DAVID Y. IGE
GOVERNOR

SHAN S. TSUTSUI
LIEUTENANT GOVERNOR

ELAINE N. YOUNG
ACTING DIRECTOR

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
830 PUNCHBOWL STREET, ROOM 321
HONOLULU, HAWAII 96813
www.labor.hawaii.gov
Phone: (808) 586-8844 / Fax: (808) 586-9099
Email: dlir.director@hawaii.gov

February 25, 2015

To: The Honorable Jill N. Tokuda, Chair,
The Honorable Ronald D. Kouchi, Vice Chair, and
Members of the Senate Committee on Ways and Means

Date: Friday, February 27, 2015
Time: 9:00 a.m.
Place: Conference Room 211, State Capitol

From: Elaine N. Young, Acting Director
Department of Labor and Industrial Relations (DLIR)

Re: S.B. No. 803 S.D. 1 Relating to Workers' Compensation

I. OVERVIEW OF PROPOSED LEGISLATION

SB803 SD1 proposes to amend Section 386-80, Hawaii Revised Statutes (HRS), which relates to qualified impartial physicians appointed by the director, by proposing that the specialty of the physician is appropriate to the injury being examined.

SB803 SD1 appropriates an unspecified amount of money from the general funds of the State of Hawaii to be used for fiscal year 2015-2016 for the purposes of this Act.

The department supports the intent of this measure and has concerns.

II. CURRENT LAW

Currently, section 386-80, HRS, does not specify that a physician appointed by the director should be a physician whose specialty is appropriate for the injury being examined.

Section 12-10-76(b), Hawaii Administrative Rules (HAR), states that the reasonable costs, expenses, and wages for the injured employee ordered or requested to attend an examination by the director pursuant to section 386-80, HRS, shall be paid from funds appropriated by the legislature. Currently, there are

no funds appropriated by the legislature to carry out the provisions of section 386-80, HRS. Section 386-79, HRS, allows the employers/insurance carriers to schedule independent medical examinations and pay all the costs associated with the examinations.

III. COMMENTS ON THE SENATE BILL

The department has no objections to qualifying the specialty of the physician to be appropriate for the injury being examined. This will ensure that the claimant will be examined by a physician knowledgeable in the injury of the claimant.

The department has never used this provision because no funds have ever been appropriated to use this provision as a tool to resolve issues. It is not clear how often this provision would be invoked were it to be funded.

The department, however, has concerns about having the director appoint the physician for the independent medical examination (IME) and covering all the costs associated with the examination. The cost of an IME range from $1,000 to $5,000, and with 3,500 potential IME requests a year, the annual cost for the IME alone could range from $3,500,000 to $17,500,000. These costs do not include staff resources needed to select the physician, schedule appointments, copying and sending medical reports, and any travel, transportation, room and board, if applicable.

If the measure is enacted, the department recommends that the fees for these examinations as ordered in section 386-80, HRS, either be funded through general funds, or as an alternative, be paid by the employer/carrier and not from the general funds as the employer/carrier is responsible for medical treatment in workers' compensation law.

DEPARTMENT OF HUMAN RESOURCES
CITY AND COUNTY OF HONOLULU
650 SOUTH KING STREET, 10TH FLOOR • HONOLULU, HAWAII 96813
TELEPHONE: (808) 768-8500 • FAX: (808) 768-5563 • INTERNET: www.honolulu.gov/hr

KIRK CALDWELL
MAYOR

CAROLEE C. KUBO
DIRECTOR

NOEL T. ONO
ASSISTANT DIRECTOR

February 27, 2015

The Honorable Jill N. Tokuda, Chair
and Members of the Committee
on Ways and Means
The Senate
State Capitol, Room 211
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Tokuda and Members of the Committee:

SUBJECT: Senate Bill No. 803, SD 1
Relating to Workers' Compensation

Senate Bill No. 803, SD 1, seeks to amend Hawaii Revised Statutes ("HRS") Section 386-80 so an impartial examination conducted under the section is performed by a physician whose specialty is appropriate for the injury being examined. The City and County of Honolulu, Department of Human Resources, respectfully opposes Section 1 and supports Section 2 of the bill.

The amendments proposed in Section 1 of the measure are superfluous given the lack of examinations that are conducted under HRS Section 386-80. In fact, during the hearing before the Judiciary and Labor and Health Committees, the State Department of Labor and Industrial Relations (DLIR) confirmed that **no such examinations have ever taken place**.

The proposal also fails to take into account the fact the DLIR Director is already mandated to select an appropriate physician to perform the examination. HRS Section 386-80 currently requires the Director to appoint a "duly qualified" physician. The proposed amendment is therefore not only redundant but unnecessary.

Senate Bill No. 803, SD 1, appears to be nothing more than a veiled attempt to amend HRS Section 386-79 in the same fashion in either the current or an upcoming session. This would discriminate against qualified physicians and further reduce the efficacy of the independent medical examination process in the State.

Section 2 of the bill provides for an unspecified appropriation to allow DLIR to conduct examinations under HRS Section 386-80 during fiscal year 2015-16. DLIR has indicated that $25,000 would be sufficient for the department to begin the implementation of impartial medical examinations. In our assessment, the department has severely underestimated the amount it would take for DLIR to provide for examinations under HRS Section 386-80 during the upcoming fiscal year. The amount required will be significantly higher and ten times DLIR's estimate is not out of the question. This Committee should recognize this and provide the proper amount of funding so DLIR can begin to appoint physicians to conduct examinations under the section.

The City respectfully requests that Senate Bill No. 803, SD 1, be amended by deleting Section 1 in its entirety and inserting the appropriate amount of funding in Section 2 of the bill.

Thank you for the opportunity to testify.

Sincerely,

Carolee C. Kubo

Carolee C. Kubo
Director

cc: Mayor's Office

HAWAII MEDICAL ASSOCIATION
1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

TO:
COMMITTEE ON WAYS AND MEANS
Senator Jill N. Tokuda, Chair
Senator Ronald D. Kouchi, Vice Chair

DATE: Friday, February 27, 2015
TIME: 9:00 AM
PLACE: Conference Room 211

FROM: Hawaii Medical Association
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SB 803 RELATING TO WORKERS COMPENSATION

Position: SUPPORT

Chairs & Committee Members:

The HMA strongly supports this measure. The HMA agrees with the intent of this bill that a workers' compensation impartial exam should be conducted by a doctor whose specialty is appropriate for the injury to be examined.

Mahalo for the opportunity to submit testimony.

BIA-HAWAII
BUILDING INDUSTRY ASSOCIATION

THE VOICE OF THE CONSTRUCTION INDUSTRY

MAILING
P.O. BOX 970967
WAIPAHU, HAWAII
96797-0967

STREET
94-487 AKOKI STREET,
WAIPAHU, HAWAII 96797

P 808.847.4666
F 808.440.1198
E INFO@BIAHAWAII.ORG

www.BIAHAWAII.org

Testimony to the Senate Committee on Ways and Means
Friday, February 27, 2015
9:00 a.m.
State Capitol - Conference Room 211

RE: SENATE BILL NO. 803 S.D. 1 WORKERS' COMPENSATION

Chair Tokuda, Vice-Chair Kouchi, and members of the Committee:

My name is Gladys Marrone, Chief Executive Officer for the Building Industry Association of Hawaii (BIA-Hawaii), the Voice of the Construction Industry. We promote our members through advocacy and education, and provide community outreach programs to enhance the quality of life for the people of Hawaii. BIA-Hawaii is a not-for-profit professional trade organization chartered in 1955, and affiliated with the National Association of Home Builders.

BIA-Hawaii is **opposed** to S.B. 830 S.D. 1, which would require that the director of labor and industrial relations appoint a duly qualified impartial physician, whose specialty is appropriate for the injury being examined, to examine the injured employee and to report.

The proposed legislation is redundant and communicates a lack of faith in the director's ability to select a "duly qualified impartial physician" as is currently required. Furthermore, limiting the director's pool of physicians to select from may preclude the selection of a physician whose experience and background covers a wider area more suitable for a patient with multiple injuries. Finally, the added costs of selecting only specialists should be examined for potential added burden on the State.

For these reasons, we are opposed to S.B. 830 S.D. 1, and request it be held. We appreciate the opportunity to share with you our views.

Property Casualty Insurers
Association of America
Advocacy. Leadership. Results.

To: The Honorable Jill N. Tokuda, Chair
The Honorable Ronald D. Kouchi, Vice Chair
Senate Committee on Ways and Means

From: Mark Sektnan, Vice President

Re: SB 803 SD1: Relating to Workers' Compensation
PCI Position: Oppose

Date: Friday, February 27, 2015
9:00 A.M., Conference Room 211

Aloha Chair Tokuda, Vice Chair Kouchi and Members of the Committee:

The Property Casualty Insurers Association of America (PCI) respectfully opposes SB 803 SD1 which would require that a workers' compensation impartial examination be conducted by a doctor whose specialty is appropriate for the injury to be examined. PCI is a national trade association that represents over 1,000 property and casualty insurance companies. In Hawaii, PCI member companies write approximately 34.6 percent of all property casualty insurance written in Hawaii. PCI member companies write 42.2 percent of all personal automobile insurance, 43.5 percent of all commercial automobile insurance and 58.9 percent of the workers' compensation insurance in Hawaii.

While this bill appears to be harmless, the bill's passage could significantly limit the availability of impartial physicians. Many physicians who currently perform such exams have significant background and experience in examining and rating other body regions and body parts outside of their Board Certified Specialty. SB 803 SD1 could be read to limit the examination to only those physicians who have working within their board certified specialty. Such action could restrict the number of physicians who can perform these examinations and result in long delays for the injured worker seeking to resolve their medical issues. The requirement could also be a huge cost driver as a result of longer time to close claims, disputes over the accuracy of IME exams and final reports. It may also open up the field for medical providers to perform reviews who are unfamiliar with the Guides to the Evaluation of Permanent Impairment, Fifth Edition and therefore would likely result higher impairment ratings leading to higher PPD Awards and other negative factors.

For these reasons, we urge the committee to hold the bill in committee.

Testimony to the Senate Committee on Ways and Means
Friday, February 27, 2015
9:00 a.m.
State Capitol - Conference Room 211

RE: SENATE BILL 803; RELATING TO WORKERS' COMPENSATION

Aloha Chair Tokuda, Vice Chair Kouchi and members of the committees:

We are Melissa Pannell and John Knorek, the Legislative Committee co-chairs for the Society for Human Resource Management – Hawaii Chapter ("SHRM Hawaii"). SHRM Hawaii represents nearly 1,000 human resource professionals in the State of Hawaii.

We are writing to respectfully **oppose** SB 803, which requires a workers' compensation impartial exam to be conducted by a doctor whose specialty is appropriate for the injury to be examined in cases where the director of labor and industrial relations appoints a doctor to conduct an exam.

Human resource professionals are keenly attuned to the needs of employers and employees. We are the frontline professionals responsible for businesses' most valuable asset: human capital. We truly have our employers' and employees' interests at heart. We respectfully oppose this measure for the potential decrease in the number of physicians who conduct these examinations, and the availability of increased denial of workers' compensation claims.

These changes would undermine the value of multiple years of experience by severely curtailing the number doctors allowed to perform independent medical examinations or ratings. The quality of the IMEs and rating exams will suffer, and the cost to the workers' compensation system will increase. Beyond these unintended costs and consequences, we would further cite the potential strain that these prescribed policies may place on the employee/employer relationship.

We will continue to review this bill and, if it advances, request to be a part of the dialogue concerning it. Thank you for the opportunity to testify.

TESTIMONY IN SUPPORT OF S.B. NO. 803
RELATING TO WORKERS' COMPENSATION
COMMITTEE ON JUDICIARY AND LABOR

Tuesday, February 27, 2015, 9:15 a.m.

Mr. Chairman, members of the Committee, I am attorney Jacob Merrill. I have been in practice since 1989. Since 1992, I have devoted a portion of my legal practice to representing injured workers. I strongly support S.B. No. 803 relating to Workers' Compensation and Medical Examinations.

I. MUTUAL CHOICE OF A PHYSICIAN HAS PROVEN TO BE EFFECTIVE. THERE IS NO LEGITIMATE ARGUMENT AGAINST GETTING A FAIR AND CORRECT OPINION.

The use of agreed upon physicians has proven to be feasible. Under present practice, after the condition of an injured worker has stabilized, the worker is sent to a physician for a "rating" examination to measure the extent of the permanent impairment. For many years, the practice has been to require that the employer/carrier and the injured worker agree on a physician to conduct the "rating" examination, and the practice has proven to be workable. Most of the time, the agreed upon physician prepares a report which is satisfactory to all parties, simply because, more often than not, the examination is fair and correct.

The proposed bill merely incorporates the practice of using an agreed upon "rating" physician, to also be used when an employer/carrier desires the opinion of a non-treating physician. The use of an agreed upon physician will greatly expedite cases and result in fairer treatment of injured workers.

II. AGREED UPON IMEs ARE NEEDED TO HELP PREVENT UNNECESSARY DELAYS IN INITIATING PAYMENTS TO AND CARE FOR INJURED WORKERS.

The problem which this bill would correct is unnecessary delays in initiating payments and care for injured workers. The unnecessary delay is caused by the practices of some insurers in selecting their "favored" physicians to examine injured workers.

The workers' compensation system is supposed to be a "no-fault" system which provides immediate medical care and compensation. The workers' compensation statute provides that there is a presumption that an injury is work related and pursuant HRS 386-31 (b), an injured worker is supposed to start receiving his benefit payment by the 10th day after the employer is notified of the employee's

disability. An injured worker is also supposed to receive prompt medical care.

Unfortunately, although there is the statutory presumption and although an injury may have been witnessed, and although an employer does not contest the injury, the start of payments and care is very often delayed by several months. The longer it takes to receive medical care, the longer it takes for an injured workers to get better, the longer it takes before an injured worker can return to work, and the higher the amount of indemnity payments.

Often, the cause of the delay is the employer/carrier's choice of their favored physician who, very predictably, will argue that:

a. there was no injury,
b. that any medical condition was pre-existing, or
c. that if there was an injury, it was a very temporary condition which has since resolved.

The use of agreed upon physicians will serve to reduce the abuse of the system by employers/carriers.

III. CARRIERS ARE ABUSING THE SYSTEM AND DENYING PROMPT COMPENSATION TO INJURED WORKERS.

The use of agreed upon physicians is necessary because employer/carriers are abusing the system by choosing their "favored" physicians who produce reports which predictably favor the employer/carrier.

The workers compensation statute provides in HRS 386-31 (b) that an injured worker is supposed to start receiving his benefit payment by the 10th day after the employer is notified of the employee's disability. An injured worker is also supposed to receive prompt medical care. Unfortunately, the start of payments is very often delayed by several months. The longer it takes to receive medical care, the longer it takes for an injured workers to get better, the longer it takes before an injured worker can return to work, and the higher the amount of indemnity payments.

One major cause of delay in treatment is the use of "employer medical examinations." The enactment of this bill would reduce delays in treatment, and reduce total indemnity payments and benefit both employers and employees. (In this testimony, the term "employer" refers to workers' compensation carriers and adjusters.)

IV. "EMPLOYER MEDICAL EXAMINATIONS" RESULT IN LONGER PERIODS OF DISABILITY AND HIGHER

INDEMNITY PAYMENTS.

One factor which prevents timely receipt of medical care is the use of "employer medical examinations." The phrase "Independent Medical Examination" (IME) should not be used in this context because it is a misnomer. Examinations by physicians chosen by an employer are too frequently not "independent", nor "medical". If employer medical examinations were truly "independent" examinations, and had the goal of restoring an employee's health and getting an employee back to work, then there would be no problem.

Unfortunately, too often the goal of an employer directed medical examination is not altruistic. The goal is often to enable an employer to escape liability or to delay benefits, although an employee has been injured on the job and is entitled to treatment. An employer can attempt to escape liability if the employer can obtain a physician's opinion in its favor.

If an employer delays long enough, the injured employee may give up and seek care outside of workers' compensation. If a case does reach a hearing, the fallacies in the report of the employer's physician can be pointed out, and the result is that the Department of Labor subsequently confirms that there was a work injury or that a certain medical procedure is appropriate. Unfortunately, that result too frequently can take over 1/2 year to obtain during which time the injured employee may be without income and without medical treatment..

A. "EMPLOYER MEDICAL EXAMINATIONS" AT THE BEGINNING OF A CASE ARE OFTEN DEVASTATING TO INJURED WORKERS.

The use of "employer medical examinations" results in delays which often have devastating consequences to injured workers.

After an injury is reported by a worker, the workers' compensation statute allows an employer to contest the claim. The employer can contest the claim even though the injury was witnessed and is obvious.

§12-10-73 of the Administrative Rules requires the employer to support a denial with a "report" within 30 days of the denial, however, the Rule also provides that the employer can request extensions of time. Since the calendar of the employer's physician is often full, the physician frequently cannot see the worker until months after the injury, and therefore the employer requests extensions for months after the injury.

There are also administrative delays. The Department of Labor can take months to schedule a hearing. A notice of hearing is not issued until one month prior to a

hearing. A decision on a hearing is frequently not issued until 60 days after the hearing (60 days is the maximum period allowed under §386-86). Even if a hearing was scheduled today, there would be no Department of Labor decision until 90 days from today.

Therefore, it would not be uncommon for an injured worker to have to wait for more than a half year before a determination is made that a work injury was suffered. All this time, the worker might be without medical care and without income. He might be without a personal health plan because he is a new employee or is a part-time employee. His personal health plan might deny coverage because the employee is claiming a work injury. His personal health plan coverage will end after 3 months because the employer can stop paying for the worker's health insurance and the employee will not be able to afford to pay COBRA premiums for his coverage . He might be not be eligible for TDI coverage, nor have any available sick leave.

All too often, the devastating results are that the injured worker and his family lose their health coverage and are evicted from their residence because of delays caused by the employer seeking the report by one of its physicians.

B. "EMPLOYER MEDICAL EXAMINATIONS" IN THE MIDDLE OF CASES ARE ALSO DEVASTATING.

"Employer medical examinations" can also have a devastating impact in the middle of a case. Such examinations are often scheduled to contest the need for surgery. The resulting delays are the same as stated above. The injured worker has to endure the pain and suffering during the extensive period of delay. The delay also results in higher indemnity payments.

V. THERE ARE POWERFUL FINANCIAL INCENTIVES FOR AN EMPLOYER'S PHYSICIAN TO PROVIDE OPINIONS IN EMPLOYER'S FAVOR.

The financial rewards to an employer's physician who consistently provides opinions in favor of an employer can be substantial. The fees which a worker's doctor can charge are limited by the Workers' Compensation Medical Fee Schedule. However, the Department of Labor has applied that Fee Schedule only to cases in which the Department of Labor has ordered a worker to attend an examination. Therefore, there is no limit to the fees which can be charged by employer's physicians for examinations which have not been ordered.

Information regarding the amount of money earned by a particular employer's physician from a particular insurance company is not readily available. It would

seem to be an easy matter to have a subpoena issued for a federal income tax Form 1099 issued by an insurance carrier, however, the Department of Labor has refused to issue such subpoenas requested by injured workers.

In any event, employer's physicians are apparently paid more than $2,000.00 per examination. Three examinations per week yields $6,000.00. 50 weeks a year yields an income of $300.000.00. Employer's physicians can do more than 3 examinations per week. There is at least one employer physician who has earned more than $1 million from one workers' compensation insurer.

The financial incentives for an employer's physician to provide reports favoring employers are very powerful and are reflected in reports from certain employers' physicians who consistently issue opinions in employers' favor. Current law unjustly allows employer's physicians generate reports with impunity and without liability.

VI. AN EMPLOYER'S PHYSICIAN SHOULD NOT BE ALLOWED TO RENDER AN OPINION WITH IMPUNITY.

A basic general rule in society is that a person should be responsible for his actions. There is no sound reason to allow employer's physicians to deviate from this general rule.

Presently, an employer can readily obtain a physician's opinion to fit its needs because the employer's physician can presently state any opinion with impunity. The employer then uses that opinion to deny coverage or to deny treatment. The employer's physician is also free to opine on what care is appropriate or whether a worker's condition is stable. There is no requirement for the employer's physician to explain why a worker could do his job for years, but is not able to do his job after the injury.

It is the freedom from liability that allows the employer's physician to give employer's the opinions they want without responsibility for the devastating consequences to the injured worker. The employer's physician also is empowered because of a Hawai'i U.S. District Court decision which held that the employer's physician had no duty to the injured worker.

Although the employer's physician knows that his opinion will directly affect the worker, the employer's physician does not feel any obligation to the worker. The reason that an employer's physician is free to opine is that he claims that he has no doctor-patient relationship with the worker. The employer's physician knows that the impact of his opinion can be devastating to the worker, however, he claims that he is under no duty to the worker, and therefore is not liable for any consequences.

Although there is no liability for IME reports, there are a few physicians who are known to generate fair reports. The requirement that a physician be agreed upon would reduce the number of time that employers are able to abuse the system by relying on their favored physicians who generate reports to fit employers' needs, as opposed to providing fair evaluations..

VI. CONCLUSION.

There are physicians who conduct employer's examinations who properly consider the facts and who provide opinions which are medically sound. Attorneys representing injured workers will readily agree to have their clients examined by such physicians. Responsible insurance carriers will utilize the services of such physicians because those carriers know that proper medical treatment with a correct diagnosis will result in getting the injured worker back to work sooner, which is the correct and fair result.

The problem with employers' examinations lies with certain physicians and insurance carriers who are willing to use improper opinions to unfairly deny benefits to injured workers. The inherent disparity of the financial resources of insurance carriers versus an injured worker, who is frequently without income, makes the playing field inherently uneven in favor of the carrier. The workers' compensation system certainly does not need the unrestrained opinions of employers' physicians to allow carriers to deny benefits to injured workers.

Thank you for considering my testimony.

JACOB MERRILL

February 25, 2015

Honorable Chair and Members of the Committee

State Senate
State Capital
Honolulu, Hawaii 96813

Dear Chair and Members,

Subject: Senate Bill (SB 803), Relating to Workers Compensation

I strongly support Senate Bill (SB 803) which requires a workers' compensation impartial exam to be conducted by a doctor whose specialty is appropriate for the injury to be examined in cases where the director of labor and industrial relations appoints a doctor to conduct an exam.

The reason for my support of this bill is because of my personal experience in dealing with the workman's compensation insurance company and the doctor who performed the Independent Medical Examination on me.

In 2009 I injured my Right Achilles Tendon and reported it to my employer as required. The case was accepted by workman's compensation, but I did not take any time off from work. I continued working although still in pain and took medication to get relief.

In February 0f 2010 the pain continued to persist, so my doctor requested to have an MRI performed and the result was that I had a Partially Torn Right Achilles Tendon and a Badly Strained Left Achilles Tendon. There were several treatment plans requested by my doctor and they were approved to include A Cam Walker Boot, Carbon fiber braces for both my left and right ankles for use at work, Custom fitted AFO Braces for both my left and right ankles at work, A heating pad to stimulate blood flow to the injured area's, a steroid injection to the Right Achilles Tendon itself and physical therapy.

By July 2010 the pain had become unbearable in both Achilles tendon's and it began affecting my right hip from the constant limping due to the pain. I asked my doctor what could be done and he recommended that I get off of my feet to allow the injuries to heal. On July 19, 2010 my doctor placed me on "Off Duty" status in an effort to allow my injuries to heal and I was placed on Temporary Total Disability / Workers Compensation.

In January of 2011 the worker's compensation insurance company had scheduled me to see a doctor who was selected by them to conduct an independent medical examination. On February 11, 2011 I received a letter from the adjuster for the insurance company informing me that my disability benefits were being terminated based on the independent medical examination performed by the doctor they scheduled me to see.

The report stated that the injuries I received while at work were not work related, but due to my being overweight, even though I got injured at work while in the performance of my duties. The IME doctor dismissed all documentation given to him by my employer and my two treating physicians, documenting the sequence of events leading up to my injuries and the medical opinions by those most familiar with my case and came up with the overweight story.

Between February and August 2011 I received no benefits, I filed for TDI and was denied because I had received worker's compensation for a time. I could not file for unemployment, because I was still technically employed and tried filed for temporary social security and was denied.

By August 2011, my wife and I had drained our savings to keep up with the bills to include our utilities and our mortgage. Up to this point we had never been late on our mortgage payment even after the insurance company cut me off in February 2011. In an effort to avoid foreclosure on our home we were force to file for a loan modification with our bank and in doing this our credit has been significantly ruined.

In August my attorney was able to restart my TTD benefits, but I continue to have difficulty getting treatment approved as the insurance company continues to use the same IME doctor as their source for medical advice. The insurance company has been willing to approve pain medication to include Vicodin, Oxycontin, Morphine and Tramadol which all are addictive, but not approve treatment plans requested by my doctors to fix the actual injuries.

In all of 2012 and most of 2013 all treatment plans submitted by my doctors were denied by the insurance company, citing the IME doctor's report or letters from the same doctor contradicting my doctors diagnosis and treatment plans to address the injuries. I can't understand how a physician such as the insurance companies doctor, who does not have a patient practice of his own, can contradict two doctors who treat dozens of patients each week.

In late 2013, four years and 12 days after my initial injury in 2009 I finally received surgery. By this time my injury had improperly healed and I am left with permanent pain due to the long delay in treatment.

I have also incurred an injury that was ruled by the Disability Compensation Division of the Department of Labor to be an exasperation of the initial injury due to the overcompensating on one side while walking. I'm currently in need of a hip replacement due to the overcompensating I had to endure for the last five years and I continue to take medications to help deal with the pain.

I continue to struggle physically everyday while I wait for the insurance company to approve treatment for my injuries. From waking up in the morning and trying to stand up avoiding as much pain as possible, to sitting back down. My wife and I have not slept in the same bed for over two years, I'm unable to lay flat on the bed, and I sleep on a chair in the living room so not to be in pain as I sleep. The three activities I loved the most and grew up with, ranching, hunting and fishing are things I can't do now because of my injuries. My life has been on hold for nearly five years with no end in sight. I was 48 years old when I was initially injured and I'm now 53.

I humbly ask that you pass Senate Bill (SB 803) for the above stated reasons as well as for the following, insurance companies have used the current workman's compensation laws to deny injured workers their rights to treatment and doctors who only perform IME's for insurance companies who have no regular patients, should not be considered an independent medical examiner, in most cases these doctors would be considered employees for the insurance companies, therefore cannot be designated as independent.

Senate Bill (SB 803) will insure that a doctor who is selected through this process is indeed independent of both parties.

Submitted By,

Ronald Lee
Injured Worker

WE SIGNED BELOW, DO SUPPORT SB 766 THAT REQUIRES AN IME PHYSICIAN TO BE ACTIVELY TREATING PATIENTS (AT LEAST 10 PER MONTH), SB 1174 THAT SUPPORTS A MUTUALLY AGREED UPON INDEPENDENT MEDICAL EVALUATION, AND SB803 THAT SUPPORTS THE IME DOCTOR HAVING THE APPROPRIATE SPECIALTY TO CONDUCT AN IME.

Name (Print)	Signature	Telephone	Address	E-mail
Amie Lou Akamine		518-2402	2033 Pauoa Rd Apt #10 Honolulu HI 96819	amielou@gmail.com
Karen Tsu	Karen Tsu	(808) 368-3029	7616 Anuwale Street Honolulu, HI 96825	KCTsu@gmail.com
Eric Bruce		(808)391-9211	1415 Ernest St. #2 Hon, Hi 96822	EBSJOINT@HOTMAIL.COM
Renee Nishimura		2845147	1275 Ala Ali'i St	
Carrie Noborikawa	Carrie Noborikawa	354.4225	1275 Ala Ali'i St	
Sheena Soares	Sheena N. Soares	354-5891	P.O. Box 62226 Hon., HI 96839	snohealani.soares@gmail.com
Elijah Dixon		808-312-2471	98-259 Ualo St Aiea, Hi 96701	Elidixon22@gmail.com
Kirsten Yonamine		538-8733	715 S. King St. #410	kharada@vmchawaii.com
Leona Tadaki-kan	Leona Tadaki-kan	595.6248	822 Eleloa St	Ltadaki-kan@vmchawaii.com
Lily Miyahira	Lily Miyahira	595-8239	3191 Aloha Aina Pl. Hon 96817	Lmiyahira@vmchawaii.com
Adam Yonamine		538-8733	715 S. King St. #410	ayonamine@vmchawaii.com