

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;

2) the employee, their attorney, or their 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 such additional information.

In cases of nonemergency surgery, if the employer or insurer have requested a second opinion pursuant to section 176.135, subd. 1a, or an examination pursuant to section 176.155, subd. 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 (1) to (3) above 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. 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.

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

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

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

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

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

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

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

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

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

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

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

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

Subdivision 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 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 a schedule of reasonable charges by rule, which 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.

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

(d) The requirements in this paragraph and paragraph (e) apply to each request for copies of existing medical records 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, then the payment shall be the applicable fee under paragraph (e). If the requestor opts not to 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 Minn. 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) shall 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 may not charge more than a total of:

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

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

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

(4) \$50, plus an additional 20 cents per page for pages 101 and above, for copies of records that total over 100 pages; or

(5) \$500.

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

Section 5. Minnesota Statutes 2022, 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 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, shall be made available, upon request and without charge, to the injured employee or representative of the employee and 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) of this subdivision 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 of the employer's physician 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.

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

Section 6. Minnesota Statutes 2022, 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 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 shall determine whether the employer has reasonable grounds to support the discontinuance. Only ~~information or~~ reasons specified on the notice of discontinuance shall provide a basis for a discontinuance, unless the parties agree otherwise.

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

Section 7. Minnesota Statutes 2022, 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, ~~including exhibits submitted by any party, and~~ exhibits filed by the parties with the office, the commissioner 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.

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

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

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

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

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

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

received;

(3) extent and character of each injury;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE 2

PERMANENT PARTIAL DISABILITY SCHEDULE

Section 1. Minnesota Statutes 2022, 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 legislative session, and every even year thereafter, the 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	\$ 78,800 <u>114,260</u>
5.5 to less than 10.5	84,000 <u>121,800</u>
10.5 to less than 15.5	89,300 <u>129,485</u>
15.5 to less than 20.5	94,500 <u>137,025</u>
20.5 to less than 25.5	99,800 <u>139,720</u>
25.5 to less than 30.5	105,000 <u>147,000</u>
30.5 to less than 35.5	115,500 <u>150,150</u>
35.5 to less than 40.5	126,000 <u>163,800</u>
40.5 to less than 45.5	136,500 <u>177,450</u>
45.5 to less than 50.5	147,000 <u>177,870</u>
50.5 to less than 55.5	173,300 <u>181,965</u>
55.5 to less than 60.5	199,500 <u>209,475</u>
60.5 to less than 65.5	225,800 <u>237,090</u>
65.5 to less than 70.5	252,000 <u>264,600</u>
70.5 to less than 75.5	278,300 <u>292,215</u>

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

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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.

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ARTICLE 3

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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.

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

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

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

(3) For each data set the commissioner shall:

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

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

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

(c) For purposes of this section:

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

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

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

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

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

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

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

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

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

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

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

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

REPEALER.

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

EFFECTIVE DATE. This section is effective for services on or after October 1, 2023.

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.