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 Respondent 9014644

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1. I Agree

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2. DETERMINING A CLAIM'S ELIGIBILITY FOR BENEFITS

To be considered eligible for payment of benefits, an accident must meet two conditions: it must arise out of employment, and it must occur in the course of employment.

For many claims, it is relatively straightforward to determine if the accident arose out of employment (for example, if a worker falls from a ladder while performing their duties at work and breaks their arm.)

In some instances, it can be more challenging to determine that a worker's injury or illness arose out of employment. For example, a person may have a heart attack while at work, but that does not necessarily mean the heart attack arose out of employment.

For these kinds of situations, the WCB looks at several factors to determine causation of the worker's injury or illness (such as the worker's medical diagnosis, their conditions and duties at work, and personal factors such as pre-existing conditions.)

1. Please provide your insights below on how eligibility for workers' compensation in complex claims should be determined. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Complex claims should be based on the justice and the merits of each individual case. These claims involve injuries that are debilitating in nature and result in a high level of permanent disability. A complex claims team should conduct a holistic assessment and provide clinical oversight to ensure injured workers receive the care, medical services, and equipment they need. This team continually monitors the injured worker's condition and addresses issues by communicating with worker representative, family members, providers, and claims staff, ultimately helping to achieve the best-possible outcomes.

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3. PRESUMPTIONS ABOUT INJURIES AND ILLNESSES

Workers' compensation legislation in Alberta contains a number of presumptions about occupational diseases and workers in certain occupations and industries.

- Many presumptions are set out in the Workers' Compensation Regulations. If a worker suffers an occupational disease, and was employed in an industry listed in the regulation within the preceding 12 months, then the disease is presumed to have been caused by employment, unless the contrary is shown.
- In 2003, the Workers' Compensation Act was amended to include a specific presumption relating to firefighters and certain types of cancers.
- In 2005, the Act was amended to include a similar presumption related to myocardial infarctions suffered by firefighters when occurring within 24 hours after attendance at an emergency response.
- In 2012, the Act was amended to provide that if a first responder is diagnosed with post- traumatic stress disorder (PTSD) then it is presumed the PTSD arose out of and occurred in the course of the first responder's employment in response to a traumatic event or series of traumatic events. First responders are defined as police officers appointed under provincial legislation, firefighters (both full and part-time), emergency medical technicians and peace officers who are authorized to use the title "Sheriff".

Some suggest that the entire scope of presumptive diseases should be expanded, to better reflect linkages that exist between certain occupations and certain injuries and illnesses. Others feel evidence does not support the assumption that it is the type of occupation that should presume coverage, but rather that coverage should be based on the incident and whether it was the cause of the injury.

2. Please provide your insights below on expanding the scope of presumptive diseases. Please elaborate on occupations and injuries/illnesses where you think presumptions should be expanded (or reduced). [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The Presumption clause is there to guide the decision-makers in properly applying the law and WCB policies. The coverage of benefits should be based on the fact that; "if it would not have been for the workplace, then the worker would not have suffered the injury/illness." It is the employer's responsibility to cover all aspects of a workplace environment. b. The government should appoint a tripartite review panel with access to specialized medical and epidemiological expertise to biennially review the injuries, diseases and disease processes that cabinet grants presumptive status in Schedule B of the Workers' Compensation Regulation. c. The initial review should include the following: i. Asbestos-related diseases, including lung cancer in the absence of asbestosis. ii. Hearing loss. iii. Musculo-skeletal injuries associated with repetitive motion. iv. Occupational asthma. v. Temperature-induced injury. vi. Esophageal, breast and ovarian cancer in firefighters. vii. Operational stress injuries in first responders, correctional, health-care and social service workers. viii. Post-Traumatic Stress Disorder for all workers. ix. Plantar fasciitis on presumptive list for those who spend significant amounts of time standing or walking on hard surfaces/concrete. d. The standard upon which decisions are made should be the balance of probabilities, reflect the benefit of the doubt traditionally accorded to workers when the work-relatedness of injuries is determined. e. In addition, currently, firefighters are covered by a specific provision (24.1(7)) that creates a presumption that a heart attack that occurs within 24 hours of attendance at an emergency at work arose from employment. That presumptive coverage should be expanded to all frontline employees and similar rights for line of duty deaths should be extended.

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4. Psychiatric and psychological injuries (including chronic onset stress) can be challenging from a claims standpoint, because there can be many different causes of these conditions (e.g., both work-related and non-

work-related causes). This makes it challenging to determine if the injury arose out of and in the course of employment.

The state of policy today represents an evolution from the past. Not long ago, the WCB generally did not cover psychological and psychiatric injuries. Over time, workers' compensation systems have come to cover these injuries but struggle with these types of cases.

Presently, the WCB will consider a claim for psychiatric or psychological injury when there is a confirmed psychological or psychiatric diagnosis as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the condition results from one of the following:

- Organic brain damage,
- An emotional reaction to a work-related physical injury,
- An emotional reaction to a work-related treatment process,
- Traumatic onset psychological injury or stress, or
- Chronic onset psychological injury or stress

In the years to come, these types of cases are likely to continue to be challenging not only in terms of determining eligibility, but also in terms of return to work and vocational rehabilitation.

3. In your experience, what are some concerns that arise when it comes to claims around psychiatric and psychological injuries? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The World of Work continues to evolve along with its impact on the worker. As a result, workplace psychosocial hazards cause psychological injuries and must then be covered by WCB. In fact, psychological injuries and their related conditions must not be treated differently from physical injuries; otherwise it can be constituted as discrimination. b. The WCB needs to develop internal claims management processes appropriate for psychological injuries: i. a confirmed psychological or psychiatric diagnosis as described in the DSM. ii. "but for the work-related events or stressors, the injury would not have occurred" iii. objective confirmation of the events.

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5. CLAIMS INVOLVING PRE-EXISTING CONDITIONS

The WCB's current policy provides that where a workplace injury causes a pre existing condition to deteriorate or become symptomatic, the injured worker is eligible for payment of benefits.

- Medical evidence must show that the accident caused some worsening of the worker's pre-existing condition, at least on a temporary basis.
- It is not a requirement for the worker to have sustained a permanent clinical impairment as a result of the injury to qualify for benefits.
- Benefits for the worker continue until the worker recovers to the point that their remaining disability is due entirely to the pre-existing condition or unrelated health problem.

4. Please provide your views on some of the issues and concerns that arise in claims involving pre-existing conditions. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Very confrontational system and the Meredith Principles are not applied. WCB needs to utilize the 'significant contributing factor' to establish causation. In addition, in a compensation system, injured workers become entitled to compensation because they have been engaged as workers. They have functioned as workers with their pre-existing condition that they may have had. It is wrong in principle that conditions which did not affect their employment as workers should be relied upon to deny them compensation as injured workers.

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6. CLAIMS MANAGEMENT AND SERVICE DELIVERY

There are many views about the service experiences (i.e., quality, effectiveness, timeliness) that workers and employers currently have when they interact with the WCB.

5. Please provide your comments on the timeliness and effectiveness of the WCB claims process. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. No comments as we work in a unionized workplace and have processes in place to ensure wages and return to work programs.

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7. When a person in Alberta has concerns about the way their claim is being managed they do not have a single window through which to raise these concerns. Instead, they can raise their concerns through the Alberta Ombudsman, the Office of the Information and Privacy Commissioner of Alberta, the Alberta Human Rights Commission, their MLA, and/or the Minister of Labour, depending on the nature of their concerns.

The workers' compensation organizations in Saskatchewan, Manitoba, and Ontario each have a Fair Practices Officer that investigates service delivery complaints and attempts to resolve them. The Fair Practices Officer is a WCB employee who examines, investigates and reports on trends and potential systemic problems to the board of the organization. The Fair Practices Officer cannot change a WCB decision.

In New Brunswick, the Issues Resolution Office offers a secondary review of a claims decision and also acts as an ombudsman to help resolve service issues. The Issues Resolution Office reports to the WorkSafeNB's corporate secretary and general counsel.

6. What are your views about creating a mechanism in Alberta's workers' compensation system that would provide a single window for people to raise concerns about WCB claims management and service delivery? If you support this concept, what could it look like? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. An escalation roadmap would be beneficial for all parties to ensure the integrity of the Board: i. A mechanism should be in place at the Board's level to give it an opportunity to rectify the situation ii. All parties should have access to the decision makers, the managers and directors iii. Industrial sectors should address the concerns of their own sectors iv. When all of the above fails, then use an independent body like the "Fair Practices Office" b. A Fair Practices Office would promote fairness for injured workers, service providers and employers as along as it operates independently and is enshrined in the Workers' Compensation Act. The Board of Directors can still set its role and mandate to handle current fairness issues and to act independently, impartially and confidentially.

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8. MEDICAL SERVICES

The timely communication of accurate medical information can impact decisions about a worker's claim, how their claim moves through the WCB process, and even the worker's income. Physicians and other health providers are therefore key partners in the workers' compensation system. There are many views about the strength of these partnerships.

7. Please describe your views on the willingness of physicians and other health professionals to interact with the workers' compensation system on behalf of their patients. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The combative compensation system that constantly shops for negative medical opinions that suits the WCB criteria needs to be re-evaluated. To promote a solid, strong, logical partnership with the medical community, the WCB should consider changing the business model presently used and promote an atmosphere of respect for

the medical profession and their knowledge. b. Health-care professionals (HCP) play an important role in workers' compensation systems. They are relied upon to establish the work relatedness of injuries, to provide WCBs with information about injuries, and to make assessments and recommendations regarding a worker's ability to return to work c. The parties must find ways to decrease the administrative burden on HCPs working with the workers' compensation system. For example, re-evaluate the frequency and nature of health-care provider contact required by workers' compensation boards. It may be that HCPs treating workers with permanent and, potentially, long-term claims do not need to continually report back on minute changes in treatment plans and medication. d. Also, WCB must continue to educate HCPs and workers on the type and amount of information needed by the workers' compensation system to process and accept claims without delay.

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9. The WCB negotiates with physicians and other treatment providers, who have interest and expertise in work-related injuries and issues, for access to their services. This sometimes enables the WCB to have injured workers tested and treated faster than these services could be accessed in the publicly-funded health system. The WCB pays these service providers directly for these services. The benefit to this is the reduced time it takes injured workers to be ready for employment, and it reduces employer costs.

8. What are your views on the WCB's current process for referring injured workers for medical treatment or services? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Going outside the public system does not reduce costs to the employer because the cost to the WCB's healthcare practitioners comes out of the premiums paid by the employers versus the publicly funded system. Returning workers back to work in a speedy fashion versus proper healing times adds to the cost of the employer two fold; cost of premiums is affected, workers not able to perform properly and cost of private insurance will be affected as injured workers may need further treatment. b. It is not always true that clinicians hired by the WCB are better or faster, public health care system is at fault not the injured workers.

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10. RESOLVING DISAGREEMENTS ABOUT MEDICAL ISSUES IN A CLAIM

There can sometimes be disagreements about the medical issues in a worker's claim. These can affect a worker's benefits.

9. How do disagreements about medical issues impact the relationships that physicians and other health providers have with the workers' compensation system? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Injured workers and HCPs find it difficult to determine who is ultimately in charge of the worker's health and the worker's claim. Eventually, the injured worker is caught between the two parties and may end up choosing the WCB physician to have their claim accepted. b. This situation is as a direct result of the WCB practices; a worker is entitled to choose his/her medical practitioner who provides services based on the findings at the time of treatment and provides care based on their medical experience.

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11. In Alberta's workers' compensation system, Medical Panels are used to provide an impartial, independent decision-making process to resolve bona fide conflicts of medical opinions. For example, the Medical Panel can resolve medical disputes between a worker's physician and a WCB medical consultant. The findings of a Medical Panel are binding on the WCB or the Appeals Commission for Alberta Workers' Compensation (Appeals Commission).

Medical Panels are composed of three physician members who are recognized as experts in their field and who are independent from the WCB.

Currently, only the WCB or the Appeals Commission can request a Medical Panel review. Some have suggested there would be value in allowing others (such as workers and employers) to also request a Medical Panel review.

10. In your view, who should be able to request a Medical Panel review? Why? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Injured workers or their representatives should be the ones to request a Medical Panel review as it is the injured worker who files for benefits. The panel must have independence to protect it and its integrity from WCB attempts to alter and not abide by its findings. b. In addition, workers should have easy access to a review process, and their requests and information needs should be met in a timely and fair manner.

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12. The Medical Panel Office performs an adjudicative function, but there are suggestions it could play other roles as well. For example, some say it might be valuable for the Medical Panel Office to provide educational or consultative roles with respect to the WCB's medical consultants.

11. What other roles, if any, could the Medical Panel Office play in resolving medical conflicts? Please describe. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. If the MPO is independent and impartial, then it may provide additional information needed by the parties to resolve a medical conflict. For example, conflict can be prevented by tracking complaints and by identifying recurring themes and patterns. In addition, best practices can be identified and changes adopted to prevent similar problems. b. The key is for the medical panel to remain independent of the WCB; medical conflicts are based on medical issues and the WCB changes operational policies on a regular basis which cause conflicts with the medical community.

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13. RETURN TO FULL OR MODIFIED DUTIES AT ORIGINAL EMPLOYER

Ideally, when a worker is capable of doing so, they can go back to their original employer (i.e., their employer on the date of accident). This might entail returning with modified duties based on the worker's abilities, which may be different than they were on the date of accident.

There is currently no requirement under Alberta's Workers' Compensation Act for an employer to return an injured worker to the workplace.

Under Alberta's human rights legislation employers have a duty to accommodate workers with disabilities, unless the accommodation imposes undue hardship on the employer. Alberta's WCB does not handle disagreements or complaints about non-compliance with human rights legislation. Worker concerns about an employer's failure to accommodate, or employer concerns about undue hardship, must be filed separately with the Alberta Human Rights Commission.

Several other jurisdictions have provisions in their workers' compensation legislation that require an employer or worker to cooperate with return to work efforts.

12. Should the Workers' Compensation Act contain a provision that influences or compels an employer or worker to cooperate on return to work? Why or why not? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Both parties should cooperate in a return to work program and the accommodations should be mandated by WCB legislation for a worker to return to the pre-accident employer. The Employers' premium rates should reflect the effort of an employer that accommodates an injured worker; the worker then benefits from the same type of earnings capacity as prior to the accident.

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14. 13. What challenges do employers face in returning an employee to work? If there are challenges, what additional supports do employers need from the WCB? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. At times, it is challenging to find suitable modified duties. This requires progressive thinking, for example: i. Modify working hours that will assist a worker to reintegrate back into the work environment. WCB should assist both employers and workers by facilitating a non-combative return to work plan ii. Assist with time off work required for medical treatment or appointments. iii. Assist with ergonomic changes and provide rebates to employers that in good faith return workers back to suitable, sustainable work. b. The challenge is often financial which the injured worker has no control over. WCB should have a role in prevention and enforcement. i. Levy penalties on employers who fail to meet their re-employment obligations ii. WCB return injured worker to full wage-loss benefits if the employer fails to meet its employment obligations. This will affect the employer's premium rate

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15. NO RETURN TO ORIGINAL EMPLOYER

When an injured worker cannot return to their pre-accident position, or where there is a permanent disability requiring a work modification, the WCB may provide Vocational Rehabilitation Services. These services are aimed at helping injured workers develop the skills and capabilities that will assist them to reach a state of employability. Vocational Rehabilitation Services can take a varying amount of time to complete, depending on individual circumstances.

The WCB will assist a worker in assessing skills and abilities within their anticipated work restrictions and will help them develop a long-term goal, upon which a vocational rehabilitation plan will be based. The goal is often set with an aim to maximize the worker's earnings potential. Once the goal and the plan are identified, the worker will start 12 weeks of assisted job search, unless other skills or training opportunities have been identified. Through the program the worker can access various services, such as short-term skills training or assistance with developing a resume. Potential earnings in the job are assessed using a survey methodology (labour market research conducted by an independent firm). These can be used to "deem" the worker's earnings (and adjust their benefits), if the worker remains unemployed.

People have many views about the effectiveness of Vocational Rehabilitation Services in helping prepare workers to re-enter the workforce.

14. In your view, do Vocational Rehabilitation Services provide injured workers with meaningful rehabilitation that prepares them for employment? Please explain. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. WCB needs to increase the number of referrals of injured workers for vocational rehabilitation. A substantial addition of financial resources must be allocated for this purpose. Vocational training includes either professional or technical training. Such training courses shall be provided either through the technical institutes or the universities, as required by the individual vocational plan. b. In principal, the system works flawlessly as long as all parties are fully engaged in the plan and work through barriers. c. Vocational Rehabilitation should be directly monitored and administered by the WCB; case workers assigned to the specific industry assist workers in a positive manner; provide guidance through the maze of new technology and new industries and stay focused on the well-being of the injured worker.

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16. OTHER THOUGHTS YOU MAY HAVE

15. Please provide any other comments you have relating to the WCB claims process. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Alberta Government needs to reaffirm its commitment to a fair and balanced WCB scheme that accords to the Meredith Principles and that starts with any and all documents that guide and inform the interpretation of the Act and its purposes. b. Alberta eliminate Schedule A and associated provisions from the Workers' Compensation Regulation. c. Eliminate incentives (such as bonuses) to WCB staff and contractors conditioned upon minimizing claim costs (e.g., closing claims quickly, returning workers to work as fast as possible).

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17. LOSS OF EARNINGS

If a worker misses time from work beyond the day of the accident (a lost time claim), an injured worker receives monetary benefits based on their earnings as of the date of accident. These payments are non-taxable.

In 2016, injured workers eligible for temporary total disability (TTD) benefits receive 90% of their net earnings, up to a maximum insurable earning of \$98,700 per year. The 2016 maximum insurable earnings amount translates into weekly compensation payments of \$1,225.61.

There are questions about the WCB's current limits on insurable earnings. Some people have suggested that the current limits may be too low, given that wages in several occupations can be much higher than the current maximums. Others have suggested that the current limits should remain unchanged, but that workers should have the option to purchase additional coverage from the WCB for amounts above the current limits.

16. Please comment on whether the current limits on insurable earnings should be changed. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Alberta Government should eliminate the maximum insurable earnings cap and calculate wage-loss benefits and employer premiums based upon workers' full gross income.

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18. 17. Should an option be made available for workers to obtain additional coverage through the WCB? Why or why not? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The application of the Meredith Principles - no fault liability and secured benefits does not require any additional coverage. Workers should not be subject to pay for the employer's responsibility. Employers should be accountable for all of their responsibilities including the full cost of loss of earnings benefits caused by a work related injury.

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19. BENEFITS ADJUSTMENTS

Benefits can be adjusted through cost-of-living adjustments that are calculated by the WCB using a specific formula. The WCB Board of Directors approves the adjustments, which are effective January 1 of each year.

The WCB's cost-of-living adjustments are calculated on the basis of the worker's earnings on the date of accident. The adjustments do not account for earnings increases the worker may have received due to career progression.

Some suggest that benefit adjustments should take a worker's potential earnings as well as career progression into account. Others say this would not be practical, since it cannot be assumed a worker would have progressed in their career or received earnings increases.

18. Please comment on whether WCB benefits should recognize career progression. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Career progression should be recognized.

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20. DEEMING EARNINGS

Based on the goal that is set for a worker as part of Vocational Rehabilitation Services, the WCB will assess potential earnings in the job using a survey methodology (labour market research conducted by an independent firm). Select employers within each community where an occupation exists are surveyed to determine what they would pay employees hired into these occupations and how those earnings would increase to reflect growing experience for the first five years.

If a worker remains unemployed, but the WCB determines they are fit and ready to work in a potential position, the worker will be deemed capable of performing this work and earning this income. The WCB adjusts the benefits paid to the worker, to reflect the income that the worker is deemed capable of earning. The deemed earnings incorporate increases based on career progression that the worker would theoretically have in the deemed job.

Some people have suggested that this deeming process may not result in successful employment outcomes for injured workers, because the rehabilitation services provided may not have a connection to a worker's employment history nor be based on work realistically available in the economy. Others have suggested that the deeming process makes sense, since it is not always viable for a worker to return to their original position or secure employment when they are ready.

19. Please comment on the WCB's use of "deeming" earnings for those workers who are not able to return to work with their original employer. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Deeming must be eliminated as it short-changes injured workers through reductions in their wage-loss benefits. This practice advantages the employer by reducing their claim costs and the WCB by reducing the duration of claims. b. Workers should not be penalized by the WCB for not being able to return to work with either the original employer or a new one. They did not ask to be injured in the first place. Deeming the wages of injured workers causes hardships that are the direct result of the injuries sustained. The question should be what is the percentage of people not able to return to the pre-accident employer? How many workers are affected by deeming and why the employer is not participating in helping workers in the return to work plan?

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21. NON-COMPLIANCE AND EFFECT ON BENEFITS

Where the WCB considers a worker to be non-compliant, the WCB currently has the authority to suspend payment of the worker's benefits.

The WCB can consider a worker to be non-compliant in a number of circumstances.

One circumstance is if an injured worker refuses to participate or cooperate with the WCB's directions regarding medical treatment. This can happen for various reasons. The worker might not agree with the treatment plan; they may wish to see a provider who is not on the WCB's approved list; or they may wish to explore other treatment options (e.g., acupuncture versus surgery).

Another circumstance is when a worker refuses to return to work even though the WCB has deemed them fit to return to full or modified duties. This too can happen for various reasons. For instance, the worker's personal family doctor might disagree and advise them they should not yet return to work.

20. When circumstances arise that may be considered non-compliant (e.g., refusal to participate in medical

treatment, refusal of return to work, etc.), what actions should WCB consider and what should happen with a worker? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Often, WCB is eager to suspend the benefits for a worker in the name of non-compliance; correspondence should be provided to all parties and request update medical documents that support the workers' actions. Request for a specialist in the specific field should be the deciding factor on duration of benefits and workers should be notified. b. WCB should train its case managers to deal with fragile, injured workers.

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22. OTHER THOUGHTS YOU MAY HAVE

21. Please provide any other comments you have relating to the WCB benefits process. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Returning an injured worker to a workplace should be a joint effort between WCB, worker, medical practitioner, union and employer. b. Vocational Rehabilitation should be considered back at the accident employer's premises - productive and safe employment. c. Every effort should be made to bring workers back to work with their pre-injury employer as it provides the least disruption to a worker's life following an injury or illness. For employers, it ensures minimal disruption to their workforce as they continue to have an experienced and productive worker stay within their company. d. Provide accommodations for injured workers to attend follow up medical appointments and treatment at no cost to the employer. e. Obtain a third party, independent functional abilities form paid by WCB on regular basis to assist both the employer and injured worker for a successful return to work

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23. THE DISPUTE RESOLUTION AND DECISION REVIEW BODY

A person with a direct interest in an adjudicative decision or an employer account decision can request an internal review of that decision by the Dispute Resolution and Decision Review Body (DRDRB). Members of the DRDRB are WCB employees.

The DRDRB is able to review issues related to entitlement to benefits. Generally the parties to a DRDRB review are the worker and the employer. The DRDRB will review the file material, gather information and submissions from the parties, and attempt to facilitate a resolution.

The DRDRB is a required step before an appeal can be made to the Appeals Commission. DRDRB decisions are not binding on the WCB.

22. Please provide your views on the effectiveness and timeliness of the DRDRB process. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. In order to facilitate the most efficient results for both parties, oral hearings should take place. It gives the injured worker the opportunity to provide testimony and clarify why the decision made by the claims adjudicator should be changed. The same principal applies to the employer; both parties should be given the opportunity to face the board at the same time. b. DRDRB decisions should be implemented in a timely manner and not challenged by the Board's own internal mechanism. For example, if a decision is overturned at the DRDRB, then the decision should be implemented by a different adjudicator or a manager other than the original decision-maker.

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24. A person has one year from the date a WCB decision was issued to request a review of that decision by the DRDRB. Some people say that this period is too short. Others say the one year limit is sufficient, since there is an opportunity to request extensions.

23. What are your views about the one year limitation period to file a request for a DRDRB review? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. One year limitation is reasonable for all parties (both worker and employer) to request a review by the DRDRB. In addition, the occupational disease criteria should be one year from the date the worker becomes aware of the condition.

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25. APPEALS COMMISSION

The Appeals Commission is a body established under the Workers' Compensation Act that is separate from the WCB. The Appeals Commission has adjudicators appointed by the Government of Alberta through a public recruitment process, as well as the Chief Appeals Commissioner, who also acts as CEO of the Appeals Commission.

The Appeals Commission has the authority to examine, inquire into, hear and determine all matters and questions arising under the Act in regards to decisions made by the DRDRB. The Appeals Commission may confirm, vary or reverse a decision of the DRDRB, and it may entertain new evidence during the appeal hearing. The Appeals Commission is required to follow the provisions of the Act and WCB policies.

The Appeals Commission is required to provide all persons with a direct interest in a matter the opportunity to be heard and to present any new or additional evidence. It must also permit the WCB to present to the Commission regarding the proper application of WCB policies, the Act or regulations related to the matter under appeal.

24. Please provide your views on the effectiveness and timeliness of the Appeals Commission process. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. As an independent final body, the Appeals Commission must thoroughly review all necessary documents. It is a legal process which is no different than the common law; reasonable amount of time is required to review the case, hear the appeal, gather and consider any new evidence that was presented at the oral hearing, and render a decision based on the justice and merits of the case.

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26. Presently, during a hearing the Appeals Commission limits its examination to the matters that are the subject of the appeal. Some have suggested the Appeals Commission should examine all issues impacting a claim, beyond the specific matters under appeal, if it is possible to resolve the matter in its entirety. Others say this would not be desirable, as it would raise the possibility of the Appeals Commission wading into matters that neither party wanted to revisit.

25. What discretion, if any, should the Appeals Commission have to examine issues relating to a claim that might not be the subject matter of the appeal, but might resolve the matter in its entirety? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. The Appeals Commission should only examine the issues that the WCB has rendered a decision on. If and only if, there are claims for benefits at the WCB for the same part of the body which impacts the Appeals Commission decision, then they should be considered together. b. Neither party (worker or employer) will benefit from

having other claims not directly related to the subject matter being used in the case under dispute. c. Commission should only be reviewing the last decision made by the WCB. d. The WCB should not be allowed to participate in the Appeal Commission hearings. This can imbalance appeal hearings, with two voices (WCB and Employer) arguing in favour of upholding the WCB's decision.

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27. RECONSIDERATION OF APPEALS COMMISSION DECISIONS

The Act allows for the reconsideration of Appeals Commission decisions. A reconsideration is not an appeal. Currently, there must be very good reasons for a reconsideration application to be successful. These reasons include:

- the presence of relevant evidence that was not available at the time of the appeal decision and which is likely to change the result of the original decision; or
- a significant defect in the appeal process or the content of the decision.

Some have suggested that the criteria the Appeals Commission considers for reconsideration of appeals may require more flexibility.

26. What factors should be considered by the Appeals Commission when determining whether a case should be reconsidered? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. The only factors to be considered is an error in law or a significant medical report that was not available at the time of the hearing should be the criteria for reconsideration. b. Neither party should impede the justice of the claims.

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28. GETTING HELP AT THE REVIEW AND APPEAL STAGES

The WCB operates an Office of the Appeals Advisor, which makes advisors available to inform and represent workers through the review and appeal processes.

For example, an advisor can help a person determine whether they have grounds for review or appeal of a decision. An advisor may also suggest alternatives to filing an appeal. Advisors can accompany workers and represent them at Appeals Commission hearings.

Some people question whether the Office of the Appeals Advisor is able to provide impartial and effective advice to workers, since it is not independent from the WCB. Others feel the services being provided by the Office of the Appeals Advisor are effective.

27. What are your views about the ability of the Office of the Appeals Advisor to offer impartial and effective advice to workers? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. The Government has not been friendly to working people as such we would be reluctant to accept any advice from the Office the Appeals Advisor. b. However, an impartial and independent Office of the Appeals Advisor could benefit workers. They are not decision makers, so there is no conflict in providing assistance. It would also be fiscally responsible to have an organization that is viewed as worker friendly rather than an adversarial one.

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29. Currently, the Office of the Appeals Advisor is not available for employers. Employers can access the Employer Appeals Consulting Service (EACS), which is provided by WCB account managers.

EACS can help employers understand the facts, policies and legislation used to make a specific decision, and help them determine whether to proceed with a formal review or appeal. EACS will not accompany or represent an employer at an appeal. EACS will offer advice to an employer on how to present their position

in an appeal.

Some people have suggested that employers should have access to WCB-funded representation at an appeal, similar to what workers have in the Office of the Appeals Advisor.

28. Should employers have access to WCB-funded representation at appeals? Please explain. [3500 Maximum Characters] Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.

a. The Government has been employer friendly. However, we recognize that not all employers have the capability to hire expert representation and accidents do happen in large and small workplaces. b. An Office of the Employer Appeals Advisor should only be allowed for employers with less than 100 employees.

7/14/16 8:28:20 AM MDT

30. PRIVACY AND CONFIDENTIALITY

When a worker appeals a decision, the WCB is required to provide the Appeals Commission with its records and information, including personal information (e.g., medical) relating to the claim or matter that is under appeal. The WCB is also required to provide the Appeals Commission with the written decision that is being appealed.

On request, the worker (or the worker's representative), the employer (or the employer's representative), and any other person with a direct interest in the claim may also receive redacted copies of this information from the WCB.

Recognizing that privacy rights are important to everyone, it makes sense to consider how information sharing takes place in the appeals process. Questions have arisen regarding what and how information about a worker's claim is presently shared with parties.

29. Are the safeguards currently in place by the WCB adequate to protect worker information during the appeal process? If not, what safeguards would increase your level of confidence? [3500 Maximum Characters] Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.

a. A written authorization of representative MUST be required on all claims sent to the WCB. b. A copy of the claim file should only be provided to the legal representative and no one else. c. The worker SHOULD AND MUST be provided with identical copy of the file that the WCB releases to the employer or their representative. d. Worker SHOULD AND MUST be given the opportunity to agree or not with the release of any medical information to the employer.

7/14/16 8:28:29 AM MDT

31. OTHER THOUGHTS YOU MAY HAVE

30. Please provide any other comments you have relating to reviews and appeals. [3500 Maximum Characters] Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.

a. The requirement for the Appeal Commission to hear representations from the WCB during an appeal must be struck from the Act. b. Workers are the most frequent appellants and in a hearing, the worker (or the worker's representative) must often contend with representations made by the both employer and WCB representatives. Typically, employer and WCB representatives both seek to have the WCB's decision upheld. This creates a two-on-one dynamic. Further, both the employer and WCB representative are likely to have better resources and, therefore, better access to information and evidence.

7/14/16 8:28:37 AM MDT

32. BOARD OF DIRECTORS OF THE WCB

The WCB is governed by a Board of Directors, which is appointed by the Lieutenant Governor in Council. Among its roles, the Board of Directors:

- guides the WCB's strategic direction;
- appoints and evaluates the performance of the WCB's President and CEO;
- determines the salary and benefits of the WCB's President and CEO which are paid out of the Accident Fund;
- approves and monitors the WCB's administrative budget and financial results;
- provides oversight of the WCB's management of its business and affairs; and
- is responsible for establishing the operating policies of the WCB.

The Board consists of a Chair, and up to three members considered to be representative of the interests of each of: employers, workers and the general public. Varying opinions have been expressed about the relationship between these board members and the stakeholders they are considered to be representative of.

31. What involvement, if any, should stakeholders have in the nomination and recruitment process of WCB directors? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. The nomination and recruitment should be a transparent, open process with public participation. There has to be equal representation between labour and employers. b. Independence is a very important principle from a judicial viewpoint as well as from the perspective of public administration.

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33. 32. How do you (or your organization) currently provide input to the Board of Directors? What works and what could be improved? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. We anticipate that the Board of Directors will agree to meet on a consistent basis with the Alberta Federation of Labour, our representative.

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34. WCB CORPORATE OBJECTIVES AND KEY DELIVERABLES

On an annual basis, the WCB Board of Directors establishes corporate objectives and key deliverables.

Some of the measures and their results (from the 2015 WCB Annual Report) include the following:

- Returning injured workers to a state of fitness needed to return to work. With WCB support, 92.5% of injured workers achieved the fitness needed to return to work. This result exceeded the target of 90%.
- Delivering fair decisions. Decisions are reviewed and audited to ensure they are fair. WCB's average audit score of all decisions audited was 94%.

Performance targets can drive the culture of an organization. Some have expressed concerns about how the achievement of corporate performance targets such as early return to work for injured workers are being rewarded. Others say that an injured worker's chances of successfully returning to work increase significantly if they return to work within 3 months. Based on this, they suggest that the WCB's performance measures are valid.

33. What are your views on the performance measures and targets currently set by the WCB? Are there additional or alternate measures you feel would be appropriate? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. We don't know what the targets are! We are interested in: i. The number of claims submitted ii. Claims accepted iii. Claims sent to appeal iv. Workers returned to pre-accident employer v. Number of workers sent through Vocational Rehabilitation Services 1. Employment statistics vi. Millard Health visits 1. Trends 2. Preventive actions to answer trends

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35. POLICIES OF THE WCB

The Board of Directors determines the need for and nature of consultation in its policy development process (i.e., when a policy is developed, changed or evaluated).

On an annual basis, the WCB creates a Policy Development Plan that identifies the issues it plans to address during that year. In addition, if a stakeholder believes a policy should be changed, they can send in a written request to the Chair for a policy review.

The WCB has established a policy and consultation process which includes:

- Issue Identification;
- Research and Analysis;
- Policy Development/Amendment;
- Stakeholder Consultation;
- Approval and Implementation.

Consultation can include public and/or expert consultation. For the most part, consultation is conducted through the WCB website (posted for 60 days). Depending on the nature of the issue, the WCB may convene an in-person meeting.

Stakeholders can subscribe to receive an email notice when the WCB's Policies and Information Manual is updated online, or when a new policy is posted for consultation.

In British Columbia, there is a Policy and Practice Consultative Committee made up of representatives from WorkSafeBC (the WCB equivalent in BC) and the employer and worker communities. The committee provides input and advice to WorkSafeBC's senior executive on stakeholder consultation processes, stakeholder perspectives on priority issues (e.g., policy, legislation) and the identification of stakeholder issues. In addition, on behalf of their communities, the committee is a forum to receive updates on key operational initiatives and share relevant information.

In Alberta, the WCB covers over 2 million workers and thousands of employers. The WCB's policies have wide-reaching consequences in the province, so it is important that its policy development process is adequate and effective.

34. In your experience, is the WCB's current policy development process effective? Please describe how you would like to be consulted in the development of WCB policies. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. What policy development? We have not been part of any development. b. A public review should be considered to give and provide both the worker and employer community the opportunity to make presentations and suggestions on the suggested changes and their effect on the injured workers.

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36. REVIEW OF THE WORKERS' COMPENSATION SYSTEM

The last comprehensive review of the workers' compensation system in Alberta was conducted more than 15 years ago.

The Alberta Public Agencies Governance Act contains a general requirement for the Minister to review each agency's mandate and operations every seven years. However, there is no requirement in the Workers' Compensation Act to conduct a review of the entire workers' compensation system within a specific time period.

Other Canadian jurisdictions have requirements in their legislation to review their workers' compensation statutes and regulations on a regular basis. For example, Saskatchewan has a requirement to conduct a review every four years; Newfoundland and Labrador every five years; and Manitoba every ten years. Some have suggested Alberta should adopt a similar requirement.

35. What are your views about amending Alberta's Workers' Compensation Act to require that the government review the workers' compensation system on a regular basis? If you support this approach, how often should such a review occur? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. The Provincial government should be responsible for any legislative changes, not at the request of the WCB.
 b. WCB should only be permitted to conduct administrative changes if needed. c. Review every 5 years

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37. OTHER THOUGHTS YOU MAY HAVE

36. Please provide any other comments you have relating to the WCB's governance. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. We cannot find the governance policies of the WCB on the website to offer any legitimate comments. b. Terms of office for Board of Directors c. Appoint an independent ombudsman as a liaison between WCB , the Government and the Stakeholders (employers, labour and injured workers)

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38. ROLE OF WCB IN PREVENTION

The OHS program in Alberta is responsible for improving workplace compliance with OHS legislation through evidence-based prevention initiatives, education and enforcement activities. OHS is located in the Ministry of Labour.

Among its functions, OHS:

- is responsible for prevention activities that include: Work Safe Alberta; proactive strategic programs; the Certificate of Recognition (COR) Program; and the Work Right Campaign;
- educates workers, employers and the public through the use of bulletins, publications, e-learning programs and other educational materials;
- approves training programs across Alberta, such as Workplace Hazardous Materials Information System (WHMIS) training, First Aid training, and Spirometry and Lung Function training;
- approves worker permits, such as the Blasters Permit Program and the Asbestos Permit Program.

The funding for OHS in Alberta is provided through the WCB. This approach is consistent with other jurisdictions in Canada. In some jurisdictions, however, OHS and workers' compensation are housed in one organization.

The WCB also administers grants of annual operating funding to seven Alberta safety associations, for the purpose of promoting education in accident prevention to employers. These grants are funded through a levy that is added to the WCB premiums of employers in the represented industries. In some industries, safety associations are funded directly by member contributions.

Some people have indicated it is currently unclear who safety associations are accountable to. It is also unclear whether there are regular evaluations of the outcomes being achieved by safety programs and associations.

37. What role should the WCB or Occupational Health & Safety have in the funding and oversight of safety associations? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The Prevention System is made up of the Ministry of Labour, WCB and the Safety Associations. Each with an integral contribution to the continuum of safety. b. WCB should fund the safety associations through the employers' premium rates. The OHS would then set the objectives of the Safety Associations based on their vision to prevent occupational injuries and illnesses.

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39. 38. Please provide your insights below on the accountability of safety associations and the evaluation of their safety programs. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. An annual audit by WCB and OHS of safety associations to determine the effectiveness of their programs.

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40. HEALTH AND SAFETY INFORMATION

Information gathered by the WCB represents the only available source of health and safety information that can be compared across employers and industries. This information is useful in setting health and safety policy and program direction. It is also often used by the public to evaluate the health and safety performance of Alberta's employers.

The users of WCB information are diverse, including: the Government of Alberta; industry and safety associations; employers; researchers; health practitioners and service providers; workers; unions; other jurisdictions; and the public. The types of information available are also diverse, including: industry level claims; employer level claims; injured workers demographics; injuries and illnesses claims; and financial aspects of employers and claims.

39. How is the data currently gathered by the WCB meeting your safety and injury prevention needs? Please describe. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. The WCB needs to evolve its data to leading indicators such as training, inspection results, near misses and evidence of health and safety investments, excluding claims data.

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41. 40. What other data would be of assistance to you in meeting your safety and prevention needs? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Number of Mandatory Joint Occupational H&S Committee recommendations i. How many adopted by employer b. Number of near misses c. Number of Critical injuries d. List of penalties imposed on employers for health and safety violations

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42. OTHER THOUGHTS YOU MAY HAVE

41. Please provide any other comments you have relating to WCB and roles it could play in the prevention of workplace injury and illness. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Claims Reporting/Suppression - Preventing the illegal and unethical practice whereby employers prevent or discourage injured workers from reporting workplace injuries to WCB. b. Services for Injured Workers - Improving the ability of injured workers to access WCB benefits and services. c. Benefits - The adequacy and timeliness of benefits for injured workers. And the correction of calculation errors e.g. cost of living d. Workplace Illness/Injury Prevention - The effectiveness of WCB workplace illness/injury prevention programs. e. Return to Work Programs - The effectiveness of WCB programs that help injured workers return to work safely. f. Financial Stability - The ability of the WCB to provide a stable financial footing for Alberta's workers compensation system. g. Governance/Accountability - The effectiveness of the WCB governance structure in providing sound leadership, representing stakeholder interests, and being accountable to stakeholders and the public. h. WCB has a vested interest to influence the culture of occupational H&S. They see the devastating effects when prevention fails. As a result, WCB should have programs in place to punish employers that fail to protect their workers.

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43. EMPLOYER PREMIUMS

The WCB is funded through premiums assessed to employers. There are no tax dollars involved in the workers' compensation system, and there are no deductions made from workers' paycheques to fund the system. Employer premiums are established each year.

An employer's assessment rate is determined in the following way:

- The WCB assesses the overall financial picture of the workers' compensation system. Using actuarial reports and financial forecasts, the WCB determines what it will need to pay out. A significant piece of this puzzle is the projected present and future costs of claims that are expected to be made to the WCB in the upcoming year. Historical data helps the WCB project these figures.
- On the basis of the overall financial picture, and with a view to its Funding Policy, the WCB determines what overall amount of money it needs to collect from all employers covered by the WCB in Alberta. This amount of money is determined so that the total premiums collected in the current year will pay for all estimated present and future costs of claims that are made during that year.
- Based on the overall amount of premiums that need to be collected, the WCB determines premium rates for each rate group. There are 118 rate groups covering 364 industries. Some rate groups have only one industry in them, while others include up to 20 industries. The premium rates of each rate group are set based on their historical pattern of claims costs. (This is sometimes called the "industry rate".)
- Each employer within a rate group is then assigned their premium rate based on their record of claims costs. This is called the "experience rating". Based on how the employer stacks up to the average of their rate group (or "industry average"), their premium rate for large employers can be set up to 40% higher or lower than the industry rate. Small business premium rates can be set up to 5% higher or lower than the industry rate.

This process is intended to achieve three things.

- First, it ensures that every employer pays something, thereby maintaining the collectivist nature of the workers' compensation system.
- Second, it provides for fairness by distributing the premiums based on which employers and industries are more likely to be the source of WCB claims and costs.
- Third, by reflecting the different claims histories of different employers and industries, it builds accountability into the system.

The WCB's use of an "experience rating" component means that an employer's WCB claims influence the WCB premiums they pay. Some have suggested the experience rating gives employers an incentive to suppress WCB claims. Others say the experience rating gives employers an incentive to undertake safety programs and measures that prevent injuries and illnesses in their workplaces.

Some have expressed concern that the WCB does not have sufficient processes in place to investigate or

deter claims suppression. Others say that existing processes work well.

Claim suppression is intentionally inducing a worker not to claim WCB benefits they are entitled to claim. Claims suppression can occur when incidents are not reported to the WCB, or when a claim is reported as 'no lost time' but actually involved lost time by a worker.

42. To what extent is the WCB experience rating system an incentive for preventing workplace injuries and diseases? To what extent is experience rating an incentive for promoting claims suppression? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Experience rating is not an incentive system to prevent workplace injuries and diseases. We have observed many negative effects: i. Many injured workers do not report their injuries as they are encouraged to accept alternative benefits instead of filing a WCB claim ii. Harassed at time of injury iii. Pushed to return to work too soon iv. Subject to employer intervention in claim v. Doctor-patient relationship is compromised

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44. 43. Is there a sufficient investigative process in place to deal with complaints of claim suppression and are the penalties sufficient to deter employers from this practice? How could investigative and penalty processes be improved? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. I have no experience with the investigative process. Unions would get involved with workplace intimidation complaints.

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45. INDUSTRY CUSTOM PRICING

The WCB offers Industry Custom Pricing (ICP) as an option for the calculation of employer premiums. Participation in ICP is industry-based. The WCB works with representatives of an industry to customize a pricing model for that industry. Various options exist. For example, an industry can choose to change the experience rating component, so that individual employers' claims records are weighted more heavily in the calculation of WCB premiums.

An industry must choose to move to ICP. Employers in the industry are polled on the proposed ICP program. If a majority of the industry votes in favour, the ICP program is then implemented for all employers in the industry.

An industry can later choose to opt out of the ICP program and revert back to the WCB's standard pricing model, by way of a similar majority vote.

In an industry-wide vote about ICP, a "majority" is defined as at least 50% of the industry as measured by insurable earnings. This means that, in some industries, a handful of very large employers can decide the vote, even if they constitute a minority of the total number of employers in the industry.

As a result, some have raised concerns that the WCB's approach to establishing an ICP program creates inequities between smaller and larger employers. Others say the approach is not inequitable, because it is based on the number of workers in the industry, not the number of employers.

44. Are employers of different sizes treated equitably in regards to ICP? If not, what strategies might be available to minimize inequities? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Abolish any programs that do not give full responsibilities to employers.

7/14/16 8:30:35 AM MDT

46. PARTNERSHIPS IN INJURY REDUCTION

The Partnerships in Injury Reduction (PIR) program is a voluntary program in which employer and worker representatives work collaboratively with the government to build health and safety management systems.

A Partner is an association, corporation or organization that commits to taking a leadership role in health and safety by entering into a formal agreement with the Alberta government. The Government and each Partner sign a Memorandum of Understanding outlining the specific commitments made by each organization.

The WCB offers an incentive (in the form of a premium reduction) to employers who participate in PIR. Some have questioned whether this incentive makes sense, since it is not connected to the employer's experience rating (i.e., their claims record). Others have suggested that the incentive makes sense, as it encourages employers to build safety management systems.

45. What are your views about the WCB's current practice of providing a premium incentive for employers who participate in the PIR program? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

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- a. There has to be accountability of the program's effectiveness i.e. no claims suppression.

7/14/16 8:30:42 AM MDT

47. THE WCB ACCIDENT FUND

The *Workers' Compensation Act* requires the WCB to maintain sufficient funds in the WCB's Accident Fund for the payment of present and future compensation to injured workers.

The concept of future compensation is important. In many instances, the WCB will be required to pay benefits to a worker for a long time period. Benefits will also be subject to inflation over time. There needs to be sufficient money in the Accident Fund to cover these long-term costs.

The Accident Fund is considered fully funded when the total of all assets equals or exceeds 100 percent of total liabilities.

The Accident Fund is managed so that it can generate investment returns. These investment returns can sometimes be better or worse than expected.

In managing the Accident Fund and setting employer premiums, the WCB follows its Funding Policy, which is established by the Board of Directors. The Funding Policy has several goals:

- Minimize the risk of being unfunded - To ensure injured workers benefits are secure, and that there is sufficient money in the Accident Fund for the payment of current and future benefits.
- Current employers pay for today's accidents - Stability is maintained in the Accident Fund by having today's employers pay for the current and future costs of today's accidents. This reduces the risk of passing the costs on to the next generation of employers.
- Minimize cost volatility to employers - To ensure that volatility of the Accident Fund does not create volatility in employer premiums. The objective is that premium rates reflect the current and future costs of today's accidents.
- Minimize the total cost charged to employers - The Accident Fund is managed to earn a rate of return that covers the annual growth in the liabilities associated with current and prior year accidents.

To achieve the goals of the Funding Policy, the WCB has established a target funding range for the Accident Fund of between 114% and 128%. This range was developed in consultation with experts independent of the WCB and the use of asset-liability modelling tools. The WCB indicates that the funding range, and the financial modelling that supports the range, are reviewed each year to ensure they remain appropriate.

If the funded ratio of the Accident Fund falls below the target funding range (i.e., lower than 114%), the WCB can decide to collect additional money from employers in order to bring the Accident Fund to required levels. This will be done in the form of a levy.

Conversely, if the funded ratio of the Accident Fund rises above the target funding range (i.e., greater than 128%), the WCB can decide to distribute a portion of surplus to employers. When the WCB does this, any money distributed is from better-than-expected investment returns, not the premiums that were collected.

This is akin to using a portion of interest from an investment, without touching the principal of the investment. Employer premiums are like the principal, and they stay in the Accident Fund so that they can fully fund the present and future costs of claims. Interest amounts that are realized from better-than-expected investment returns can be taken out of the Accident Fund and distributed to employers.

Questions have arisen about the WCB's target funding range and its implications for premiums, levies and distributions.

Some people say that the WCB should freeze or cut premiums so that it does not have a surplus in its Accident Fund. Other people say that freezing or cutting premiums would go against the principle that today's premiums pay for today's accidents and would raise the risk that there would be insufficient money available to pay the current and future costs of benefits for workers. Still others say that the Accident Fund should retain a comfortable surplus, in case markets are volatile and the Fund's investments fall in value.

46. What are your views about the way the WCB establishes and implements WCB premiums, levies and distributions? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. We agree with the Alberta Federation of Labour's position: i. Alberta discontinues offering employer premium discounts and surcharges via experience-rating, industry custom pricing, and the Partners in Injury Reduction programs. ii. The cost-savings associated with discontinuing these programs (approximately \$175m) should be used to fund: 1. Additional injury prevention activity directed at small enterprises (<100 employees) by the government. 2. Education of and assistance to workers (particularly vulnerable workers) seeking to file and/or appeal workers' compensation claims or claim decisions, including expanding the role of worker advisors. 3. Additional OHS enforcement activity by the government.

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48. 47. What other ways can the WCB ensure the sustainability of the workers' compensation system? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Promote workplace H&S culture i. Penalize employers who do not improve workplace safety

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49. 48. Distributing surplus money from the Accident Fund to employers is one way to address better-than-expected investment returns. What are some other ideas about what to do with these surpluses? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Very bad idea. It is irresponsible to distribute monies without regard for the future. b. Any surplus monies should be used to: i. Pay benefits to injured workers and surviving family members ii. Spend money on Health and Safety training for young workers 1. Develop Apps a. risk assessment b. musculoskeletal hazards c. working alone iii. Prevention 1. Physical and psychological workplace hazards 2. Chemical exposures iv. Have recognition for the Day of Mourning, April 28th v. Support worker and employer community by promoting safe and healthy working conditions vi. Enact statutory protective leave for pregnant and breast-feeding women

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50. OTHER THOUGHTS YOU MAY HAVE

49. Please provide any other comments you have relating to funding and financial sustainability. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. All employers of the province should participate and pay premiums to WCB b. All sectors should pay according to the risk of the industry

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51. ALTERNATIVE DISPUTE RESOLUTION

Some people have said that various aspects of the workers' compensation system have become legalistic, daunting and/or too adversarial over time. (For example: the Medical Panel process, the DRDRB process and the Appeals Commission process.)

There have been suggestions that it would be valuable for the workers' compensation system to incorporate consensual resolution processes (such as alternative dispute resolution) at key points, as a way of making the system more accessible for workers and employers.

50. Where, if anywhere, do you see opportunities to incorporate consensual resolution processes (such as alternative dispute resolution) in the workers' compensation system? What could these processes look like? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. A dispute resolution program is most beneficial for all parties. It provides cost savings for workers, employers and the WCB; decisions are done in a timely manner and all parties have the opportunity to provide comments of why claims should have merit or not. This will eliminate wait times for a hearing and multiple claims can be resolved at the same time

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52. 51. What do you like most about workers' compensation in Alberta? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. No fault insurance b. Vocational rehabilitation c. Occupational disease recognition d. Social security network for injured workers

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53. 52. What are your primary concerns about workers' compensation in Alberta? [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.*

a. Benefits not reflective of the injury (too low) b. "Guilty until proven innocent" c. Steps to get a claim accepted (medical dispute between personal and WCB medical practitioners) d. Invisible injuries (mental health, soft tissue etc.) e. Employer's minimized financial burden

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54. 53. We invite you to provide any other comments you have, which you have not already provided. [3500 Maximum Characters] *Please be aware that you have approximately 30 lines or 3500 characters to write*

your responses to each of the questions. You will not be prompted at each question when you exceed the maximum.

a. We are dismayed by WCB's creation and legitimization of a private health care system under the pretence of getting workers back to work as soon as possible; the use of private surgical facilities, private physiotherapist etc. We are concerned with Medical centers that are part of an Occupational Insurance Service program that charge workers to fill out WCB forms so that they can establish a claim. b. We recommend the Workers' Compensation Regulation be amended to include employer-paid pension and extended health benefits in the calculation of net earnings. When the compensation legislation was enacted, very few, if any workers had employer paid benefits. Today, employer paid pension and health benefits which comprise part of some workers' overall compensation continue to be excluded from the net earnings calculations and thus not reflecting the real earnings.

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55. Organization Name

Unifor

7/14/16 8:35:36 AM MDT

56. First Name

Sari

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57. Last Name

Sairanen

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58. Phone

██████████

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59. Email

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60. Please identify the industry of the organization(s) you represent [Select all that apply]

15. Other (Specify) (all the above)

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For assistance:

Refer to the [Opinio Survey Software User Guide](#).

Contact the **GoA Service Desk** at 780-427-1GOA (1462) or goa.servicedesk@gov.ab.ca