

**Written Testimony of Pamela Puchalski,
Coordinator of the Injured Workers Project
of the Connecticut Council on Occupational Safety and Health
Before the Connecticut General Labor and Public Employees Committee
in support of SB 319, March 11, 2014**

Senator Holder-Winfield, Representative Tercyak, and members of the Labor and Public Employees Committee,

As the Coordinator of the Injured Workers Project of the Connecticut Council on Occupational Safety and Health, I support SB 319 An Act Concerning Medical Treatment After Claimant Has Reached Maximum Medical Improvement (MMI) because it correctly defines how the classification of Maximum Medical Improvement (MMI) should be used for compensation purposes only and it will further define what is considered reasonable behavior on the part of insurers and employers once the injured employee has reached MMI.

Presently the classification of MMI is sometimes misused by some insurers/employers to avoid fulfilling their responsibility of providing medical treatment for injured workers. When a physician determines that maximum medical improvement (MMI) has been reached, he or she determines that the injured worker has reached the highest point in their recovery. Their determination is that it is highly unlikely, that the injured worker will improve further, and, for some, depending on their injury or illness, they may further require care in order to maintain that highest level of functioning whether they are able to return to their original job, another less strenuous job, or no job at all.

Once the classification of MMI has been made it is used to determine the amount and time period for compensation benefits. It was not designed to be another tool to enable insurers and employers to deny an injured worker's access to his or her approved physicians. Unless the injured worker has settled his or her case and has not left any stipulations for further treatment, the employer is financially responsible for continuing to provide medical care for the injury.

SB 319 specifies that the injured worker should be, at least, minimally allowed to see his or her physician or physicians on a yearly basis. This specifically supports that the injured worker will be able to continue any care deemed necessary to maintain their MMI status. Even with that care, impairment may increase, but it is still the responsibility of the insurer/employer to provide necessary medical care as determined by Connecticut's Workers' Compensation Act.

Lastly, SB 319 allows the definition for a presumption of an unreasonable contest of treatment if such requests for visits to the injured worker's physician are denied because MMI has been attained. This further allows the commissioner who is hearing a contested case concerning such an issue to further support the physician/patient relationship that is so often forgotten in the workers' compensation system.

Thank you for your time and consideration.

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