

Workers' Compensation Reform

Workers' compensation is a significant cost of doing business in Ohio.

- A thorough review of the benefits injured workers receive is extremely critical to reducing costs to employers. The primary goal of the workers' compensation system is to appropriately and quickly treat an injured worker and get them back to work as soon as possible.
- Group rating, group retro and other discount programs are designed to provide an incentive to 100,000 state-fund employers to aggressively manage claims and promote workplace safety. In the over 25 years since these programs began, they have saved Ohio's safest workplaces billions of dollars in workers' compensation premiums. These popular programs must be preserved.
- When reviewing workers' compensation as a whole, we should look to the private sector to manage as many disciplines as possible. Two great models are claims management handled by third-party administrators (TPAs) and medical management handled by managed care organizations (MCOs). Both have brought significant savings to the system since their inception. There are a number of other BWC services that can effectively be delivered by the private sector, such as rehabilitation, safety, and hygiene services as well as auditing functions.
- The following are several changes, among many others, that can help bring further stability and predictability to our monopolistic workers' compensation system. Timely action will bring relief both in the short and long-term to the premiums Ohio's small employers pay.

Continuing jurisdiction – The Bureau of Workers' Compensation has a one-year window to submit medical bills for payment. The period should begin to run from the date of active medical treatment, not the last payment of a medical bill.

Permanent Total Disability (PTD) – When the first application has been adjudicated and denied, a claimant must prove new and changed circumstances before a second application can be made.

Permanent Partial Disability (PPD) – Contested permanent partial cases often result in a compromise between multiple medical reports on percentages of impairment. Require hearing officers to choose one amount instead of just splitting the difference, which is not based on medical fact.

- PPD should not be paid when the allowance of a claim or of a condition is pending in a court – An application should not be accepted until all of the litigation is completed.
- PPD should be a one-time award for an allowed condition – A claimant would be prevented from seeking additional percentage awards for the same condition.

Payment in suspended claims – If a claim is suspended for an injured workers' failure to honor a proper request to appear for an examination or to permit access to medical records, benefits should be forfeited.

Provider Network – Require injured workers to see a BWC-certified provider to ensure a standard of care for better outcomes.