

## ARTICLE 1

## SYSTEM EFFICIENCIES

Section 1. Minnesota Statutes 2022, section 176.081, subdivision 1, is amended to read:

Subdivision 1. **Limitation of fees.**

(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 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 ~~after June 1, 1996,~~ for services with respect to a medical or rehabilitation issue arising under section 176.102, 176.135, or 176.136 performed before the ~~employee has consulted with the department~~ 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 describing 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;

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

34 3) the insurer has had at least seven calendar days to review any such additional  
35 information.

36 In cases of nonemergency surgery, if the employer or insurer have requested a second opinion  
37 pursuant to section 176.135, subd. 1a, or an examination pursuant to section 176.155, subd. 1, a  
38 dispute shall be certified if 45 days have passed following a written request for an examination or  
39 second opinion and the conditions in (1) to (3) above have been met.

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

47 **EFFECTIVE DATE. This section is effective August 1, 2023.**

48

49 Section 2. Minnesota Statutes 2022, section 176.135, subdivision 1, is amended to read:

50 Subd. 1. **Medical, psychological, chiropractic, podiatric, surgical, hospital.**

51 [For paragraphs (a) to (c) see M.S.]

52 (d) The employer shall furnish replacement or repair for artificial members, glasses or spectacles,  
53 artificial eyes, podiatric orthotics, dental bridge work, dentures or artificial teeth, hearing aids,  
54 canes, crutches, or wheel chairs damaged by reason of an injury arising out of and in the course  
55 of the employment. If an item under this paragraph is customized specifically for the injured  
56 worker, then it is the property of the injured worker. For the purpose of this paragraph, "injury"  
57 includes damage wholly or in part to an artificial member. In case of the employer's inability or  
58 refusal ~~seasonably~~ to timely provide the items required to be provided under this paragraph, the  
59 employer is liable for the reasonable expense incurred by or on behalf of the employee in  
60 providing the same, including costs of copies of any medical records or medical reports that are  
61 in existence, obtained from health care providers, and that directly relate to the items for which

62 payment is sought under this chapter, limited to the charges allowed by subdivision 7, and  
63 attorney fees incurred by the employee.

64 [For paragraphs (e) to (h) see M.S.]

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

66  
67 Section 3. Minnesota Statutes 2022, section 176.135, subdivision 1a, is amended to read:

68 Subd. 1a. **Nonemergency surgery; second surgical opinion.** (a) The employer or  
69 insurer is required to furnish surgical treatment pursuant to subdivision 1 when the surgery is  
70 reasonably required to cure and relieve the effects of the personal injury or occupational disease.  
71 An employee may not be compelled to undergo surgery. If an employee desires a second opinion  
72 on the necessity of the surgery, the employer shall pay the costs of obtaining the second opinion.  
73 Except in cases of emergency surgery, the employer or insurer may require the employee to  
74 obtain a second opinion on the necessity of the surgery, at the expense of the employer or  
75 insurer, before the employee undergoes surgery. ~~Failure to obtain a second surgical opinion shall~~  
76 ~~not be reason for nonpayment of the charges for the surgery. The employer is required to pay the~~  
77 ~~reasonable value of the surgery unless the commissioner or compensation judge determines that~~  
78 ~~the surgery is not reasonably required. If an employer or insurer receives a request for~~  
79 ~~nonemergency surgery, it must respond orally or in writing no later than seven calendar days~~  
80 ~~after receiving the request from the health care provider or employee by approving the request,~~  
81 ~~denying authorization, requesting additional information, requesting a second opinion under this~~  
82 ~~section, or requesting an examination by the employer's physician under section 176.155.~~

83 ~~(b) An employer or insurer requesting a second opinion must notify the employee and the health~~  
84 ~~care provider of the request for a second opinion within seven calendar days of the request for~~  
85 ~~nonemergency surgery. If the employer or insurer denies authorization within seven working~~  
86 ~~days of receiving the second opinion, the health care provider may elect to perform the surgery,~~  
87 ~~subject to a determination of compensability by the commissioner or compensation judge.~~

88 ~~(c) Failure to obtain a second surgical opinion shall not be reason for nonpayment of the charges~~  
89 ~~for the surgery. The employer or insurer is required to pay the reasonable value of the surgery~~  
90 ~~unless the commissioner or compensation judge determines that the surgery is not reasonably~~  
91 ~~required.~~

92 **EFFECTIVE DATE.** This section is effective August 1, 2023.

93

94 Section 4. Minnesota Statutes 2022, section 176.135, subdivision 7, is amended to read:

95 Subdivision 7. **Medical bills and records.**

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

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

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

110 [For paragraphs (b) and (c) see M.S.]

111 (d) The requirements in this paragraph and paragraph (e) apply to each request for copies of  
112 existing medical records that are required to be maintained in electronic format by state or  
113 federal law.

114 (1) If an authorized requestor of copies of medical records submits a written request for  
115 advance notice of the cost of the copies requested, the health care provider must notify  
116 the requestor of the estimated cost before sending the copies. If the requestor approves  
117 the cost, and copies of the records are provided, then the payment shall be the applicable  
118 fee under paragraph (e). If the requestor opts not to pay for the records, the health care  
119 provider may charge a fee which must not exceed \$10.

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

- 124 (3) A health care provider shall provide copies of medical records in electronic format.  
125 (4) The charges under paragraph (e) shall include any fee for retrieval, download, or other  
126 delivery of records.  
127 (e) For any copies of electronic records provided under paragraph (d), a health care provider may  
128 not charge more than a total of:  
129 (1) \$10 if there are no records available; or  
130 (2) \$30 for copies of records of up to 25 pages; or  
131 (3) \$50 for copies of records of up to 100 pages; or  
132 (4) \$50, plus an additional 20 cents per page for pages 101 and above, for copies of  
133 records that total over 100 pages; or  
134 (5) \$500.

135 **EFFECTIVE DATE.** This section is effective August 1, 2023.  
136

137 Section 5. Minnesota Statutes 2022, section 176.155, subdivision 1, is amended to read:

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

146 (b) Any report or written statement made by the employer's physician as a result of an  
147 examination of the employee, regardless of whether the examination preceded the injury or was  
148 made subsequent to the injury, ~~or whether litigation is pending, shall be made available, upon~~  
149 ~~request and without charge, to the injured employee or representative of the employee and must~~  
150 ~~be served upon the employee and the attorney representing the employee, if any, no later than 14~~  
151 ~~calendar days within the issuance of the report or written statement.~~

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

155 (d) A self-insured employer or insurer who is served with a claim petition pursuant to section  
156 176.271, subdivision 1, or 176.291, shall schedule any necessary examinations of the employee,  
157 if an examination by the employer's physician or health care provider is necessary to evaluate  
158 benefits claimed. The examination shall be completed and the report of the examination shall be  
159 served on the employee and filed with the commissioner within 120 days of service of the claim  
160 petition. Any request for a good cause extension pursuant to paragraph (e) of this subdivision  
161 must be made within 120 days of service of the claim petition, except that a request may be made  
162 after 120 days of service of a claim petition in the following circumstances:

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

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

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

181 **EFFECTIVE DATE. This section is effective August 1, 2023.**

182

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185

186 Section 6. Minnesota Statutes 2022, section 176.239, subdivision 6, is amended to read:

187

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

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

198 **EFFECTIVE DATE. This section is effective August 1, 2023.**

199

200 Section 7. Minnesota Statutes 2022, section 176.239, subdivision 7, is amended to read:

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

207 **EFFECTIVE DATE. This section is effective August 1, 2023.**

208

209 Section 8. Minnesota Statutes 2022, section 176.291, is amended to read:

210 (a) Where there is a dispute as to a question of law or fact in connection with a claim for  
211 compensation, a party may serve on all other parties and file a petition with the commissioner  
212 stating the matter in dispute. The petition shall be on a form prescribed by the commissioner and  
213 shall be signed by the petitioner.

214 (b) The petition shall also state and include, where applicable:

215 (1) names and residence or business address of parties;

216 (2) facts relating to the employment at the time of injury, including amount of wages

217 received;

218 (3) extent and character of each injury;

219 (4) notice to or knowledge by employer of injury;

220 (5) copies of written medical reports ~~or other information in support of the claim or~~  
221 medical records supporting each claim asserted;

222 (6) copies of other information in support of the claim;

223 ~~(67)~~ names and addresses of all known witnesses intended to be called in support of each  
224 injury and claim;

225 ~~(78)~~ the desired location of any hearing and estimated time needed to present evidence at  
226 the hearing;

227 ~~(89)~~ any requests for a prehearing or settlement conference;

228 ~~(910)~~ a list of all known third parties, including the Departments of Human Services and  
229 Employment and Economic Development, who may have paid any medical bills or other  
230 benefits to the employee for the injuries or disease alleged in the petition or for the time  
231 the employee was unable to work due to the injuries or disease, together with a listing of  
232 the amounts paid by each;

233 ~~(1011)~~ the nature and extent of ~~the each~~ claim; and

234 (c) Incomplete petitions may be stricken or dismissed from the calendar as provided by section  
235 176.305, subdivision 4. Within ~~30~~ 14 days of a request by a party, an employee who has filed a  
236 claim petition pursuant to section 176.271 or this section shall furnish a list of physicians and  
237 health care providers from whom the employee has received treatment for the same or a similar  
238 condition as well as authorizations to release relevant information, data, and records to the  
239 requester. The petition may be stricken from the calendar upon motion of a party for failure to  
240 timely provide the required list of health care providers or authorizations.

241 **EFFECTIVE DATE. This section is effective August 1, 2023.**

242

243 Section 9. Minnesota Statutes 2022, section 176.305, subdivision 4, is amended to read:

244 Subd. 4. **Striking from calendar.** A compensation judge, after receiving a properly  
245 served motion, may strike a case from the active trial calendar after the employee has been given  
246 30 days to correct ~~the deficiency a deficient petition~~ if it is shown that the information on the  
247 petition or included with the petition is incomplete. Once a case is stricken, it may not be



248 reinstated until the missing information is provided to the adverse parties and filed with the  
249 compensation judge. If a case has been stricken from the calendar for ~~one year~~ 180 days or more  
250 and no corrective action has been taken, the compensation judge may, upon the judge's own  
251 motion or a motion of a party which is properly served on all parties, dismiss the case. The  
252 petitioner must be given at least 30 days' advance notice of the proposed dismissal before the  
253 dismissal is effective.

254 **EFFECTIVE DATE. This section is effective August 1, 2023.**

255

256 Section 10. Minnesota Statutes 2022, section 176.331, is amended to read:

257 Except in cases involving multiple employers or multiple insurers, if an adverse party  
258 fails to file and serve an answer or obtain an extension from the office or the petitioner as  
259 required by section 176.321, subdivision 3, the office shall set the matter for an immediate  
260 pretrial conference and hearing ~~and~~ for prompt award or other order. The adverse party that  
261 failed to file an answer or appear at a pretrial conference may appear at the hearing, present  
262 evidence and question witnesses, but shall not be granted a continuance except upon a showing  
263 of good cause.

264 If an adverse party who fails to serve and file an answer is neither insured for workers'  
265 compensation liability nor a licensed self-insured as required by section 176.181 and the special  
266 compensation fund is a party to the proceeding, the compensation judge may enter an order  
267 awarding benefits to the petitioning party without a hearing if so requested by the special  
268 compensation fund.

269 **EFFECTIVE DATE. This section is effective August 1, 2023.**

270

271

## ARTICLE 2

272

### PERMANENT PARTIAL DISABILITY SCHEDULE

273 Section 1. Minnesota Statutes 2022, section 176.101, subdivision 2a, is amended to read:

274 Subd. 2a. **Permanent partial disability.** (a) Compensation for permanent partial  
275 disability is as provided in this subdivision. Permanent partial disability must be rated as a  
276 percentage of the whole body in accordance with rules adopted by the commissioner under  
277 section 176.105. During the 2026 legislative session, and every even year thereafter, the  
278 Workers' Compensation Advisory Council must consider whether the permanent partial

279 disability schedule in paragraph (b) represents adequate compensation for permanent  
 280 impairment.

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

Impairment Rating	Amount
(percent)	
less than 5.5	\$ <del>78,800</del> <u>114,260</u>
5.5 to less than 10.5	<del>84,000</del> <u>121,800</u>
10.5 to less than 15.5	<del>89,300</del> <u>129,485</u>
15.5 to less than 20.5	<del>94,500</del> <u>137,025</u>
20.5 to less than 25.5	<del>99,800</del> <u>139,720</u>
25.5 to less than 30.5	<del>105,000</del> <u>147,000</u>
30.5 to less than 35.5	<del>115,500</del> <u>150,150</u>
35.5 to less than 40.5	<del>126,000</del> <u>163,800</u>
40.5 to less than 45.5	<del>136,500</del> <u>177,450</u>
45.5 to less than 50.5	<del>147,000</del> <u>177,870</u>
50.5 to less than 55.5	<del>173,300</del> <u>181,965</u>
55.5 to less than 60.5	<del>199,500</del> <u>209,475</u>
60.5 to less than 65.5	<del>225,800</del> <u>237,090</u>
65.5 to less than 70.5	<del>252,000</del> <u>264,600</u>
70.5 to less than 75.5	<del>278,300</del> <u>292,215</u>

75.5 to less than 80.5	<del>330,800</del> <u>347,340</u>
80.5 to less than 85.5	<del>383,300</del> <u>402,465</u>
85.5 to less than 90.5	<del>435,800</del> <u>457,590</u>
90.5 to less than 95.5	<del>488,300</del> <u>512,715</u>
95.5 up to and including 100	<del>540,800</del> <u>567,840</u>

284

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

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

295 **EFFECTIVE DATE. This section is effective for injuries occurring on or after October 1, 2023.**

296

297

### ARTICLE 3

298

#### HOSPITAL OUTPATIENT FEE SCHEDULE

299 Section 1. Minnesota Statutes 2022, section 176.1364, subdivision 3, is amended to read:

300 **Subd. 3. Hospital outpatient fee schedule (HOFS).**

301 (a) Effective for hospital outpatient services on or after October 1, 2018, the  
302 commissioner shall establish a workers' compensation hospital outpatient fee schedule  
303 (HOFS) to establish the payment for hospital bills with charges for services with a J1 or J2  
304 status indicator as listed in the status indicator (SI) column of Addendum B and the  
305 comprehensive observation services Ambulatory Payment Classification (APC) 8011 with a  
306 J2 status indicator in Addendum A. The commissioner shall publish a link to the HOFS in  
307 the State Register before October 1, 2018, and shall maintain the current HOFS on the  
308 department's website.

309 (b) The amount listed for each of the procedures in the HOFS as described in paragraph  
310 (a) shall be the relative weight for the procedure multiplied by a HOFS conversion factor that  
311 results in the same overall payment for hospital outpatient services under this section as the  
312 actual payments made in the most recent 12-month period available before October 1, 2018.  
313 The commissioner must establish separate conversion factors to achieve the same overall  
314 payment for noncritical access hospitals of 100 or fewer licensed beds and hospitals with  
315 more than 100 licensed beds. The commissioner shall establish the two conversion factors  
316 according to the requirements in clauses (1) to (4) in consultation with insurer and hospital  
317 representatives.

318 (1) The commissioner shall obtain a suitable sample of de-identified data for Minnesota  
319 workers' compensation outpatient cases at Minnesota hospitals for the most recently  
320 available 12-month period. The commissioner may obtain de-identified data from any  
321 reliable source, including Minnesota hospitals and insurers, or their representatives. Any data  
322 provided to the commissioner by a hospital, insurer, or their representative under this  
323 subdivision is nonpublic data under section 13.02, subdivision 9.

324 (2) The sample must be divided into a data set for hospitals over 100 licensed beds, and  
325 100 or fewer licensed beds, excluding critical access hospitals.

326 (3) For each data set the commissioner shall:

327 (i) calculate the total amount of the actual payments made in the most recent 12-month  
328 period available before October 1, 2018, adjusted for inflation to July 2018; and

329 (ii) apply all of the payment provisions in this section to each claim including, as  
330 applicable, payment under the relative value fee schedule or 85 percent of the hospital's usual  
331 and customary charge under section 176.136, subdivisions 1a and 1b, to determine the total  
332 payment amount using the Medicare conversion factor in effect for the OPPS in effect on  
333 July 1, 2018.

334 (4) The commissioner shall calculate the Minnesota conversion factor to equal the  
335 Medicare conversion factor multiplied by the ratio of total payments under clause (3), item  
336 (i), divided by the total payments under clause (3), item (ii).

337 (c) For purposes of this section:

338 (1) the relative weight is the amount in the "relative weight" column in Addendum B  
339 and Addendum A for comprehensive observation services;

340 (2) references to J1, J2, and H status indicators; Addenda A and B; APC 8011; and  
341 HCPCS code G0378 includes any successor status indicators, addenda, APC, or HCPCS  
342 code established by the Centers for Medicare and Medicaid Services.

343 (d) On October 1 of each year, the commissioner shall adjust the HOFS conversion  
344 factors based on the market basket index for inpatient hospital services calculated by  
345 Medicare and published on its website. The adjustment on each October 1 shall be a  
346 percentage equal to the value of that index averaged over the four quarters of the most recent  
347 calendar year divided by the value of that index over the four quarters of the prior calendar  
348 year.

349 (e) No later than October 1, 2021, and at least once every three years thereafter, the  
350 commissioner shall update the HOFs established under this subdivision by incorporating  
351 services with a J1 or J2 status indicator, and the corresponding relative weights, listed in the  
352 Addenda A and B most recently available on Medicare's website as of the preceding July 1.  
353 If Addenda A and B are not available on Medicare's website on the preceding July 1, the  
354 HOFs most recently published on the department's website remains in effect.

355 (1) Each time the HOFs is updated under this paragraph, the commissioner shall adjust  
356 the conversion factors so that there is no difference between the overall payment under the  
357 new HOFs and the overall payment under the HOFs most recently in effect, for services in  
358 both HOFs.

359 (2) The conversion factor adjustments under this paragraph shall be made separately for  
360 each hospital category in paragraph (b).

361 (3) The conversion factor adjustments under this paragraph must be made before  
362 making any additional adjustment under paragraph (d).

363 (f) The commissioner shall give notice in the State Register of the adjusted conversion  
364 factor in paragraph (d) no later than October 1 annually. The commissioner shall give notice  
365 in the State Register of an updated HOFs under paragraph (e) no later than October 1 of the  
366 year in which the HOFs becomes effective. The notice must include a link to the HOFs  
367 published on the department's website. The notices, the updated fee schedules, and the  
368 adjusted conversion factors are not rules subject to chapter 14, but have the force and effect  
369 of law as of the effective date published in the State Register.

370 (g) Beginning October 1, 2023, through October 1, 2025, the commissioner shall adjust  
371 the conversion factors calculated under this subdivision to result in the following:

372 (1) For services effective October 1, 2023, a three percent overall reduction in total  
373 payments for hospital outpatient services;

374 (2) For services effective October 1, 2024, a three percent overall reduction in total  
375 payments for hospital outpatient services; and

376 (3) For services effective October 1, 2025, a four percent overall reduction in total  
377 payments for hospital outpatient services.

378 **REPEALER.**

379 Minnesota Statutes 2022, sections 176.1364, subdivision 6 is repealed.

380 **EFFECTIVE DATE.** This section is effective for services on or after October 1, 2023.  
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## ARTICLE 4

## POST-TRAUMATIC STRESS DISORDER STUDY

The commissioner of labor and industry shall conduct a study to identify systemic or regulatory changes to improve the experience and outcomes of employees with work-related post-traumatic stress disorder. Study objectives must include, but are not limited to:

- a. Identify evidence-based methods and best practices for early detection and treatment of post-traumatic stress disorder;
- b. Review models, including those used in other jurisdictions and systems, for delivering mental health wellness training or employee assistance programs, treatment for post-traumatic stress disorder, and benefits related to post-traumatic stress disorder. Review must include outcomes and cost considerations;
- c. Identify any programs in other jurisdictions with effective prevention, timely and effective medical intervention, or high return to work rates for employees with work-related post-traumatic stress disorder;
- d. Review the definition of post-traumatic stress disorder provided in Minnesota Statutes, section 176.011, subdivision 15, paragraph (d), and compare to definitions in other jurisdictions; and
- e. Consider the list of occupations subject to the rebuttable presumption in Minnesota Statutes, section 176.011, subdivision 15, paragraph (e).

The Public Employees Retirement Association, the Minnesota State Retirement System, and the Minnesota Workers' Compensation Insurers Association, and any relevant state agencies shall cooperate with the commissioner in conducting this study. The commissioner must report the results of the study to the Workers' Compensation Advisory Council and the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over workers' compensation by August 1, 2025. The commissioner may contract with a third party to complete part or all of the study. The commissioner is exempt from the requirements of Minnesota Statutes, sections 16A.15, subdivision 3; 16B.97; and 16B.98, subdivisions 5, 7, and 8; and chapter 16C, and any other state procurement laws and procedures in completing the study.

415        \$500,000.00 is appropriated from the workers' compensation fund for conducting this  
416 study and the Department of Labor and Industry's provision of legal, technical, and clerical  
417 staff support for the study.

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