

Regulatory Impact Statement for amendment of 12 NYCRR Section 324.4.

1. Statutory Authority:

The Workers' Compensation Board (hereinafter referred to as Board) is authorized to amend 12 NYCRR 324.4. Workers' Compensation Law (WCL) Sections 13, 141 and 117(1) authorize the Chair to adopt reasonable rules consistent with and supplemental to the provisions of the WCL.

2. Legislative objectives: WCL Section 13-a (5) requires that a medical provider that seeks to perform a medical procedure costing more than one thousand dollars seek prior approval from the employer or insurance carrier and requires the Chair to create a list of procedures that are pre-authorized. The Medical Treatment Guidelines (MTG) identifies recommended treatments and protocols for treatment of the stated injuries. Any treatment performed consistent with the MTG does not require pre-authorization. When a medical provider wishes to confirm that treatment is consistent with the MTG, he or she may seek prior approval from the employer or carrier (provided the employer or carrier participate in the optional prior approval program). The proposed amendment to 12 NYCRR Section 324.4 simply changes the time for an employer or carrier to respond to a request for optional prior approval from eight business days to eight calendar days.

3. Needs and benefits: The purpose of the proposed amendment is simplify the process for requesting medical treatment. During the Board's Business Process Reengineering project, system participants widely expressed a desire to have the timelines for processes either be measured in calendar days rather than as calendar days in some MTG regulations and as business days in other MTG regulations.

4. Costs: There are no projected costs to regulated parties who may be affected by the proposed regulation. There are no projected costs to the Board, State and local governments.

5. Local government mandates: The proposed regulation does not impose any mandate, duty or responsibility upon any municipality or governmental entity. Self-insured municipalities may use a medical

portal if they are able. If the self-insured municipality does not have internet access, it may continue to receive requests by paper.

6. Paperwork: The proposed amendment does not impose any additional paperwork on system participants.

7. Duplication: There is no duplication of State or federal regulations or standards.

8. Alternatives: There were no significant alternative proposals under consideration.

9. Federal standards: There are no applicable federal standards which address the standards contained in the proposed regulation.

10. Compliance schedule: There are no impediments to compliance that require scheduling.