Basic Overview of Workers’ Compensation

Workers’ compensation is a system of employer-provided insurance that offers benefits to employees who suffer a job-related injury or illness. In most cases, by accepting workers’ compensation the employee gives up his or her right to sue the employer for negligence. When a covered worker suffers a job-related injury or illness, workers’ compensation may provide:

- Coverage for medical expenses and rehabilitation services including medical treatment both immediate and long-term, surgery, hospitalization, nursing, medications, physical therapy, medical and surgical supplies, sick travel, laboratory tests, and any other treatment that may be reasonably required.

- Partial payment of lost wages for the time the worker is considered unemployable – amount may vary depending on a number of factors but is generally somewhere between two-thirds and three-fourths of lost income.

- Lump-sum payment to workers suffering a permanent disability.

- Burial costs and related services when a work-related injury or illness is fatal. Also monetary support for surviving dependent family members, similar to life insurance.

In order to file a workers’ compensation claim, employees generally must demonstrate that they:

- Suffered a work-related injury or an occupational illness
- Notified their employer of the ailment within the specified time (which varies widely from state to state)
- Are an employee of the entity identified as the employer
- Followed the instructions of the clinician, such as when to return to work and any work restrictions.
State Laws: Variations in Agricultural Worker Coverage

Workers’ compensation rules and standards vary by state. Only 14 states as well as the District of Columbia, the Virgin Islands and Puerto Rico require full workers’ compensation coverage for agricultural workers. In all other states, coverage is either optional or limited.

**Full Coverage:**
Requires employers to cover agricultural workers to the same extent as all other workers.

- States with full coverage – AZ, CA, CO, CT, HI, ID, MA, MT, NH, NJ, NM, OH, OR and WA

**Limited Coverage:**
Requires agricultural employers to provide workers’ compensation but limits coverage to certain classifications of agricultural employers or workers. Most of these states provide exceptions to coverage either based on the number of hired agricultural employees or annual wages paid to the employees. In North Carolina, for example, employers are not required to provide workers’ compensation if they employ fewer than 10 full-time non-seasonal farm laborers.¹

- States with limited coverage – AK, FL, IL, IA, LA, ME, MD, MI, MN, NE, NC, NY, OK, PA, RI, SD, UT, VT, VA, WV and WI

**Optional Coverage:**
Allows agricultural employers to elect to provide workers’ compensation coverage to their employees, though the coverage is not required by state law. In many of these states, workers’ compensation is required for employers in other industries but optional for agriculture. Alabama, for example, exempts employers of farm laborers from its state workers’ compensation requirement.²

- States with optional coverage – AL, AR, DE, GA, IN, KS, KY, MS, MO, NV, ND, SC, TN, TX and WY

**Exclusions from coverage:**
Three states – AL, ID and WY – explicitly exclude from coverage any worker without valid work authorization.

Foreign Workers on Temporary Work Visas

Employers who hire temporary foreign agricultural workers under the H-2A visa program are required to provide workers’ compensation benefits to their employees, regardless of the applicable state law.³

³ 20 CFR 655.122(e)
Barriers to Workers’ Compensation for Agricultural Workers

According to the 2010-2012 National Agricultural Workers Survey (NAWS), only 31% of agricultural workers have health insurance. For agricultural workers who do not have health insurance or cannot afford to pay for medical care, workers’ compensation may be the only available option for obtaining treatment of job-related injuries or illnesses. Without workers' compensation, many agricultural workers would either forgo needed medical care or their families would go into medical debt in order to secure it. Workers' compensation benefits may be the only way for some workers to receive specialty care or rehabilitative services that may be outside a health center’s scope of work.

However, agricultural workers face numerous challenges in accessing workers' compensation benefits.

**Lack of knowledge:**
Workers’ compensation is complicated and confusing. Many agricultural workers are unaware that they may qualify for workers’ compensation.

**Fear of employer retaliation:**
Some agricultural workers may be reluctant to file workers’ compensation claims, even when they are eligible for benefits, for fear of retaliation by their employer. While this practice is illegal, many workers would rather forego claims than risk losing their jobs.

**“Light Duty”:**
After an injury or illness, clinicians often recommend “light duty” to facilitate recovery at work. However, there may be no job that qualifies as “light duty” on a farm. Most agricultural work, from picking and harvesting crops to packaging produce, involves heavy and strenuous labor. An agricultural worker who returns to work after an injury or illness may be exposed to the same hazards that caused the injury or illness in the first place.

**Transnational issues:**
Agricultural workers who migrate between the U.S. and their home countries, including but not limited to H-2A workers, face additional challenges when accessing workers' compensation benefits.

- **Follow-up** – Medical care may be more difficult and expensive to access outside of the U.S. Many migrant agricultural workers come from rural areas where healthcare, especially specialized care that may be required for more serious and disabling injuries, may be hours or days away from home.

- **Qualifications of doctors** – There may be constraints on clinicians outside the U.S. obtaining workers’ compensation reimbursement. Some states require foreign doctors to have certain qualifications in order to be eligible for reimbursement, which may disqualify doctors outside of the U.S. Those doctors who do meet U.S. criteria may be inaccessible to injured or ill agricultural workers, many of whom live in isolated rural areas.

- **Medical expenses** – Agricultural workers may not be able to afford continued medical care when they return to their home countries. Some insurers may presumptively deny reimbursement for out-of-country medical expenses, even if the claim is filed in the U.S. before the agricultural worker returns to his home country. For those insurers that do cover out-of-country medical expenses, doctors in home countries may be unfamiliar with filing U.S. workers’ compensation claims.

---

4 U.S. Dept. of Labor, NAWS 2010-2012
Issues of Concern for Health Centers

Workers’ compensation provides additional revenue to the health center, especially for patients who have no other form of insurance and would otherwise pay the sliding fee discount. In addition, the guaranteed medical coverage encourages greater adherence to medical treatment, ensuring the patient a quicker and fuller recovery. In some states, such as Washington, physicians may be required by law to assist a worker in pursuing a workers’ compensation claim if he or she is entitled to benefits.\(^5\)

Clinicians may encounter numerous challenges when filing workers’ compensation claims:

**Lack of information about workers’ compensation:**
The patchwork of state laws means that clinicians and health center administrators often lack accurate information about workers’ compensation coverage in their state. Further, clinicians don’t necessarily understand their role within the workers’ compensation filing process. Clinicians may not ask the right questions and/or administrators may not file the claim within the approved time period.

**Perceived burden of paperwork:**
Workers’ compensation is often seen as an administrative burden. Despite the reimbursement benefits, especially for workers who have no other form of insurance, filing claims is perceived as a cumbersome and time-consuming process.

**Language/cultural competency:**
Agricultural workers are reluctant to report workplace injuries and illnesses. An agricultural worker may not disclose his or her occupation unless asked by the clinician.

**Patient follow-up:**
The migratory and seasonal nature of agricultural work makes continuity of care difficult. Injured agricultural workers may return to their home countries instead of staying in the U.S. Others may not choose to receive follow-up treatment for their injury or illness due to fear of employer retaliation or loss of wages.

\(^5\) Washington State Law RCW 51.28.020
Addressing a Work-Related Injury – Step by Step

1. Assess if the injury or illness is work-related

During an agricultural worker’s initial visit, clinicians should take a thorough patient history that includes occupational and environmental exposures and take all steps necessary to determine the nature, cause and extent of the injury or illness. This information is important not only for the purposes of diagnosis and treatment, but also for helping the patient to eventually qualify for and receive workers’ compensation benefits.

When treating a patient with an occupational illness that may be related to chemical exposure, questions could include:

- Were you exposed to pesticides or other chemicals (by touching treated plants or through direct spray or drift) near the time you became ill?
- How soon after the exposure did your symptoms begin?
- Did any other workers in your area experience similar symptoms around that time?
- Have you ever experienced symptoms like this before? If so, under what circumstances?

When treating workers with ailments such as a back injury that develop over time, questions could include:

- How do you perform your job?
- How heavy are the bags of produce you lift?
- How many bags do you lift in an hour?
- How far do you have to carry bags of produce before emptying them in a bin?
- Do you have to reach over your head?
- How many times per hour do you repeat key tasks (e.g., carrying and emptying bags of produce)?

2. Determine if the worker is covered by workers’ compensation

Farmworker Justice has a list of each state’s workers’ compensation requirements as well as the process for handling workers’ compensation claims, including the forms, deadlines, and other requirements. You can access it on the Farmworker Justice website. It is also important to determine the extent to which an injured worker can choose his or her clinician. States vary widely on this issue. In some states, mid-level clinicians are not permitted to file workers’ compensation claims. Other states, such as Pennsylvania, have a designated list of physicians who can treat workers’ compensation patients, to which migrant health centers may have difficulty being added. Yet another variation is Maine’s policy, which allows the employer to designate the clinician for the first 10 days, after which the injured worker has free choice.
3. **Build a strong foundation for a workers’ compensation claim**

Clinicians play a vital role in the recovery of wages and medical benefits through workers’ compensation as they document the injury on behalf of the agricultural worker. In order to file a workers’ compensation claim, an employee generally must demonstrate that he or she:

- Suffered a work-related injury or an occupational illness;
- Notified the employer of the ailment within the specified time (which varies widely from state to state);
- Is an employee of the entity identified as the employer; and
- Followed the instructions of the clinician, such as when to return to work and any work restrictions.

If a clinician believes that an agricultural worker is suffering from a work-related ailment, and the worker is covered by workers’ compensation, a report and a bill should be sent to the patient’s employer or the employer’s workers’ compensation insurance provider. The medical report must show in detail the nature and extent of the injury and contain a full description of the treatment provided. Many states have rules as to how quickly this report must be filed. When submitting a report the clinician should document the following:

- The nature and extent of the illness or injury.
- The connection of the ailment to work activity.
- The treatment provided and the patient’s compliance with it.
- The date when the patient should be able to return to work.
- What work modifications, if any, are needed to enable the patient to resume employment.
- In the case of back or neck injuries, contributing or aggravating factors that occur as a result of a “specific traumatic incident.”
- Specific statements made by the worker.

In order to support a workers’ compensation claim, the worker will need a clinician to attest, to a reasonable medical certainty, that the illness or injury arose from work activities. Unlike diagnosing the illness or injury itself, which calls for 80-90% certainty, for purposes of workers’ compensation, a clinician’s opinion that an illness or injury is occupationally-related can be based on a conclusion that is probable or more likely than not, i.e. one that is supported by 51% of the evidence. While this is not an extremely high burden to satisfy, the worker must be able to demonstrate:

- That through the job the worker has been exposed to a greater risk of suffering than the general public; and
- That the job was a significant reason the worker has suffered the ailment.
Even if the initial underlying injury is preexisting or not work-related, the acceleration or aggravation of that underlying injury due to employment may be compensable. When a combination of factors caused the illness or injury, workers' compensation will cover the condition if work activity was a significant contributing cause. In some cases, total disability benefits may be apportioned when there is sufficient evidence to ascertain the percentage of the worker's disability that is caused by non-work related activity.

Migrant health centers may consider partnering with occupational and environmental medicine (OEM) specialists in their area who are generally familiar and comfortable with the workers' compensation process. Most OEM specialists work in hospital-based clinics; clinicians may be able to find an OEM specialist willing to work with them by contacting their local hospital network. If workers need to be sent to the hospital-based clinic to see the OEM specialist, the health center may want to provide outreach workers for transportation and interpretation, which may be billable services.⁶

Determine next steps for treatment
Clinicians should fully discuss all treatment options with the patient to ensure that the worker is in agreement with the option selected and able to comply with the clinician's instructions (for example, whether the patient has access to transportation for follow-up appointments). These considerations are important because a patient's failure to comply with a clinician's instructions without reasonable justification could result in the termination of workers' compensation benefits.

Treatment considerations include:

- Degree of recovery, including on-going pain, range of motion, etc.

- Physical demands of the job. If light duty is available and appears appropriate, the clinician should specify the conditions under which such duty may be performed, e.g., amount of weight that can be lifted, number of hours that the worker can stand, and whether the work can be performed in a stooped position.

The clinician should advise the worker to return to the clinic if the injury prevents the performance of light duty. In such circumstances, the clinician can, after an examination, make a determination that temporary disability requires time off work. When handled in this manner, a worker should be able to receive workers' compensation benefits for the additional period of disability.

Resources
The following resources and organizations provide information on occupational medicine, workers' compensation and migrant workers.

⁶ A list of resources to help locate OEM specialists can be found at the end of this guide. For an example of a partnership between a migrant health clinic and an OEM specialist, see Liebman A. Occupational Medicine Brings Healthcare Justice to the Front Lines. Streamline, volume 14, issue 4, page 1, July/August 2008.
Resources:

**Providing Medical Services to Low-Wage Workers with Job Injuries**
Developed by the Watsonville Law Center and the Labor Occupational Health Program at University of California, Berkeley, this guidebook provides community health centers with tools to develop a workers’ compensation program in their clinics.

**FJ and MCN Pesticide Reporting and Workers’ Compensation Map**
FJ and MCN developed an interactive map that provides state-by-state information on pesticide reporting and workers’ compensation requirements for agricultural workers.

**FJ and MCN Webinar: Caring for the Injured Worker – Effective Partnerships between Clinicians, Health Centers, and Lawyers**
This webinar, featuring Edward Zuroweste, MD and Brent Probinsky, JD, explores how migrant clinicians can work collaboratively with legal advocates to help their patients secure workers’ compensation benefits.

**EPA’s Recognition and Management of Pesticide Poisonings**
The purpose of this manual is to provide clinicians with current consensus recommendations for treating patients with pesticide-related illnesses or injuries. The newly published 6th edition includes new pesticide products on the market and explores the potential association between low-level exposure to pesticides over time and chronic disease.

Organizations:

**Association of Occupational and Environmental Clinics**
[www.aoec.org](http://www.aoec.org)
The AOEC website has links to educational resources, tools and training as well as a directory of clinics and clinicians nationwide that specialize in occupational and environmental health.

**American College of Occupational and Environmental Medicine**
[www.acoem.org](http://www.acoem.org)
ACOEM is a membership organization that promotes leadership in the health and safety of workers, workplaces and environments.

**American Association of Occupational Health Nurses**
[www.aaohn.org](http://www.aaohn.org)
AAOHN is a membership association dedicated to advancing health, safety and productivity of domestic and global workforces by providing education, research, public policy and practice resources for occupational and environmental health nurses.

**Legal Services**
Search for a local legal services office that may be able to provide legal assistance to migrant workers with workplace injuries.

For more information, go to Farmworker Justice’s website at [www.farmworkerjustice.org](http://www.farmworkerjustice.org) or Migrant Clinicians Network’s website at [www.migrantclinician.org](http://www.migrantclinician.org).

Disclaimer: This publication is supported by grant number U30CS22741 from the Health Resources and Services Administration's Bureau of Primary Health Care. The contents of this publication are solely the responsibility of Farmworker Justice and Migrant Clinicians Network and do not necessarily reflect the official views of the Bureau of Primary Health Care or the Health Resources and Services Administration.

Photo credit: Earl Dotter