





California Coalition on A CCWC Workers' Compensation



































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March 23, 2023

The Honorable Mia Bonta California State Assembly State Capitol, Room 5620 Sacramento, CA 95814

SUBJECT: AB 1156 (BONTA) WORKERS' COMPENSATION: HOSPITAL EMPLOYEES OPPOSE- AS INTRODUCED FEBRUARY 16, 2023

Dear Assemblymember Bonta:

The California Chamber of Commerce and the organizations listed below respectfully **OPPOSE** your **AB 1156** (**Bonta**). **AB 1156** will impose an astronomical financial burden on employers in the healthcare industry that continues to grapple with the effects of the COVID-19 pandemic. It also creates a troubling precedent for the workers' compensation system in general by creating a legal presumption that blood-borne infectious disease, tuberculosis, meningitis, methicillin-resistant Staphylococcus aureus (MRSA), COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder, or respiratory disease are presumptively workplace injuries *for up to 10 years for all hospital employees that provide direct care*.

Injuries occurring within the course and scope of employment are automatically covered by workers' compensation insurance, regardless of fault. **AB 1156** would require that hospital employees do not need to demonstrate work causation for specified injuries or illnesses in any circumstance. Instead, these injuries and illnesses are presumed under the law to be work related. Presumptions of industrial causation for specific employees and injury types are simply not needed and create a tiered system of benefits that treats employees differently based on occupation and undermines the credibility and consistency of our workers' compensation system. **The Legislature has consistently rejected all eight versions of this bill, including narrower versions, over the last fourteen years**.

#### **Presumptions and the Workers' Compensation System:**

**AB 1156** creates a presumption of industrial causation for *all* hospital employees that provide direct patient care who manifest a blood-borne infectious disease, tuberculosis, meningitis, methicillin-resistant Staphylococcus aureus (MRSA), COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder, or respiratory disease during their employment, and for a time period *after* employment. The practical impact of creating a presumption of industrial causation is that hospitals will have a higher burden of proof when attempting to contest a claim that they believe is non-industrial.

Workers' compensation insurance is a "no fault" system that is intentionally constructed in a way that leads to the vast majority of claims being accepted. In fact, when determining compensability, a Workers' Compensation Appeals Board administrative law judge is required to interpret the facts liberally in favor of injured workers.

Labor Code Section 3202: "This division and Division 5 (commencing with Section 6300) shall be liberally construed by the courts with the purpose of extending their benefits for the protection of persons injured in the course of their employment."

California's no-fault system of workers' compensation insurance that must be "liberally construed" with the purpose of extending benefits to injured workers does not create many obstacles for employees who believe that they have been injured at work. The creation of a presumption for employees, absent some significant justification, serves only to make it nearly impossible for an employer to contest any claim for benefits, which will unnecessarily increase costs for employers.

In 2019, SB 567 (Caballero) included presumptions for a very similar, more narrow list of illnesses and injuries. The Senate Committee on Labor, Public Employment and Retirement issued an analysis concluding that there was no evidence supporting the need for this presumption. It also warned that "the creation of presumptive injuries is an exceptional deviation that uncomfortably exists within the space of the normal operation of the California workers' compensation system," and to not limit them "would essentially consume and undermine the entire system".

#### The Presumption Is Extended for Up to 10 Years After Termination of Employment:

Not only does this special standard for accepting claims apply to hospital workers while employed, but also it continues for up to **3**, **5**, **or 10 years** (depending on the injury) after leaving employment. Generally, there is a one-year statute of limitations for workers' compensation claims. By requiring claims to be filed within one year from the date of injury, existing law ensures claims will be resolved while evidence and witnesses are still available. Stale claims, faded memories, and unavailable witnesses not only impede an employer's ability to defend against a claim, but also impedes the ability of the workers' compensation system to properly evaluate a claim.

However, per **AB 1156**, a former employee could come back and file a claim based on this presumption for up to **10 years** after employment had ended and the employer would be virtually powerless to question the compensability of the claim. This presents a number of problems, not the least of which is that there is no rationale for basing the duration of an employee's post-employment presumption on the length of their service with a specific employer. Section 6 of the bill underscores how problematic this bill is by including a presumption that a healthcare worker's COVID-19 diagnosis **10 years** after their employment ended is covered by the workers' compensation system.

## AB 1156 Creates a Troubling Precedent and is Broader Than The COVID-19 Presumption Under SB 1159:

Although there is a long history of legal presumptions being applied to public safety employees in the workers' compensation system, there has never been a presumption applied to private sector employees outside of the COVID-19 pandemic. In 2020, the Legislature passed **SB 1159 (Hill)**, which established a rebuttable presumption that certain employees who contracted COVID-19 were covered under workers' compensation. The pandemic presented a unique moment in history when millions of Californians were contracting COVID-19 and the virus was spreading quickly. Even in this exceptional circumstance, **SB 1159** was limited in both time and scope. The bill has a sunset date of January 1, 2023¹ and most employees outside of a few industries can only fall under the presumption if four or four percent of other workers at the worksite also contracted COVID-19 within a short time frame.

**AB 1156** reaches far beyond SB 1159 without justification by making a permanent presumption that can apply up to *10 years* after an employee has stopped working. Workers' compensation is designed to apply a consistent, objective set of rules to determine eligibility, medical needs and disability payments for all injured workers in California. We do not believe that the Legislature should take on the role of trying to identify likely injuries for every occupation in the state with the goal of creating special rules for those employees. This is an unrealistic expectation in an insurance system that covers thousands of types of employees and employers.

# There Is No Evidence Supporting the Presumption Proposed by AB 1156:

Supporters of AB 1156 have argued that healthcare workers are more likely to contact blood-borne infectious disease, tuberculosis, meningitis, Methicillin-resistant Staphylococcus aureus (MRSA), cancer, musculoskeletal injury, post-traumatic stress disorder, and respiratory disease. The Senate Committee on Labor, Public Employment and Retirement has consistently explained in analyses of prior versions of this bill that there is no evidence to support that argument. Even if there were, all employees, in every type of occupation, face risks inherent to their employment. This is anticipated by current labor law, which requires every employer to evaluate the specific risks faced by their employees and develop an "Injury and Illness Prevention Plan" that mitigates those risks. It is also anticipated by California's workers' compensation system, under which more than 90% of all workers' compensations claims and requests for medical treatment are approved, including claims filed by healthcare workers.

There is no evidence that hospital workers should be entitled to a separate legal standard for certain injuries and illnesses. In fact, it logically follows that the most obvious types of occupational injuries and illnesses for any given occupation would be far more likely to be accepted as industrial by employers and less in need of a legal presumption to obtain benefits.

<sup>&</sup>lt;sup>1</sup> This sunset was extended only one more year to January 1, 2024 in AB 1751 (Daly) (2022). AB 1751 originally would have extended the sunset two years to January 1, 2025, but it was subsequently amended.

Moreover, there is no demonstrated need for hospital workers to have special legal status in the workers' compensation system. There has been no statistical evidence presented that would indicate, in any way, that workers' compensation claims by hospital employees for exposure to blood-borne infectious disease, tuberculosis, meningitis, Methicillin-resistant Staphylococcus aureus (MRSA), COVID-19, cancer, musculoskeletal injury, post-traumatic stress disorder, and respiratory disease are being inappropriately delayed or denied by employers or insurers. In addition, there has been no demonstration that hospital employees are uniquely impacted in a negative way by the current legal standard for determining compensability of industrial injuries.

## All Prior Versions of this Presumption Have Failed:

Both similar and much narrower versions of this bill have all failed passage with many of them not making it out of committee or failing on the Senate Floor. Two of the most recent iterations of this bill, **SB 893** (Caballero) and **SB 567** (Caballero) received 0 and 1 Aye votes in committee, respectively. **SB 213** (Cortese) did not receive a motion in Assembly Insurance last year.

In 2014, **AB 2616** (Skinner), the only version to make it to the Governor's desk, was vetoed by Governor Edmund G. Brown, Jr. In his veto message he stated, "This bill would create a first of its kind private employer workers' compensation presumption for a specific staph infection -- methicillin-resistant Staphylococcus aureus (MRSA) -- for certain hospital employees. California's no-fault system of worker's compensation insurance requires that claims must be 'liberally construed' to extend benefits to injured workers whenever possible. The determination that an illness is work-related should be decided by the rules of that system and on the specific facts of each employee's situation. While I am aware that statutory presumptions have steadily expanded for certain public employees, I am not inclined to further this trend or to introduce it into the private sector."

Notably, **AB 2616** was limited to only MRSA and the post-employment presumption only extended for 60 days, yet the bill was still vetoed. Here, **AB 1156** extends the presumption to laundry list of illnesses and injuries including cancer where the post-employment presumption is **10 years**.

Such a drastic shift in the law will create an astronomical financial burden on healthcare employers and the system, creating an appreciable impact on the cost of healthcare at a time when we are trying to make healthcare more affordable.

For these reasons, we respectfully **OPPOSE** your **AB 1156**.

Sincerely,

Ashley Hoffman Policy Advocate

California Chamber of Commerce

Acclamation Insurance Management Services

Allied Managed Care

Alameda Chamber & Economic Alliance

Alameda Chamber of Commerce

American Property Casualty Insurance Association

Antelope Valley Chambers of Commerce

Beverly Hills Chamber of Commerce

Brea Chamber of Commerce

California Association of Joint Powers Authorities

California Chamber of Commerce

California Coalition on Workers' Compensation

California Food Producers

California Special Districts Association

California State Association of Counties

Carlsbad Chamber of Commerce

Chino Valley Chamber of Commerce

Corona Chamber of Commerce

**Escondido Chamber of Commerce** 

Folsom Chamber of Commerce

Fountain Valley Chamber of Commerce

Fresno Chamber of Commerce

Garden Grove Chamber of Commerce

Gilroy Chamber of Commerce

Glendora Chamber of Commerce

Greater Coachella Valley Chamber of Commerce

Greater High Desert Chamber of Commerce

Greater Riverside Chambers of Commerce

Greater San Fernando Valley Chamber of Commerce

Hollywood Chamber of Commerce

Imperial Valley Regional Chamber of Commerce

**Industry Business Council** 

La Cañada Flintridge Chamber of Commerce

Lake Elsinore Valley Chamber of Commerce

Lodi Chamber of Commerce

Lompoc Valley Chamber of Commerce & Visitors Bureau

Long Beach Area Chamber of Commerce

Los Angeles Chamber of Commerce

Modesto Chamber of Commerce

Murrieta/Wildomar Chamber of Commerce

North Orange County Chamber

North San Diego Business Chamber

Oceanside Chamber of Commerce

Orange County Business Council

Pleasanton Chamber of Commerce

Public Risk Innovation, Solutions, and Management

Rancho Cordova Area Chamber of Commerce

Rancho Mirage Chamber of Commerce

Redondo Beach Chamber of Commerce

Rural County Representatives of California

San Gabriel Valley Economic Partnership

San Marcos Chamber of Commerce

Santa Barbara South Coast Chamber of Commerce

Santa Clarita Valley Chamber of Commerce

Santa Maria Valley Chamber of Commerce

Silicon Valley Leadership Group

Simi Valley Chamber of Commerce

South Bay Association of Chambers of Commerce

South Orange County Economic Coalition

Southern California Black Chamber of Commerce

Southwest California Legislative Council

Special District Risk Management Authority

Torrance Area Chamber of Commerce

Tri County Chamber

Tulare Chamber of Commerce

United Chambers of Commerce

Vacaville Chamber of Commerce

Valley Industry & Commerce Association

West Ventura County Business Alliance

Whittier Area Chamber of Commerce

Yorba Linda Chamber of Commerce

Max Mikalonis, Office of Assemblymember Bonta Cory Botts, Senate Republican Caucus Scott Seekatz, Senate Republican Caucus

AH:am