurers may not pay attorney fees or wages for legal services of more than ~~\$26,000~~ \$55,000 per case.

(f) An attorney must file a statement of attorney fees within 12 months of the date the attorney has submitted the written notice specified in paragraph (c). If the attorney has not filed a statement of attorney fees within the 12 months, the attorney must send a renewed notice of lien to the insurer. If 12 months have elapsed since the last notice of lien has been received by the insurer and no statement of attorney fees has been filed, the insurer must release the withheld money to the employee, except that before releasing the money to the employee, the insurer must give the attorney 30 days' written notice of the pending release. The insurer must not release the money if the attorney files a statement of attorney fees within the 30 days.

**EFFECTIVE DATE.** This section is effective for dates of injury on or after October 1, 2024.

Sec. 5. Minnesota Statutes 2022, section 176.101, subdivision 1, is amended to read:

Subdivision 1. **Temporary total disability.** (a) For injury producing temporary total disability, the compensation is 66-2/3 percent of the weekly wage at the time of injury.

(b)(1) Commencing on October 1, ~~2013~~ 2024, and each October 1 thereafter, the maximum weekly compensation payable is ~~402~~ 108 percent of the statewide average weekly wage for the period ending December 31 of the preceding year.

(2) The Workers' Compensation Advisory Council may consider adjustment increases and make recommendations to the legislature.

(c) The minimum weekly compensation payable is \$130 per week or the injured employee's actual weekly wage, whichever is less. Beginning on October 1, 2021, and each October 1 thereafter, the minimum weekly compensation shall be 20 percent of the maximum weekly compensation payable or the employee's actual weekly wage, whichever is less.

(d) Temporary total compensation shall be paid during the period of disability subject to the cessation and recommencement conditions in paragraphs (e) to (l).

(e) Temporary total disability compensation shall cease when the employee returns to work. Except as otherwise provided in section 176.102, subdivision 11, temporary total disability compensation may only be recommenced following cessation under this paragraph, paragraph (h), or paragraph (j) prior to payment of 130 weeks of temporary total disability compensation and only as follows:

(1) if temporary total disability compensation ceased because the employee returned to work, it may be recommenced if the employee is laid off or terminated for reasons other than misconduct if the layoff or termination occurs prior to 90 days after the employee has reached maximum medical improvement. Recommenced temporary total disability compensation under this clause ceases when any of the cessation events in paragraphs (e) to (l) occurs; or

(2) if temporary total disability compensation ceased because the employee returned to work or ceased under paragraph (h) or (j), it may be recommenced if the employee is medically unable to continue at a job due to the injury. Where the employee is medically unable to continue working due to the injury, temporary total disability compensation may continue until any of the cessation events in paragraphs (e) to (l) occurs following recommencement. If an employee who has not yet received temporary total disability compensation becomes medically unable to continue working due to the injury after reaching maximum medical improvement, temporary total disability compensation shall commence and shall continue until any of the events in paragraphs (e) to (l) occurs following commencement. For purposes of commencement or recommencement under this clause only, a new period of maximum medical improvement under paragraph (j) begins when the employee becomes medically unable to continue working due to the injury. Temporary total disability compensation may not be recommenced under this clause and a new period of maximum medical improvement does not begin if the employee is not actively employed when the employee becomes medically unable to work. All periods of initial and recommenced temporary total disability compensation are included in the 130-week limitation specified in paragraph (k).

(f) Temporary total disability compensation shall cease if the employee withdraws from the labor market. Temporary total disability compensation may be recommenced following cessation under this paragraph only if the employee reenters the labor market prior to 90 days after the employee reached maximum medical improvement and prior to payment of 130 weeks of temporary total disability compensation. Once

recommenced, temporary total disability ceases when any of the cessation events in paragraphs (e) to (l) occurs.

(g) Temporary total disability compensation shall cease if the total disability ends and the employee fails to diligently search for appropriate work within the employee's physical restrictions. Temporary total disability compensation may be recommenced following cessation under this paragraph only if the employee begins diligently searching for appropriate work within the employee's physical restrictions prior to 90 days after maximum medical improvement and prior to payment of 130 weeks of temporary total disability compensation. Once recommenced, temporary total disability compensation ceases when any of the cessation events in paragraphs (e) to (l) occurs.

(h) Temporary total disability compensation shall cease if the employee has been released to work without any physical restrictions caused by the work injury.

(i) Temporary total disability compensation shall cease if the employee refuses an offer of work that is consistent with a plan of rehabilitation filed with the commissioner which meets the requirements of section 176.102, subdivision 4, or, if no plan has been filed, the employee refuses an offer of gainful employment that the employee can do in the employee's physical condition. Once temporary total disability compensation has ceased under this paragraph, it may not be recommenced.

(j) Temporary total disability compensation shall cease 90 days after the employee has reached maximum medical improvement, except as provided in section 176.102, subdivision 11, paragraph (b). For purposes of this subdivision, the 90-day period after maximum medical improvement commences on the earlier of: (1) the date that the employee receives a written medical report indicating that the employee has reached maximum medical improvement; or (2) the date that the employer or insurer serves the report on the employee and the employee's attorney, if any. Once temporary total disability compensation has ceased under this paragraph, it may not be recommenced except if the employee returns to work and is subsequently medically unable to continue working as provided in paragraph (e), clause (2).

(k) Temporary total disability compensation shall cease entirely when 130 weeks of temporary total disability compensation have been paid, except as provided in section 176.102, subdivision 11, paragraph (b). Notwithstanding anything in this section to the contrary, initial and recommenced temporary total disability compensation combined shall not be paid for more than 130 weeks, regardless of the number of weeks that have elapsed since the injury, except that if the employee is in a retraining plan approved under section 176.102, subdivision 11, the 130-week limitation shall not apply during the retraining, but is subject to the limitation before the plan begins and after the plan ends.

(l) Paragraphs (e) to (k) do not limit other grounds under law to suspend or discontinue temporary total disability compensation provided under this chapter.

(m) Once an employee has been paid 52 weeks of temporary total compensation, the employer or insurer must notify the employee in writing of the 130-week limitation on payment of temporary total compensation. A copy of this notice must also be filed with the department.

**EFFECTIVE DATE.** This section is effective for dates of injury on or after October 1, 2024.

Sec. 6. Minnesota Statutes 2023 Supplement, section 176.101, subdivision 2a, is amended to read:

Subd. 2a. **Permanent partial disability.** (a) Compensation for permanent partial disability is as provided in this subdivision. Permanent partial disability must be rated as a percentage of the whole body in accordance with rules adopted by the commissioner under section 176.105. During the 2026 regular legislative session,

and every even-year legislative session thereafter, the Workers' Compensation Advisory Council must consider whether the permanent partial disability schedule in paragraph (b) represents adequate compensation for permanent impairment.

(b) The percentage determined pursuant to the rules adopted under section 176.105 must be multiplied by the corresponding amount in the following table ~~at the time permanent partial disability is payable according to paragraph (c):~~

Impairment Rating (percent)	Amount
less than 5.5	\$ 114,260
5.5 to less than 10.5	121,800
10.5 to less than 15.5	129,485
15.5 to less than 20.5	137,025
20.5 to less than 25.5	139,720
25.5 to less than 30.5	147,000
30.5 to less than 35.5	150,150
35.5 to less than 40.5	163,800
40.5 to less than 45.5	177,450
45.5 to less than 50.5	177,870
50.5 to less than 55.5	181,965
55.5 to less than 60.5	209,475
60.5 to less than 65.5	237,090
65.5 to less than 70.5	264,600
70.5 to less than 75.5	292,215
75.5 to less than 80.5	347,340
80.5 to less than 85.5	402,465
85.5 to less than 90.5	457,590
90.5 to less than 95.5	512,715
95.5 up to and including 100	567,840

An employee may not receive compensation for more than a 100 percent disability of the whole body, even if the employee sustains disability to two or more body parts.

(c) Permanent partial disability is payable upon cessation of temporary total disability under subdivision 1. If the employee requests payment in a lump sum, then the compensation must be paid within 30 days. This lump-sum payment may be discounted to the present value calculated up to a maximum five percent basis. If the employee does not choose to receive the compensation in a lump sum, then the compensation is payable in installments at the same intervals and in the same amount as the employee's temporary total disability rate on the date of injury. Permanent partial disability is not payable while temporary total compensation is being paid.

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

Sec. 7. Minnesota Statutes 2022, section 176.102, subdivision 13, is amended to read:

Subd. 13. **Discontinuance.** (a) All benefits payable under chapter 176 may, after a determination and order by the commissioner or compensation judge, be discontinued or forfeited for any time during which the employee refuses to submit to any reasonable examinations and evaluative procedures ordered by the commissioner or compensation judge to determine the need for and details of a plan of rehabilitation, or refuses to participate in rehabilitation evaluation as required by this section or does not make a good faith effort to participate in a rehabilitation plan. A discontinuance under this section is governed by sections 176.238 and 176.239.

(b) Once the employer or insurer has accepted liability for a claim and a rehabilitation plan has been approved, the employer or insurer may not discontinue payment of rehabilitation services until notice has been filed with the commissioner and served on the qualified rehabilitation consultant, the employee, and the attorney representing the employee, if any. The notice shall state the date of intended discontinuance and set forth a statement of facts clearly indicating the reason for the action. Copies of whatever medical reports or other written reports in the employer's or insurer's possession which are relied on for the discontinuance shall be attached to the notice.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 8. Minnesota Statutes 2022, section 176.104, subdivision 1, is amended to read:

Subdivision 1. **Dispute.** If there exists a dispute regarding medical causation or whether an injury arose out of and in the course and scope of employment and an employee is otherwise eligible for rehabilitation services under section 176.102 prior to determination of liability, the employee shall be referred by the commissioner to the department's Vocational Rehabilitation Unit which shall provide rehabilitation consultation if appropriate. If the sole dispute is regarding discontinuance of compensation, an employee eligible for rehabilitation services may be referred to the Vocational Rehabilitation Unit only after the employee or employer has filed an objection under section 176.238, subdivision 6, to the administrative decision on discontinuance. The services provided by the department's Vocational Rehabilitation Unit and the scope and term of the rehabilitation are governed by section 176.102 and rules adopted pursuant to that section. Rehabilitation costs and services under this subdivision shall be monitored by the commissioner.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 9. Minnesota Statutes 2022, section 176.106, subdivision 4, is amended to read:

Subd. 4. **Appearances.** All parties shall appear either personally, by telephone, by electronic means, by representative, or by written submission. The commissioner's designee or compensation judge shall

determine the method of appearance and issues in dispute based upon the information available at the conference.

Sec. 10. Minnesota Statutes 2022, section 176.129, subdivision 10, is amended to read:

Subd. 10. **Penalty.** Sums paid to the commissioner pursuant to this section shall be in the manner prescribed by the commissioner. The commissioner may impose a penalty payable to the commissioner for deposit in the assigned risk safety account of up to 15 percent of the amount due under this section but not less than \$1,000 in the event payment is not made or reports are not submitted in the manner prescribed. In addition to a penalty under this subdivision, in the event payment is not made within six months of the due date, the commissioner shall refer the self-insured employer or insurer's file to the Department of Commerce for consideration of license or permit revocation.

**EFFECTIVE DATE.** This section is effective for due dates on or after the day following final enactment.

Sec. 11. Minnesota Statutes 2022, section 176.1292, subdivision 2, is amended to read:

Subd. 2. **Payment of permanent total disability benefits to employees, dependents, and legal heirs.** (a) A payer is entitled to the relief described in subdivisions 3 and 4 only if the payer complies with all of the conditions in paragraphs (b) to (d) for all of the payer's permanently totally disabled employees and documents compliance according to the procedures and forms established by the commissioner under subdivision 7.

(b) Except as provided in paragraph (e), the payer must:

(1) recharacterize supplementary benefits paid to all employees as permanent total disability benefits if the supplementary benefits were paid because the permanent total disability benefits were reduced by retirement benefits received by the employee;

(2) pay all permanently totally disabled employees, regardless of the date of injury, past and future permanent total disability benefits calculated without any reduction for retirement benefits received by the employees, from the date the employees' benefits were first reduced; and

(3) for all deceased employees, pay the employees' dependents or, if none, the employees' legal heirs, the permanent total disability benefits the deceased employees would have received if the benefits had been calculated without any reduction for retirement benefits received by the employees.

(c) A payer may take a credit against its obligations under paragraph (b), clauses (2) and (3), for:

(1) supplementary benefits previously paid to an employee that have been recharacterized as permanent total disability benefits under paragraph (b), clause (1); and

(2) permanent total disability benefits previously paid to an employee.

(d) The payer must pay the permanent total disability benefits as provided in paragraphs (b) and (c) within the time frames described in clauses (1) to (4). More than one time frame may apply to a claim.

(1) No later than 150 days following May 30, 2017, the payer must begin paying the recalculated permanent total disability benefit amounts to employees who are entitled to ongoing permanent total disability benefits.



(2) No later than 210 days following May 30, 2017, the payer must pay employees the amounts that past permanent total disability benefits were underpaid.

(3) No later than 270 days following May 30, 2017, the payer must pay the employees' dependents or legal heirs the amounts that permanent total disability benefits were underpaid.

(4) The commissioner may waive payment under paragraphs (b) and (c) or extend these time frames if the payer, after making a good-faith effort, is unable to: locate an employee; identify or locate the dependents or legal heirs of a deceased employee; or locate documentation to determine the amount of an underpayment.

(e) Paragraphs (a) to (d) do not apply if:

(1) the employee died before January 1, 2008;

(2) the employee's last permanent total disability benefit was paid before January 1, 2000;

(3) the employee's last permanent total disability benefit would have been paid before January 1, 2000, if it had not been reduced by ~~his or her~~ the employee's retirement benefits;

(4) a stipulation for settlement, signed by the employee and approved by a compensation judge, provided for a full, final, and complete settlement of permanent total disability benefits under this chapter in exchange for a lump sum payment amount or a lump sum converted to a structured annuity;

(5) a final court order, or a stipulation for settlement signed by the employee and approved by a compensation judge, explicitly states the employee's permanent total disability benefits may be reduced by specified retirement benefits. Paragraphs (a) to (d) apply if a court order or stipulation for settlement is ambiguous about whether the employee's permanent total disability benefits could be reduced by retirement benefits; or

(6) a final court order or a stipulation for settlement described in clause (4) or (5) was vacated after May 31, 2017.

Sec. 12. Minnesota Statutes 2022, section 176.1292, subdivision 9, is amended to read:

Subd. 9. **Failure to comply.** (a) If a payer reports to the department that it has complied with the requirements of subdivision 2, paragraphs (a) to (d), but the payer has not paid an employee, dependent, or legal heir, as required by subdivision 2, the payer is subject to the following:

(1) the payer must issue payment to the employee, dependent, or legal heir within 14 days of the date the payer discovers the noncompliance or the date the department notifies the payer of the noncompliance;

(2) the payer is not entitled to the relief provided in subdivisions 3 and 4 as applied to the claim of the specific employee, dependent, or legal heir who was not paid as required by subdivision 2;

(3) the special compensation fund may immediately begin collection of any assessments or over-reimbursement owed for the claim;

(4) if the commissioner determines that a payer's failure to comply under this subdivision was not in good faith, the commissioner may assess a penalty, payable to the employee, dependent, or legal heir, of up to 25 percent of the total permanent total disability benefits underpaid; and

(5) if the payer is found after a hearing to be liable for increased or additional permanent total disability benefits because the employee's permanent total disability benefits were improperly reduced by ~~his or her~~

the employee's retirement benefits, the compensation judge shall assess a penalty against the payer, payable to the employee or dependent, up to the total amount of the permanent total disability benefits that were not paid pursuant to subdivision 2. The compensation judge may issue a penalty against the payer, up to the total amount of the permanent total disability benefits underpaid, payable to a legal heir.

(b) The penalties assessed under this subdivision are in addition to any other penalty that may be, or is required to be, assessed under this chapter; however, the commissioner shall not assess a penalty against a payer for late payment of permanent total disability benefits if the employee's benefits have been paid and documented in accordance with subdivision 2.

(c) If a payer and the special compensation fund have agreed to a list of employees required to be paid under subdivision 2, this subdivision does not apply to any claim with a date of injury before October 1, 1995, that is not on the agreed-upon list.

Sec. 13. Minnesota Statutes 2023 Supplement, section 176.135, subdivision 7, is amended to read:

Subd. 7. **Medical bills and records.** (a) Health care providers shall submit to the insurer an itemized statement of charges in the standard electronic transaction format when required by section 62J.536 or, if there is no prescribed standard electronic transaction format, on a billing form prescribed by the commissioner. Health care providers shall also submit copies of medical records or reports that substantiate the nature of the charge and its relationship to the work injury. Pursuant to Minnesota Rules, part 5219.0300, health care providers may charge for copies of any records or reports that are in existence and directly relate to the items for which payment is sought under this chapter. The commissioner shall adopt, by rule, a schedule of reasonable charges that will apply to charges not covered by paragraphs (d) and (e).

A health care provider shall not collect, attempt to collect, refer a bill for collection, or commence an action for collection against the employee, employer, or any other party until the information required by this section has been furnished.

A United States government facility rendering health care services to veterans is not subject to the uniform billing form requirements of this subdivision.

(b) For medical services provided under this section, the codes from the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System (ICD-10), must be used to report medical diagnoses and hospital inpatient procedures when required by the United States Department of Health and Human Services for federal programs. The commissioner must replace the codes from the International Classification of Diseases, Ninth Edition, Clinical Modification/Procedure Coding System (ICD-9), with equivalent ICD-10 codes wherever the ICD-9 codes appear in rules adopted under this chapter. The commissioner must use the General Equivalence Mappings established by the Centers for Medicare and Medicaid Services to replace the ICD-9 diagnostic codes with ICD-10 codes in the rules.

(c) The commissioner shall amend rules adopted under this chapter as necessary to implement the ICD-10 coding system in paragraph (b). The amendments shall be adopted by giving notice in the State Register according to the procedures in section 14.386, paragraph (a). The amended rules are not subject to expiration under section 14.386, paragraph (b).

(d) The requirements in this paragraph and paragraph (e) apply to each request for copies of existing medical records fulfilled by a health care provider or the health care provider's agent that are required to be maintained in electronic format by state or federal law.

(1) If an authorized requestor of copies of medical records submits a written request for advance notice of the cost of the copies requested, the health care provider must notify the requestor of the estimated cost before sending the copies. If the requestor approves the cost and copies of the records are provided, the payment is the applicable fee under paragraph (e). If the requestor does not pay for the records, the health care provider may charge a fee, which must not exceed \$10.

(2) A health care provider shall not require prepayment for the cost of copies of medical records under this paragraph or Minnesota Rules, chapter 5219, unless there is an outstanding past-due invoice for the requestor concerning a previous request for records from the health care provider.

(3) A health care provider shall provide copies of medical records in electronic format.

(4) The charges under paragraph (e) include any fee for retrieval, download, or other delivery of records.

(e) For any copies of electronic records provided under paragraph (d), a health care provider or the health care provider's agent may not charge more than a total of:

(1) \$10 if there are no records available;

(2) \$30 for copies of records of up to 25 pages;

(3) \$50 for copies of records of up to 100 pages;

(4) \$50, plus an additional 20 cents per page for pages 101 and above; or

(5) \$500 for any request.

(f) The commissioner may assess a penalty against a health care provider for each violation of this section by the health care provider or the health care provider's agent of \$500, payable to the assigned risk safety account.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 14. Minnesota Statutes 2022, section 176.137, subdivision 2, is amended to read:

Subd. 2. **Cost.** The pecuniary liability of an employer for remodeling or alteration required by this section is limited to prevailing costs in the community for remodeling or alteration of that type. The costs of obtaining the architectural certification and supervision required by this section, or the costs of obtaining approval by a certified building official or certified accessibility specialist under subdivision 4, paragraph (b), clause (3), are included in the ~~\$75,000~~ \$150,000 limit in subdivision 5.

**EFFECTIVE DATE.** This section is effective for dates of injury on or after October 1, 2024.

Sec. 15. Minnesota Statutes 2022, section 176.137, subdivision 5, is amended to read:

Subd. 5. **Limitation.** An employee is limited to ~~\$75,000~~ \$150,000 under this section for each personal injury.

**EFFECTIVE DATE.** This section is effective for dates of injury on or after October 1, 2024.

Sec. 16. Minnesota Statutes 2023 Supplement, section 176.155, subdivision 1, is amended to read:

Subdivision 1. **Employer's physician.** (a) The injured employee must submit to examination by the employer's physician, if requested by the employer, and at reasonable times thereafter upon the employer's request. Examinations shall not be conducted in hotel or motel facilities. The examination must be scheduled at a location within 150 miles of the employee's residence unless the employer can show cause to the department office to order an examination at a location further from the employee's residence. The employee is entitled upon request to have a personal physician or witness present at any such examination. Each party shall defray the cost of that party's physician.

(b) Any report or written statement made by the employer's physician as a result of an examination of the employee, regardless of whether the examination preceded the injury or was made subsequent to the injury or whether litigation is pending, must be served upon the employee and the attorney representing the employee, if any, no later than 14 calendar days within the issuance of the report or written statement.

(c) The employer shall pay reasonable travel expenses incurred by the employee in attending the examination including mileage, parking, and, if necessary, lodging and meals. The employer shall also pay the employee for any lost wages resulting from attendance at the examination.

(d) A self-insured employer or insurer who is served with a claim petition pursuant to section 176.271, subdivision 1, or 176.291, shall schedule any necessary examinations of the employee, if an examination by the employer's physician or health care provider is necessary to evaluate benefits claimed. The examination shall be completed and the report of the examination shall be served on the employee and filed with the commissioner within 120 days of service of the claim petition. Any request for a good cause extension pursuant to paragraph (e) must be made within 120 days of service of the claim petition, except that a request may be made after 120 days of service of a claim petition in the following circumstances:

- (1) a change to the employee's claim regarding the nature and extent of the injury;
- (2) a change to the permanency benefits claimed by the employee, including a change in permanent partial disability percentage;
- (3) a new claim for indemnity benefits; or
- (4) the employment relationship is not admitted by the uninsured employer.

(e) No evidence relating to the examination or report shall be received or considered by the commissioner, a compensation judge, or the court of appeals in determining any issues unless the report has been served and filed as required by this section, unless a written extension has been granted by the commissioner or compensation judge. The commissioner or a compensation judge shall extend the time for completing the adverse examination and filing the report upon good cause shown. The extension must not be for the purpose of delay and the insurer must make a good faith effort to comply with this subdivision. Good cause shall include but is not limited to:

- (1) that the extension is necessary because of the limited number of physicians or health care providers available with expertise in the particular injury or disease, or that the extension is necessary due to the complexity of the medical issues, or
- (2) that the extension is necessary to gather additional information which was not included on the petition as required by section 176.291.

Sec. 17. Minnesota Statutes 2022, section 176.155, subdivision 2, is amended to read:

Subd. 2. **Neutral physician.** In each case of dispute as to the injury the commissioner of labor and industry, or in case of a hearing the compensation judge conducting the hearing, or the Workers' Compensation Court of Appeals if the matter is before it, may with or without the request of any interested party, designate a neutral physician to make an examination of the injured worker and report the findings to the commissioner of labor and industry, compensation judge, or the Workers' Compensation Court of Appeals, ~~as the case may be~~; provided that the request of the interested party must comply with the rules of the commissioner of labor and industry ~~and, the office, or the Workers' Compensation Court of Appeals,~~ regulating the proper time and forms for the request, and further provided that when an interested party requests, not later than 30 days prior to a scheduled prehearing conference, that a neutral physician be designated, the compensation judge shall make such a designation. When a party has requested the designation of a neutral physician prior to a prehearing conference, that party may withdraw the request at any time prior to the hearing. The commissioner of labor and industry, compensation judge, or the Workers' Compensation Court of Appeals, ~~as the case may be~~, may request the neutral physician to answer any particular question with reference to the medical phases of the case, including questions calling for an opinion as to the cause and occurrence of the injury insofar as medical knowledge is relevant in the answer. A copy of the signed certificate of the neutral physician shall be mailed to the parties in interest and either party, within five days from date of mailing, may demand that the physician be produced for purposes of cross-examination. The signed certificate of a neutral physician is competent evidence of the facts stated therein. The expense of the examination shall be paid as ordered by the commissioner of labor and industry, compensation judge, or the Workers' Compensation Court of Appeals.

Sec. 18. Minnesota Statutes 2022, section 176.231, subdivision 9a, is amended to read:

Subd. 9a. **Access to division file without an authorization; attorney access.** (a) Access to the division file established for a specific claimed date or dates of injury under this chapter is allowed without an authorization from the employee, employer, or insurer, as described in clauses (1) to (7):

(1) an employee, as described in subdivision 9, paragraph (c), has access to the division file established for the employee's claimed date or dates of injury;

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

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

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

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

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

(7) the program administrator for a collective bargaining agreement approved by the commissioner under section 176.1812 has access to the division file for a claim that is covered by the agreement.

(b) An attorney who has filed with the commissioner in CAMPUS a notice of representation of a person or entity listed in paragraph (a) has the same access to documents in the division file that the represented person or entity has, unless the attorney specifies when filing the notice that access should be limited. If the attorney represents an employee as described in subdivision 9, paragraph (c), one of the following documents signed by the employee must be attached to the notice: a written authorization, a retainer agreement, or a document initiating or responding to a workers' compensation dispute filed under this chapter.

(c) If the attorney's access is not limited by an authorization, notice of representation, or the represented person or entity's access under paragraph (a), the attorney's access continues until one of the following occurs, whichever is later:

(1) one year after an authorization is filed;

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

(3) five years after the date ~~the attorney filed a document initiating, responding to, or intervening in a workers' compensation dispute under this chapter;~~ a retainer agreement or notice of representation was filed where a dispute has been initiated by filing a document specified in section 176.2611, subdivision 4.

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

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

Notwithstanding the time frames in clauses (1) to ~~(5)~~ (3), an attorney no longer has access to the division file as of the date the attorney files a notice of withdrawal from the case, or the date the department receives written notice that the authorization is withdrawn or that the attorney no longer represents the person. However, if a dispute over an attorney's fees is pending at the office, the attorney has continued access to the division file until a final order or award on stipulation resolving the attorney fee dispute is received by the commissioner.

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

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

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

(3) intervenor; or

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

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

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

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

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 19. Minnesota Statutes 2022, section 176.238, subdivision 1, is amended to read:

Subdivision 1. **Necessity for notice and showing; contents.** Except as provided in section 176.221, subdivision 1, once the employer or insurer has commenced payment of benefits, the employer may not discontinue payment of compensation until it provides the employee with notice in writing of intention to do so. A copy of the notice shall be filed with the division by the employer or insurer. The notice to the employee and the copy to the division shall state the date of intended discontinuance and set forth a statement of facts clearly indicating the reason for the action. Copies of whatever medical reports or other written reports in the employer's or insurer's possession which are relied on for the discontinuance shall be attached to the notice.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 20. Minnesota Statutes 2022, section 176.238, subdivision 2, is amended to read:

Subd. 2. **Employer's Liability for compensation; discontinuance.** (a) If the reason for discontinuance is that the employee has returned to work, temporary total compensation may be discontinued effective the day the employee returned to work. Written notice shall be served on the employee and filed with the division within 14 days of the date the ~~insurer or self-insured~~ employer or insurer has notice that the employee has returned to work.

(b) If the reason for the discontinuance is for other than that the employee has returned to work, the liability of the employer or insurer to make payments of compensation continues until the copy of the notice and reports have been filed with the division. When the division has received a copy of the notice of discontinuance, the statement of facts and available medical reports, the duty of the employer or insurer to pay compensation is suspended, except as provided in the following subdivisions and in section 176.239.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 21. Minnesota Statutes 2022, section 176.238, subdivision 3, is amended to read:

Subd. 3. **Interim administrative decision.** An employee may request the ~~commissioner~~ office to schedule an administrative discontinuance conference to obtain an expedited interim decision concerning the discontinuance of compensation. Procedures relating to discontinuance conferences are set forth in section 176.239.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 22. Minnesota Statutes 2022, section 176.238, subdivision 4, is amended to read:

Subd. 4. **Objection to discontinuance.** An employee may serve on the employer and insurer and file with the ~~commissioner~~ office an objection to discontinuance if:

- (1) the employee elects not to request an administrative conference under section 176.239;
- (2) if the employee fails to timely proceed under that section;
- (3) if the discontinuance is not governed by that section; or

(4) if the employee disagrees with the interim administrative decision issued under that section. Within ten calendar days after receipt of an objection to discontinuance, the ~~commissioner~~ office shall ~~refer~~ schedule the matter ~~to the office~~ for a de novo hearing before a compensation judge to determine the right of the employee to further compensation.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 23. Minnesota Statutes 2022, section 176.238, subdivision 5, is amended to read:

Subd. 5. **Petition to discontinue.** Instead of filing a notice of discontinuance, an employer or insurer may serve on the employee and file with the ~~commissioner~~ office a petition to discontinue compensation. A petition to discontinue compensation may also be used when the employer or insurer disagrees with the interim administrative decision under section 176.239. Within ten calendar days after receipt of a petition to discontinue, the ~~commissioner~~ office shall ~~refer~~ schedule the matter ~~to the office~~ for a de novo hearing before a compensation judge to determine the right of the employer or insurer to discontinue compensation.

The petition shall include copies of medical reports or other written reports or evidence in the possession of the employer or insurer bearing on the physical condition or other present status of the employee which relate to the proposed discontinuance. The employer or insurer shall continue payment of compensation until the filing of the decision of the compensation judge and thereafter as the compensation judge, court of appeals, or the supreme court directs, unless, during the interim, occurrences arise justifying the filing of a notice under subdivision 1 or 2 and the discontinuance is permitted by the commissioner's order or no conference under section 176.239 is requested.

Sec. 24. Minnesota Statutes 2022, section 176.238, subdivision 6, is amended to read:

Subd. 6. **Expedited hearing before compensation judge.** (a) A hearing before a compensation judge shall be held within 60 calendar days after the ~~office receives the file from the commissioner~~ filing of the objection to discontinuance or petition to discontinue if:

- (1) an objection to discontinuance has been filed under subdivision 4 within 60 calendar days after the notice of discontinuance was filed and where no administrative conference has been held;
- (2) an objection to discontinuance has been filed under subdivision 4 within 60 calendar days after an interim administrative decision under this section has been issued;
- (3) a petition to discontinue has been filed by the employer or insurer in lieu of filing a notice of discontinuance; or
- (4) a petition to discontinue has been filed within 60 calendar days after the interim administrative decision under this section has been issued.

(b) If the petition or objection is filed later than the deadlines listed above, the expedited procedures in this section apply only where the employee is unemployed at the time of filing the objection and shows, to the satisfaction of the chief administrative law judge, by sworn affidavit, that the failure to file the objection within the deadlines was due to some infirmity or incapacity of the employee or to circumstances that are



beyond the employee's control. The hearing shall be limited to the issues raised by the notice or petition unless all parties agree to expanding the issues. If the issues are expanded, the time limits for hearing and issuance of a decision by the compensation judge under this subdivision shall not apply.

(c) Once a hearing date has been set, a continuance of the hearing date will be granted only under the following circumstances:

(1) the employer or insurer has agreed, in writing, to a continuation of the payment of benefits pending the outcome of the hearing; or

(2) the employee has agreed, in a document signed by the employee, that benefits may be discontinued pending the outcome of the hearing.

(d) Absent a clear showing of surprise at the hearing or the unexpected unavailability of a crucial witness, all evidence must be introduced at the hearing. If it is necessary to accept additional evidence or testimony after the scheduled hearing date, it must be submitted no later than 14 days following the hearing, unless the compensation judge, for good cause, determines otherwise.

(e) When a compensation judge issued the interim administrative decision, the de novo hearing under paragraph (a), clauses (2) and (4), must be held before a compensation judge other than the compensation judge who presided over the administrative conference. The compensation judge shall issue a decision pursuant to this subdivision within 30 days following the close of the hearing record.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 25. Minnesota Statutes 2022, section 176.238, subdivision 7, is amended to read:

Subd. 7. **Order of compensation judge.** If the order of the compensation judge confirms a discontinuance of compensation, the service and filing of the order relieves the employer and insurer from further liability for compensation subject to the right of review provided by this chapter, and to the right of the compensation judge to set aside the order at any time prior to the review and to grant a new hearing pursuant to this chapter. Once an appeal to the Workers' Compensation Court of Appeals is filed, a compensation judge may not set aside the order. In any appeal from the compensation judge's decision under this section, the court of appeals shall conclude any oral arguments by the parties within 60 days following certification of the record from the office.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 26. Minnesota Statutes 2022, section 176.238, subdivision 10, is amended to read:

Subd. 10. **Fines; violation.** An employer or insurer who violates requirements set forth in this section or section 176.239 is subject to a fine of up to ~~\$1,000~~ \$2,500 for each violation payable to the commissioner for deposit in the assigned risk safety account.

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 27. Minnesota Statutes 2022, section 176.239, subdivision 2, is amended to read:

Subd. 2. **Request for administrative conference.** If the employee disagrees with the notice of discontinuance, the employee may request that the ~~commissioner~~ office schedule an administrative conference to be conducted pursuant to this section.

If temporary total, temporary partial, or permanent total compensation has been discontinued because the employee has returned to work, and the employee believes benefits should be reinstated due to occurrences during the initial 14 calendar days of the employee's return to work, the employee's request must be received by the ~~commissioner~~ office within 30 calendar days after the employee has returned to work. If the employer has failed to properly serve and file the notice as provided in section 176.238, the employee's time period to request an administrative conference is extended up to and including the 40th calendar day subsequent to the return to work.

If temporary total, temporary partial, or permanent total compensation has been discontinued for a reason other than a return to work, the employee's request must be received by the ~~commissioner~~ office within 12 calendar days after the notice of discontinuance is received by the commissioner. If the employer discontinues compensation without giving notice as required by section 176.238, the employee's time period for requesting an administrative conference is extended up to and including the 40th calendar day after which the notice should have been served and filed.

The ~~commissioner~~ office may determine that an administrative conference is not necessary under this section for reasons prescribed by rule and permit the employer to discontinue compensation, subject to the employee's right to file an objection to discontinuance under section 176.238, subdivision 4.

In lieu of making a written request for an administrative conference with the ~~commissioner~~ office, an employee may make an in-person or telephone request for the administrative conference.

Sec. 28. Minnesota Statutes 2022, section 176.239, subdivision 3, is amended to read:

Subd. 3. **Payment through date of discontinuance conference.** (a) If a notice of discontinuance has been served and filed due to the employee's return to work, and the employee requests a conference, the employer is not obligated to reinstate or otherwise pay temporary total, temporary partial, or permanent total compensation unless so ordered by the ~~commissioner~~ compensation judge.

(b) When an administrative conference is conducted under circumstances in which the employee has not returned to work, compensation shall be paid through the date of the administrative conference unless:

(1) the employee has returned to work since the notice was filed;

(2) the employee fails to appear at the scheduled administrative conference; or

(3) due to unusual circumstances or pursuant to the rules of the division, the ~~commissioner~~ compensation judge orders otherwise.

Sec. 29. Minnesota Statutes 2022, section 176.239, subdivision 4, is amended to read:

Subd. 4. **Scheduling of conference.** If the employee timely requests an administrative conference under this section, the ~~commissioner~~ office shall schedule a conference within ten calendar days after receiving the request.

Sec. 30. Minnesota Statutes 2022, section 176.239, subdivision 5, is amended to read:

Subd. 5. **Continuances.** An employee or employer may request a continuance of a scheduled administrative conference. If the ~~commissioner~~ compensation judge determines there is good cause for a continuance, the ~~commissioner~~ compensation judge may grant the continuance for not more than 14 calendar days unless the parties agree to a longer continuance. If compensation is payable through the day of the

administrative conference pursuant to subdivision 3, and the employee is granted a continuance, compensation need not be paid during the period of continuance unless the ~~commissioner~~ compensation judge orders otherwise. If the employer is granted a continuance and compensation is payable through the day of the administrative conference pursuant to subdivision 3, then compensation shall continue to be paid during the continuance. The ~~commissioner~~ compensation judge may grant an unlimited number of continuances provided that payment of compensation during any continuance is subject to this subdivision.

Sec. 31. Minnesota Statutes 2023 Supplement, section 176.239, subdivision 6, is amended to read:

Subd. 6. **Scope of the administrative decision.** If benefits have been discontinued due to the employee's return to work, the ~~commissioner~~ compensation judge shall determine whether, as a result of occurrences arising during the initial 14 calendar days after the return to work, the employee is entitled to additional payment of temporary total, temporary partial, or permanent total compensation.

If periodic payment of temporary total, temporary partial, or permanent total compensation has been discontinued for reasons other than a return to work, the ~~commissioner~~ compensation judge shall determine whether the employer has reasonable grounds to support the discontinuance. Only reasons specified on the notice of discontinuance shall provide a basis for a discontinuance, unless the parties agree otherwise.

Sec. 32. Minnesota Statutes 2023 Supplement, section 176.239, subdivision 7, is amended to read:

Subd. 7. **Interim administrative decision.** After considering the information provided by the parties at the administrative conference and exhibits filed by the parties with the office, the ~~commissioner~~ compensation judge shall issue to all interested parties a written decision on payment of compensation. Administrative decisions under this section shall be issued within five working days from the close of the conference. Disputed issues of fact shall be determined by a preponderance of the evidence.

Sec. 33. Minnesota Statutes 2022, section 176.239, subdivision 9, is amended to read:

Subd. 9. **Administrative decision binding; effect of subsequent determinations.** The interim administrative decision under this section is binding upon the parties and the rights and obligations of the parties are governed by the decision.

If an objection or a petition is filed under subdivision 8, the interim administrative decision remains in effect and the parties' obligations or rights to pay or receive compensation are governed by the interim administrative decision, pending a determination by a compensation judge pursuant to section 176.238, subdivision 6.

If the ~~commissioner has denied a discontinuance or otherwise ordered commencement of benefits~~ has been denied, the employer shall continue paying compensation until an order is issued by a compensation judge, the court of appeals, or the supreme court, allowing compensation to be discontinued, or unless, during the interim, occurrences arise justifying the filing of a notice under section 176.238, subdivision 1 or 2, and the discontinuance is permitted by the ~~commissioner~~ compensation judge or no conference is requested. If a compensation judge after a de novo hearing, the court of appeals, or the supreme court later rules that the discontinuance was proper or that benefits were otherwise not owing the employee, payments made under the interim administrative decision and order shall be treated as an overpayment which the insurer may recover from the employee subject to section 176.179.

If the ~~commissioner~~ compensation judge has permitted a discontinuance or otherwise not ordered commencement of benefits, the service and filing of the administrative decision relieves the employer from further liability for compensation subject to the right of review afforded by this chapter.

Sec. 34. Minnesota Statutes 2022, section 176.239, subdivision 10, is amended to read:

Subd. 10. **Application of section.** This section is applicable to all cases in which the employee's request for an administrative conference is received by the ~~division~~ office after July 1, 1987, even if the injury occurred prior to July 1, 1987. This section shall not apply to those employees who have been adjudicated permanently totally disabled, or to those employees who have been administratively determined pursuant to division rules to be permanently totally disabled.

Sec. 35. Minnesota Statutes 2022, section 176.253, subdivision 2, is amended to read:

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

Sec. 36. Minnesota Statutes 2022, section 176.2611, subdivision 7, is amended to read:

Subd. 7. **Workers' Compensation Court of Appeals.** The Workers' Compensation Court of Appeals has authority to amend its rules of procedure to reflect electronic filing with the office under this section for purposes of section 176.421, subdivision 5, and to allow electronic filing with the court under section 176.285. ~~The court may amend its rules using the procedure in section 14.389. Section 14.125 does not apply to the agency's rulemaking authority under this section and sections 176.281, paragraph (d), and 176.285, subdivision 2a.~~

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

Sec. 37. Minnesota Statutes 2022, section 176.271, subdivision 1, is amended to read:

Subdivision 1. **Written petition.** Unless otherwise provided by this chapter or by the commissioner, all proceedings under this chapter are initiated by the filing of a written petition on a prescribed form with the ~~commissioner at the commissioner's principal office~~ department or office. All claim petitions shall include the information required by section 176.291.

Sec. 38. Minnesota Statutes 2022, section 176.275, subdivision 1, is amended to read:

Subdivision 1. **Filing.** If a document is required to be filed by this chapter or any rules adopted pursuant to authority granted by this chapter, the filing shall be completed upon acceptance of the document by the agency. Any document that lacks information required by statute or rule, or is not filed in the manner and format required by this chapter, may be rejected. A document rejected for any of these reasons is not considered filed. An agency is not required to maintain, and may destroy, a duplicate of a document that has already been filed. If a workers' compensation identification number has been assigned by the department, it must be substituted for the Social Security number on a document. The commissioner may request additional proof of an injured worker's identity before assigning an identification number.

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

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

Sec. 39. Minnesota Statutes 2022, section 176.285, subdivision 2, is amended to read:

Subd. 2. **Electronic service and filing on an agency.** (a) Where a statute or rule authorizes or requires a document to be filed with or served on the office, the document ~~may~~ must be filed electronically ~~if electronic filing is authorized by the office and if the document is transmitted~~ in the manner and in the format specified by the office. Where a statute or rule authorizes or requires a document to be filed with or served on the commissioner or the Workers' Compensation Court of Appeals, the document must be filed electronically in the manner and format specified by the commissioner. An employee must not be required to file a document electronically at any agency unless the document is filed by an attorney on behalf of the employee.

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

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

Sec. 40. Minnesota Statutes 2022, section 176.285, subdivision 2a, is amended to read:

Subd. 2a. **Electronic signatures.** (a) Where a statute or rule authorizes or requires a person's signature on a document to be filed with or served on an agency, the signature may be an electronic signature, as defined by section 325L.02, or transmitted electronically, if authorized by the agency and if the signature is transmitted in the manner and format specified by the agency. The commissioner may require that a document authorized or required to be filed with the commissioner, department, or division be filed electronically in the manner and format specified by the commissioner, except that an employee must not be required to file a document electronically unless the document is filed by an attorney on behalf of an employee. The department, Workers Compensation Court of Appeals, or court office may adopt rules for the certification of signatures. Section 14.125 does not apply to the rulemaking authority under this section.

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

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

Sec. 41. Minnesota Statutes 2022, section 176.285, subdivision 2b, is amended to read:

Subd. 2b. **Electronic service of documents on party through office case management system or CAMPUS.** ~~(a) The office may serve a document electronically on a payer, rehabilitation provider, or attorney. The office may serve a document on any other party if the recipient agrees to receive it in an electronic format. The date of electronic service of a document is the date the recipient is sent a document electronically, or the date the recipient is notified that the document is available on a website, whichever occurs first. The office and a party may electronically serve through the office's case management system a document required to be served on a party or filed with the office on any person with an account in the case management system.~~

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

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

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

Sec. 42. Minnesota Statutes 2022, section 176.305, subdivision 1, is amended to read:

Subdivision 1. **Hearings on petitions.** The petitioner shall serve a copy of the petition on each adverse party ~~personally or by first class mail. A clear and file a copy shall be filed~~ with the office, together with an appropriate affidavit of service. Service and filing must be made as provided under section 176.285, subdivisions 1 and 2.

Sec. 43. Minnesota Statutes 2022, section 176.321, subdivision 1, is amended to read:

Subdivision 1. **Filing, service.** Within ~~20~~ 30 days after service of the petition, an adverse party shall serve and file an answer to the petition. The party shall serve a copy of the answer on the petitioner or the petitioner's attorney.

Sec. 44. Minnesota Statutes 2022, section 176.321, subdivision 3, is amended to read:

Subd. 3. **Extension of time in which to file answer.** Upon showing of cause, the office may extend the time in which to file an answer or reply for not more than 30 additional days. The time to file an answer or reply may also be extended upon agreement of the petitioner, and provided that the office must be notified in writing by the employer no later than five days beyond the time required for the filing of the answer of the fact that an agreement has been reached, including the length of the extension. Any case received by the office that does not include an answer, written extension order, or written notification of the extension agreement shall be immediately set for a pretrial conference and hearing at the first available date under section 176.331.

Sec. 45. Minnesota Statutes 2022, section 176.322, is amended to read:

**176.322 DECISIONS BASED ON STIPULATED FACTS.**

If the parties agree to a stipulated set of facts and only legal issues remain, the ~~commissioner or~~ compensation judge may determine the matter without a hearing based upon the stipulated facts and the determination is appealable to the court of appeals pursuant to sections 176.421 and 176.442. In any case where a stipulated set of facts has been submitted pursuant to this section, upon receipt of the file or the stipulated set of facts the chief administrative law judge shall immediately assign the case to a compensation judge for a determination. The judge shall issue a determination within 60 days after receipt of the stipulated facts.

Sec. 46. Minnesota Statutes 2022, section 176.341, subdivision 6, is amended to read:

Subd. 6. **Significant financial hardship; expedited hearings.** An employee may file a request for an expedited hearing which must be granted upon a showing of significant financial hardship. In determining whether a significant financial hardship exists, consideration shall be given to whether the employee is presently employed, the employee's income from all sources, the nature and extent of the employee's expenses and debts, whether the employee is the sole support of any dependents, whether either foreclosure of homestead property or repossession of necessary personal property is imminent, and any other matters which have a direct bearing on the employee's ability to provide food, clothing, and shelter for the employee and any dependents.

A request for an expedited hearing must be accompanied by a sworn affidavit of the employee providing facts necessary to satisfy the criteria for a significant financial hardship. The request may be made at the time a claim petition is filed or any time thereafter. Unless the employer objects to the request in the answer to the claim petition or within ~~20~~ 30 calendar days of the filing of a request made subsequent to the filing of the claim petition, the affidavit is a sufficient showing of significant financial hardship.

If a request for an expedited hearing has been served and filed, the ~~commissioner or~~ compensation judge shall ~~issue an order granting grant or denying deny~~ the request, provided that where the parties agree that significant financial hardship exists or no objection to the request is timely filed, the request is automatically granted and the compensation judge or commissioner need not issue an order. If it is denied, the matter will be returned to the regular calendar of cases and the request for an expedited hearing may be renewed at a settlement conference. ~~If no objection has been timely filed or if the request is granted, the commissioner shall immediately refer the matter to the office to commence prehearing procedures.~~

~~The calendar judge shall issue a prehearing order and notice of the date, time, and place for a prehearing conference which shall be set for no later than 45 days following the filing of the affidavit of significant financial hardship. The prehearing order shall require the parties to serve and file prehearing statements no later than five working days prior to the date set for the prehearing conference. The prehearing statements shall include those items listed in the joint rules of the division and the office which the calendar judge deems appropriate.~~

~~Following any prehearing conference and absent an agreement or stipulation from the parties, the commissioner or compensation judge shall issue an order establishing deadlines for the parties to complete their preparation for hearing and, after consultation with the calendar judge, establishing the date, time, and place for a hearing.~~

**EFFECTIVE DATE.** This section is effective August 1, 2024.

Sec. 47. Minnesota Statutes 2022, section 176.361, subdivision 1, is amended to read:

Subdivision 1. **Right to intervene.** A person who has an interest in any matter before the Workers' Compensation Court of Appeals, or commissioner, or ~~compensation judge office~~ such that the person may either gain or lose by an order or decision may intervene in the proceeding by filing a motion in writing stating the facts which show the interest. The commissioner is considered to have an interest and shall be permitted to intervene at the appellate level when a party relies in its claim or defense upon any statute or rule administered by the commissioner, or upon any rule, order, requirement, or agreement issued or made under the statute or rule.

The commissioner may adopt rules, not inconsistent with this section to govern intervention. The Workers' Compensation Court of Appeals shall adopt rules to govern the procedure for intervention in matters before it. The office may adopt rules to govern the procedure for intervention in matters before it.

If the Department of Human Services or the Department of Employment and Economic Development seeks to intervene in any matter before the division, a compensation judge or the Workers' Compensation Court of Appeals, a nonattorney employee of the department, acting at the direction of the staff of the attorney general, may prepare, sign, serve and file motions for intervention and related documents, attend prehearing conferences, and participate in matters before a compensation judge or the Workers' Compensation Court of Appeals. Any other interested party may intervene using a nonattorney and may participate in any proceeding to the same extent an attorney could. This activity shall not be considered to be the unauthorized practice of law. An intervenor represented by a nonattorney shall be deemed to be represented by an attorney for the purposes of the conclusive presumption of section 176.521, subdivision 2.

Subdivisions 3 to 6 do not apply to the following proceedings conducted by the Department of Labor and Industry or the office: mediation proceedings; discontinuance conferences under section 176.239; or administrative conferences under section 176.106.

Sec. 48. Minnesota Statutes 2022, section 176.361, subdivision 4, is amended to read:

Subd. 4. **Attendance by intervenor.** A person who has submitted a timely written motion to intervene, as required by subdivision 2, is not required to attend settlement or pretrial conferences or the hearing, unless attendance is ordered by the compensation judge assigned to the case, pursuant to a motion to require the intervenor's attendance filed by a party or as a matter of the judge's discretion. A motion to require attendance must be served and filed at least 20 days before a scheduled ~~hearing proceeding~~, and the compensation judge must serve and file an order granting or denying the motion at least ten days before a scheduled ~~hearing proceeding~~. If attendance is ordered, failure of the intervenor to attend a proceeding either in person or, if approved by the compensation judge, by telephone or some other electronic medium, shall result in the denial of the claim for reimbursement except upon a showing of good cause. If attendance has not been ordered, this subdivision does not prohibit an intervenor from attending a conference or hearing in person, or from requesting permission from the compensation judge to attend a conference or hearing by telephone or other electronic medium.

Sec. 49. Minnesota Statutes 2022, section 176.421, subdivision 7, is amended to read:

Subd. 7. **Record of proceedings.** At the ~~division's office's~~ own expense, the ~~commissioner office~~ shall make a complete record of all formal proceedings before the ~~commissioner and shall provide a stenographer or an audio magnetic recording device to make the record of the proceedings office.~~



The ~~commissioner~~ office shall furnish a transcript of these proceedings to any person who requests it and who pays a reasonable charge which shall be set by the ~~commissioner~~ office. Upon a showing of cause, the ~~commissioner~~ chief administrative law judge may direct that a transcript be prepared without expense to the person requesting the transcript, in which case the cost of the transcript shall be paid by the ~~division~~ office. Transcript fees received under this subdivision shall be paid to the Workers' Compensation Division account in the state treasury and shall be annually appropriated to the division for the sole purpose of providing a record and transcripts as provided in this subdivision. This subdivision does not apply to any administrative conference or other proceeding before the commissioner which may be heard de novo in another proceeding including but not limited to proceedings under section 176.106 or 176.239.

Sec. 50. **EFFECTIVE DATE.**

Unless otherwise specified, this act is effective August 1, 2024.

Presented to the governor May 7, 2024

Signed by the governor May 8, 2024, 12:35 p.m.