

## 1 Section 1

### 2 176.101 COMPENSATION SCHEDULE.

#### 3 Subd. 2a. Permanent partial disability.

4 (a) Compensation for permanent partial disability is as provided in this subdivision. Permanent  
5 partial disability must be rated as a percentage of the whole body in accordance with rules  
6 adopted by the commissioner under section [176.105](#). During the 2026 regular legislative session,  
7 and every even-year legislative session thereafter, the Workers' Compensation Advisory Council  
8 must consider whether the permanent partial disability schedule in paragraph (b) represents  
9 adequate compensation for permanent impairment.

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

13 Impairment Rating...

## 14 Section 2

### 15 176.104 REHABILITATION PRIOR TO DETERMINATION OF LIABILITY.

#### 16 Subdivision 1. Dispute.

17 If there exists a dispute regarding medical causation or whether an injury arose out of and in the  
18 course and scope of employment and an employee is otherwise eligible for rehabilitation services  
19 under section 176.102 prior to determination of liability, the employee shall be referred by the  
20 commissioner to the department's Vocational Rehabilitation Unit which shall provide  
21 rehabilitation consultation if appropriate. ~~If the sole dispute is regarding discontinuance of~~  
22 ~~compensation pursuant to section 176.238, and the employee is otherwise eligible for~~  
23 ~~rehabilitation services under section 176.102, the employee may be referred to the Vocational~~  
24 ~~Rehabilitation Unit only after an administrative decision has been issued pursuant to section~~  
25 ~~176.239 and the employee or employer has filed an objection to the administrative decision~~  
26 ~~pursuant to section 176.238, subdivision 6.~~ The services provided by the department's Vocational  
27 Rehabilitation Unit and the scope and term of the rehabilitation are governed by  
28 section 176.102 and rules adopted pursuant to that section. Rehabilitation costs and services  
29 under this subdivision shall be monitored by the commissioner.

## 30 Section 3

### 31 176.129 CREATION OF SPECIAL COMPENSATION FUND.

#### 32 Subd. 10. Penalty.

33 Sums paid to the commissioner pursuant to this section shall be in the manner prescribed by the  
34 commissioner. The commissioner may impose a penalty payable to the commissioner for deposit  
35 in the assigned risk safety account of up to 15 percent of the amount due under this section but  
36 not less than \$1,000 in the event payment is not made or reports are not submitted in the manner  
37 prescribed. ~~In addition to a penalty under this subdivision, in the event payment is not made~~

38 within six months of the due date, the commissioner shall refer the self-insured employer or  
39 insurer's file to the Department of Commerce for consideration of license or permit revocation  
40 pursuant to section 79A.05.

#### 41 **Section 4**

#### 42 **176.135 TREATMENT; APPLIANCES; SUPPLIES.**

##### 43 **Subd. 7. Medical bills and records.**

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

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

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

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

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

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

74 (1) If an authorized requestor of copies of medical records submits a written request for  
75 advance notice of the cost of the copies requested, the health care provider must notify

76 the requestor of the estimated cost before sending the copies. If the requestor approves  
77 the cost and copies of the records are provided, the payment is the applicable fee under  
78 paragraph (e). If the requestor does not pay for the records, the health care provider may  
79 charge a fee, which must not exceed \$10.

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

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

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

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

89 (1) \$10 if there are no records available;

90 (2) \$30 for copies of records of up to 25 pages;

91 (3) \$50 for copies of records of up to 100 pages;

92 (4) \$50, plus an additional 20 cents per page for pages 101 and above; or

93 (5) \$500 for any request.

94 (f) The penalty assessed against a health care provider for each violation of this section shall be  
95 \$1,000, payable to the assigned risk safety account.

## 96 Section 5

### 97 176.231 REPORT OF DEATH OR INJURY TO COMMISSIONER OF DEPARTMENT 98 OF LABOR AND INDUSTRY.

#### 99 Subd. 9a. Access to division file without an authorization; attorney access.

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

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

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

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

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

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

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

## 121 Section 6

### 122 176.238 NOTICE OF DISCONTINUANCE OF COMPENSATION.

#### 123 Subd. 10. Fines; violation.

124 An employer who violates requirements set forth in this section or section 176.239 is subject to a  
125 fine of up to ~~\$1,000~~ 5,000 for each violation payable to the commissioner for deposit in the  
126 assigned risk safety account.

## 127 Section 7

### 128 176.275 FILING OF PAPERS; PROOF OF SERVICE.

#### 129 Subdivision 1. Filing.

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

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