

NEW MEXICO

1. Citation for the state's workers' compensation statute

New Mexico Workers' Compensation Act, New Mexico Statutes Annotated §§52-1-1, et seq. (1991). The New Mexico Occupational Disablement Law, New Mexico Statutes Annotated §§52-3-1, et seq. (1991).

SCOPE OF COMPENSABILITY

2. Who are covered "employees" for purposes of workers' compensation?

All employees are covered, except those who file a written waiver with the State of New Mexico. Domestic helpers and real estate agents are also exempted.

3. Identify and describe any "statutory employer" provision.

There is no statutory employer provision in the Statute. However, a statutory employer would be entitled to the exclusive remedy provisions of the Act. *Enriquez v. Cochran*, 1998-NMCA-157.

4. What types of injuries are covered and what is the standard of proof for each:

A. Traumatic or "single occurrence" claims.

Traumatic/single occurrence claims and repetitive trauma claims are covered, as long as the trauma occurred within the course and scope of the employment and arose out of the employment. N.M. Stat. Ann. §§52-1-9, 52-1-28. Repetitive use claims are considered traumatic injuries and are covered by the Workers' Compensation Act rather than the Occupational Disease Disablement Act.

NMSA Section 52-3-32.1 creates a presumption for firefighters that any heart injury or stroke suffered within twenty-four hours of responding to a fire call or a non-fire emergency or while engaging in supervised physical training constitutes a work related injury.

B. Occupational disease (including respiratory and repetitive use).

An occupational disease is defined as a disease unique to the employee's occupation as opposed to a disease to which the general population is at risk to suffer from. The employer with the last injurious exposure which results in disability is responsible. N.M. Stat. Ann. §§52-3-11, 52-3-32, 52-3-33.

NMSA Section 52-3-32.1 creates a rebuttable presumption that causation is established for full-time non-volunteer firefighters for the following diseases: (1) brain cancer after ten years; (2) bladder cancer after twelve years; (3) kidney cancer after fifteen years; (4) colorectal cancer after ten years; (5) non-Hodgkin's lymphoma after fifteen years; (6) leukemia after five years; (7) ureter cancer after twelve years; (8) testicular cancer after five years if diagnosed before the age of forty with no evidence of anabolic steroids or human growth hormone use; (9) breast cancer after five years if diagnosed before the age of forty without a breast cancer 1 or breast cancer 2 genetic predisposition to breast cancer; (10) esophageal cancer after ten years; (11) multiple myeloma after fifteen years; and (12) hepatitis, tuberculosis, diphtheria, meningococcal disease and methicillin-resistant staphylococcus aureus appear and diagnosed after entry into employment.

5. What, if any, injuries or claims are excluded?

None.

6. What psychiatric claims or treatments are compensable?

Single psychologically traumatic events are covered, as well as psychological conditions resulting from physical injuries. Job stress claims are not otherwise compensable. N.M. Stat. Ann. §52-1-24.

7. What are the applicable statutes of limitations?

A claim must be filed within one year and 30 days from the date of the accident and disability if the employee does not continue in employment where the accidental injury occurred. If the employee maintains employment where the accidental injury occurred, this is extended for an additional year. There is no statute of limitations on medical claims or safety device enhancement claims. N.M. Stat. Ann. §52-1-31.

8. What are the reporting and notice requirements for those alleging an injury?

Notice must either be based on actual knowledge of the event by the employer or it must be given in writing within 15 days. N.M. Stat. Ann. §52-1-29.

9. Describe available defenses based on employee's conduct:

A. Self-inflicted injury.

Such injuries are not compensable. N.M. Stat. Ann. §52-1-9, 52-1-11, 52-1-28.

B. Willful misconduct, "horseplay," etc.

Such a claim is barred, unless the employer condoned the conduct. N.M. Stat. Ann. §§52-1-9, 52-1-11, 52-1-28.

C. Injuries involving drugs and/or alcohol.

Such a claim is to be reduced by the degree to which the intoxication or influence contributes to the worker's injury, provided that the reduction shall be a minimum of ten percent but no more than ninety percent. N.M. Stat. Ann. §52-1-12.1. An employer shall be barred from claiming a reduction in compensation pursuant to this section if the employer fails to implement a written policy that declares a drug- and alcohol- free workplace. N.M. Stat. Ann. §52-1-12.1(H). Reduction or denial of compensation benefits authorized under this section shall not affect payments of benefits to the dependents of a deceased worker. N.M. Stat. Ann. §52-1-12.1(J).

10. What, if any, penalties or remedies are available in claims involving fraud?

The Safety and Fraud Division is attached to the Workers' Compensation Administration. Upon finding that fraud has been committed, they make appropriate referrals of their findings to a judge assigned to the underlying workers' compensation claim and also to the appropriate law enforcement agency. N.M. Stat. Ann. §52-5-1.3.

11. Is there any defense for falsification of employment records regarding medical history?

Yes, so long as the misrepresentation is relevant to the injury and the employer relied on the misrepresentation. Only misrepresentations regarding the worker's physical condition are actionable. N.M. Stat. Ann. §52-1-28.3.

12. Are injuries during recreational and other non-work activities paid for or supported by the employer compensable?

Yes. N.M. Stat. Ann. §52-1-28.3.

13. Are injuries by co-employees compensable?

Yes, except for intentional torts. N.M. Stat. Ann. §52-1-28. *but see Griego v. Patriot Erectors, Inc.*, 2007-NMCA-080, 141 N.M. 844, 161 P.3d 889.

14. Are acts by third parties unrelated to work, but committed on the premises, compensable (e.g., "irate paramour" claims)?

No. N.M. Stat. Ann. §52-1-28.

BENEFITS

15. What criterion is used for calculating the average weekly wage?

Wages earned by the employee in the 26 weeks preceding accidental injury, or pro rata if employed less than 26 weeks, are used to calculate the average weekly wage. N.M. Stat. Ann. §52-1-20.

16. How is the rate for temporary/lost time benefits calculated, including minimum and maximum rates?

Two-thirds of the difference between the employee's pre-injury and post-injury wage is paid prior to maximum medical improvement, if the employee returns to work. Otherwise, temporary total disability benefits are applied. After maximum medical improvement is reached, a formula is used to determine permanent partial disability benefits. N.M. Stat. Ann. §§52-1-24.1, 52-1-25, 52-1-25.1, 52-1-26, 52-1-26.1, 52-1-26.2, 52-1-26.3, 52-1-26.4.

17. How long does the employer/insurer have to begin temporary benefits from the date disability begins?

Fourteen days after the filing of the First Report of Injury. N.M. Stat. Ann. §52-1-30.

18. What is the "waiting" or "retroactive" period for temporary benefits (e.g., must be out ____ days before recovering benefits for the first ____ days)?

The employee must be out four weeks before recovering benefits for the first seven days. N.M. Stat. Ann. §52-1-40.

19. What is the standard/procedure for terminating temporary benefits?

There is no requirement that any pleadings be filed to terminate benefits. If benefits are reduced or terminated, the employee must be advised in writing and the reasons for reduction or termination of benefits must be given. N.M. Stat. Ann. §§52-1-28.1, 52-1-31.

20. Is the amount of temporary total disability paid credited toward the amount entitled for permanent partial disability?

Yes, if the injury is non-scheduled. N.M. Stat. Ann. §52-1-42, 52-1-43.

21. What disfigurement benefits are available and how are they calculated?

Only facial (whole head) disfigurement is compensated. The award is discretionary and is capped at \$2,500. N.M. Stat. Ann. §52-1-44.

22. How are permanent partial disability benefits calculated, including the minimum and maximum rates?

A. How many weeks are available for scheduled members/parts, and the standard for recovery?

The number of weeks varies, depending on which body member is affected, from 7 weeks for amputation of any finger at the distal joint through 200 weeks for the loss of an arm or leg. There are 43 subparts to the schedule. N.M. Stat. Ann. §52-1-43.

B. Number of weeks for “whole person” and standard for recovery.

If the employee has a permanent partial disability of less than 80%, 500 weeks are paid for permanent partial disability. If the disability is equal to or greater than 80%, benefits are paid for 700 weeks. Total permanent disability runs for the life of the employee. N.M. Stat. Ann. §§52-1-41, 52-1-42.

C. Employer’s right to offset.

An employer that employs a worker at the time of an injury receives an off-set only for wages and benefits that that employer provides and does not receive an off-set for wages paid to the worker by an employer who employs the worker after the injury. *Moya v. City of Albuquerque*, 2007-NMCA-057.

D. A scheduled injury does not combine with a whole person injury.

If a Worker has both a scheduled injury and a whole person injury, they may receive both. However, the combined amounts cannot exceed the average weekly wage. *Baca v. Complete Drywall Co.*, 2002-NMCA-002.

23. Are there any requirements/benefits for vocational rehabilitation, and what is the standard for recovery?

The current Workers’ Compensation Act does not provide for vocational rehabilitation benefits, but the Occupational Disease Disablement Law does provide for such benefits.

24. How are permanent total disability benefits calculated, including the minimum and maximum rates?

The minimum benefit is \$36 weekly and the maximum is a statutory maximum as set by the state each year. N.M. Stat. Ann. §52-1-4.

25. How are death benefits calculated, including the minimum and maximum rates?

A. Funeral expenses.

\$7,500. N.M. Stat. Ann. §52-1-46.

B. Dependency claims.

Death benefits are available to the surviving spouse and minor children who the decedent was legally obligated to support. The exact amount that the children and spouse receive depends on the number of children and if there is a surviving spouse. N.M. Stat. Ann. §52-1-46.

26. What is the criteria for establishing a “second injury” fund recovery?

The Subsequent Injury Fund was abolished by 1996 legislation. There may be pending claims for which the previous law is still applicable.

27. What are the provisions for re-opening a claim for worsening of condition, including applicable limitations periods?

The employee must show an increased disability, and the employee can move to re-open only every six months. A case can be reopened even if there was a settlement if there has been a worsening of the condition. N.M. Stat. Ann. §52-1-56. See answer 7. see. *Benny v. Moberg Welding*, 2007-NMCA-124, 142 N.M. 501, 167 P.3d 949. A review may be obtained upon application of a party in interest filed with the director at any time within two years after the date of the last payment or the denial of benefits upon the following grounds change in condition, et. al. N.M. Stat. Ann. §52-5-9(B).

28. What situation would place responsibility on the employer to pay an employee’s attorney fees?

The employer/insurer is responsible for 50% of the employee’s attorney’s fees. The employee’s attorney’s fees cannot exceed a maximum of \$22,500 for claims under the Workers’ Compensation Act §52-1-1 and \$22,500 for claims under the Occupational Disease and Disablement Law §52-3-1, plus gross receipts taxes unless there has been a finding that the employer/insurer committed bad faith in the handling of the claim and, as a result, the employee suffered an economic loss. If the employee tendered an offer of settlement and the employer/insurer fail to obtain a result better than the offer, the employer/insurer are required to pay the entire fee of the employee’s attorney. N.M. Stat. Ann. §§52-1-54, 52-3-1, et. seq.

EXCLUSIVITY/TORT IMMUNITY

29. Is the compensation remedy exclusive?

A. Scope of immunity.

The exclusive remedy provision of the Workers' Compensation Act applies to all employers and co-employees. N.M. Stat. Ann. §§52-1-2, 52-1-3, 52-1-3.1, 52-1-7, 52-1-8, 52-1-9. A Statutory Employer would be entitled to the exclusive remedy provisions of the Act. *Enriquez v. Cochran*, 1998-NMCA-157.

B. Exceptions (intentional acts, contractual waiver, "dual capacity," etc.).

Intentional torts, acts which constitute gross negligence and those individuals filing a written waiver of coverage with the state are excluded from workers' compensation coverage. N.M. Stat. Ann. §§52-1-7, 52-1-28.

30. Are there any penalties against the employer for unsafe working conditions?

Yes. There can be a maximum 10% increase in compensation benefits. N.M. Stat. Ann. §52-1-10.

31. What is the penalty, if any, for an injured minor?

Yes, up to a maximum 10% increase in compensation. N.M. Stat. Ann. §52-1-10.

32. What is the potential exposure for "bad faith" claims handling?

There is a maximum \$5,000 increase for attorney's fees over and above other attorney's fees awarded. In addition an award can be made to the Worker of up to 25% of any benefits granted by the presiding Judge. A civil fine of up to \$1,000.00 can also be awarded. N.M. Stat. Ann. §§52-1-28.1, 52-1-54.

33. What is the potential exposure for terminating an employee who has been injured?

There is a maximum \$5,000 penalty to be paid by the employer so long as it is shown that the termination was occasioned solely because the worker sought workers' compensation benefits. N.M. Stat. Ann. §§52-1-28.2, 52-1-50.1.

THIRD PARTY ACTIONS

34. Can third parties be sued by the employee?

Yes. N.M. Stat. Ann. §§52-1-9, 52-1-10.1.

35. Can co-employees be sued for work-related injuries?

A co-employee can only be sued for intentional torts. *but see Griego v. Patriot Erectors, Inc.*, 2007-NMCA-080, 141 N.M. 844, 161 P.3d 889.

36. Is subrogation available?

Yes. It is commonly called a right of reimbursement. The employer/insurer retain a statutory right to reimbursement, which operates as a lien on any other recovery by the employee. N.M. Stat. Ann. §§52-1-10.1, 52-5-17. Reimbursement is limited to the worker's duplicative recovery. — An employer is not necessarily entitled to a full reimbursement from an employee's fair, but partial, tort recovery, but is entitled to recoup the amount of a worker's duplicative recovery; moreover, those amounts that the employee reasonably receives for injuries not addressed by workers' compensation, such as pain and suffering, may not be recovered by the employer. *Gutierrez v. City of Albuquerque*, 1998-NMSC-027, 125 N.M. 643, 964 P.2d 807.

MEDICALS

37. Is there a time limit for medical bills to be paid, and are penalties available for late payment?

There is no statute of limitations for medical bills. Case law has set 30 days as the standard, which most judges follow. Bad faith can be alleged for late payments. N.M. Stat. Ann. §52-1-49. The employer/insurer has three working days to reject a request for medical services. If the employer does not respond with a rejection within the three days then the employer/insurer can be found to be responsible to payment of those services. Rule 11.4.7.9 K(1) of the Rules and Regulations of the Workers' Compensation Administration.

38. What, if any, mechanisms are available to compel the production of medical information (reports and/or an authorization) at the administrative level?

Medical reports are required to be produced by the parties at the time of the mediation of a claim. An employee is required to provide an executed medical release. N.M. Stat. Ann. §52-5-5.

39. What is the rule on (a) Claimant's choice of physician; (b) Employer's right to a second opinion and/or Independent Medical Examination?

A. Claimant's choice of physician.

The employer has the right to make the first choice of health care provider. The employee can make the first selection of the health care provider if the employer waives their right to do so or if the employer does not adequately advise the employee of his or her right to make the initial selection. After the initial selection has been made, the other party can choose a different health care provider after 60 days. Any subsequent changes of the health care provider must be based on a showing of unreasonable care being provided. N.M. Stat. Ann. §52-1-49.

B. Employer's right to a second opinion and/or Independent Medical Examination

Either party has a right to request an Independent Medical Examination. N.M. Stat. Ann. §52-1-51 (1991). If the parties cannot agree on the necessity of an Independent Medical Examination or cannot agree on the health care provider to conduct the examination, either party can petition the Workers' Compensation Administration. The Workers' Compensation Judge will then decide whether an Independent Medical Examination is necessary and/or select the health care provider to conduct the Independent Medical Examination. The Workers' Compensation Judge has the right to independently order an Independent Medical Examination if it will further the resolution of the case. If a worker refuses to submit to an Independent Medical Examination benefits may be suspended.

If there is a change of health care provider to a new provider then the party making the initial choice of health care provider is entitled to secure periodic re-examinations with the initial health care provider. N. M. Stat. Ann. §52-1-51(D).

40. What is the standard for covered treatment (e.g., chiropractic care, physical therapy, etc.)?

Treatment must be provided by an authorized provider. The services must be reasonable and necessary under the facts of the claim. N.M. Stat. Ann. §§52-1-49, 52-4-1.

41. Which prosthetic devices are covered, and for how long?

All prosthetic devices, which are reasonable and necessary during the employee's life, are covered. N.M. Stat. Ann. §52-1-49.

42. Are vehicle and/or home modifications covered as medical expenses?

Yes, such modifications are covered as medical expenses as long as they are reasonable and necessary. N.M. Stat. Ann. §52-1-49.

43. Is there a medical fee guide or schedule, or other provisions for cost containment?

Yes. N.M. Stat. Ann. §52-4-5.

44. What, if any, provisions or requirements are there for “managed care”?

There is no specific statutory provision for “managed care.” If the “managed care” is recommended by a designated health care provider, and if the services provided by the “managed care” entity are reasonable and necessary for the treatment of a compensable injury, the employer/insurer are responsible for payment of those services. A utilization review, fee schedule and care management system is set forth in N.M. Stat. Ann. §52-4-3.

PRACTICE/PROCEDURE

45. What is the procedure for contesting all or part of a claim?

Either an employee or an employer can file a claim with the New Mexico Workers’ Compensation Administration. The claim then proceeds to nonbinding mediation. If either party rejects the recommendation(s), it proceeds to an administrative trial. N.M. Stat. Ann. §§52-5-5, 52-5-6.

46. What is the method of claim adjudication?

A. Administrative level.

New Mexico has an administrative workers’ compensation court. There is a mandatory mediation process that generally, within 30-60 days from the date that the complaint was filled, will attempt to bring the parties together to discuss a possible resolution outside of official court proceedings. N.M. Stat. Ann. § 52-5-5. If the parties are unable to resolve the disputes raised in the complaint, then a trial proceeds as with any bench trial in the New Mexico courts of general jurisdiction. N.M. Stat. Ann. §52-5-6.

B. Trial court.

See above answer 46 A.

C. Appellate.

Review of decisions of the Workers’ Compensation Judge are to the New Mexico Court of Appeals which utilizes a whole record standard. N.M. Stat. Ann. §52-5-8. Decisions made by the Director of the Workers’ Compensation Administration are reviewed by the State District Court.

47. What are the requirements for stipulations or settlements?

In cases where the parties agree to a lump sum for return to work pursuant to statutory conditions set out below, or where the parties agree to a lump sum for debt or an acceleration of benefits, the consent of the parties and approval of the New Mexico Workers' Compensation Administration Judge are necessary in order to have a valid settlement. New Mexico restricts lump sum settlements to cases in which an employee returns to work for six months, earning 80% of his or her pre-injury wage. There is a provision for partial lump sum payments for post-disability debts and for the acceleration of weekly indemnity benefits. There is also a provision for settlement of all compensation benefits and medical benefits. Settlement terms must be set out in writing, the worker must demonstrate they are fully informed as to the terms and conditions of settlement and the settlement must be fair and equitable and provide substantial justice to the parties. Testimony in support of the settlement is required. N.M. Stat. Ann. §§ 52-5-12, 52-5-13, 52-5-14.

48. Are full and final settlements with closed medicals available?

The worker and employer/insurer may elect to resolve a claim for injury with a lump-sum payment to the worker for all or a portion of past, present and future payments of compensation benefits, medical benefits or both in exchange for a full and final release or an appropriate release of the employer from liability for such compromised benefits. The proposed lump-sum payment agreement shall be presented to the workers' compensation judge for approval, and a hearing shall be held on the record. The workers' compensation judge shall approve the lump-sum payment agreement if the judge finds that:

- (1) a written agreement describing the nature of the proposed settlement has been mutually agreed upon and executed by the worker and the employer;
- (2) the worker has been fully informed and understands the terms, conditions and consequences of the proposed settlement;
- (3) the lump-sum payment agreement is fair, equitable and provides substantial justice to the worker and employer; and
- (4) the lump-sum payment agreement complies with the requirements for approval set forth in Sections 52-5-13 and 52-5-14

49. Must stipulations and/or settlements be approved by the state administrative body?

Yes, lump sum settlements must be approved by an administrative judge. The ALJ must follow the requirements of Sections 52-5-13 and 52-5-14 and *Paradiso v. Tipps Equip.*, 2004-NMCA-009.

RISK FINANCE FOR WORKERS' COMPENSATION

50. What insurance is required, and what is available (e.g., private carriers, state fund, assigned risk pool, etc.)?

Private insurers, state fund, assigned risk pool and self-insured status, including self-insured pools, are available options. Coverage is required for indemnity, medical, and attorney fees. N.M. Stat. Ann. §§52-1-4, 52-1-4.1, 52-6-1, *et seq.*, 52-8-1, *et seq.*, 52-9-1, *et seq.* Workers who are injured while working for employers who do not have workers compensation insurance can obtain relief through the Uninsured Employers Fund. N.M. Stat. Ann §52-1-9.1.

51. What are the provisions/requirements for self-insurance?

A. For individual entities.

Two and a half million-dollar net worth and approval by the Director of the Workers' Compensation Administration is necessary to be a self-insured entity. N.M. Stat. Ann. §§52-8-1, *et seq.* Rule 11.4.8 (A) (1) of Rules and Regulations of the Workers' Compensation Administration.

B. For groups or "pools" of private entities.

Three million dollar net worth of combined worth of all members and approval by the Director of the Workers' Compensation Administration is necessary for a self-insured pool to be certified in New Mexico. N.M. Stat. Ann. §52-6-5 (B)(1).

52. Are "illegal aliens" entitled to benefits of workers' compensation in light of The Immigration Reform and Control Act of 1986, which indicates that they cannot lawfully enter into an employment contract in the United States, although most state acts include them within the definition of "employee"?

An undocumented worker is entitled to medical benefits under the Act. The status as undocumented worker is a partial defense to payment of modifier benefits. The rule states that employers who cannot demonstrate good faith compliance with federal law in the hiring process cannot use their workers' undocumented status as a defense to continued payment of modifier benefits under the Workers' Compensation Act. *Gonzalez v. Performance Painting, Inc.*, 2013-NMSC-021.

53. Are terrorist acts or injuries covered or excluded under workers' compensation law?

There are no specific statutes and there is no specific case law that excludes coverage for terrorist acts or injuries. Any injuries caused by terrorist acts will be analyzed using the traditional “course of employment” and “arising out of employment” analysis.

54. Are there any state specific requirements which must be satisfied in light of the obligation of the parties to satisfy Medicare’s interest pursuant to the Medicare Secondary Payer Act?

No.

55. How are subrogation liens of Medicaid and health insurers treated under workers’ compensation law?

The New Mexico Human Services Department has been assigned, and is subrogated to, any right of the Medicaid recipient against a third party recovery of medical expenses to the extent of the Department’s Medicaid payment on the recipient’s behalf. N.M. Stat. Ann. §§27-2-23 (B), 27-2-28 (G). It is not clear whether any medical liens would be subject to the Maximum Allowable Payment schedule or fee schedule involving Medicaid liens. It is presumed that any hospital liens under state law would be subject to the hospital fee ratio, which has been established by rules and regulations and by statute under the New Mexico Workers’ Compensation Act and the Occupational Disease Disablement Law for New Mexico. N.M. Stat. Ann. §52-4-5.

56. What are the requirements for confidentiality and privacy of medical records under workers’ compensation law and how are they affected by the state and federal law (HIPPA)?

There are no specific New Mexico statutes or case law that address the applicability of HIPPA and workers’ compensation acts. It is presumed that the federal statute would preempt New Mexico state statutes, but no cases have specifically addressed that issue. N.M. Stat. Ann. §52-5-21 (2001) allows the release of the Workers’ Compensation Administration’s files involving previous claims to a party involved in a claim being filed against it by a worker. After a filing of the rejection of the Recommended Resolution, the Workers’ Compensation files of the worker maintained by the Workers’ Compensation Administration are open to the public.

57. What are the provisions for “Independent Contractors”?

There is no specific definition of independent contractor in case law or statute in New Mexico. There is case law that directs the parties to the criteria set forth in the Restatement

Second of Agency. The primary test is that of “control.” N.M. Stat. Ann. §52-1-22. See *Harger v. Structural Servs.*, 1996-NMSC-018, 121 N.M. 657, 916 P.2d 1324.

- 58. Are there any specific provisions for “Independent Contractors” pertaining to professional employment organizations/temporary service company/leasing companies?**

New Mexico has an Employee Leasing Act. N.M. Stat. Ann. §60-13(A)-1 et. seq. Any employee leasing company is required to comply with the New Mexico Workers’ Compensation Act and have workers compensation insurance coverage. A leased employee can be considered an employee of both the leasing company and the Lessee. See *Johnson v. Aztec Well Serv. Co.*, 117 N.M. 697, 875 P.2d 1128 (Ct. App. 1994).

- 59. Are there any specific provisions for “Independent Contractors” pertaining to owner/operators of trucks or other vehicles for driving or delivery of people or property?**

No. *But see*. N.M. Stat. Ann. §52-1-14, 52-1-64, 52-1-65, 52-1-66, *Hammonds v. Freymiller Trucking, Inc.*, 115 N.M. 364, 851 P.2d 486 (Ct. App. 1993).

- 60. Are there any state specific requirements which must be satisfied in light of the obligation of the parties to protect Medicare’s interests when settling the right to medical benefits under a claim?**

Nothing state specific; however, it is advisable to consider Medicare’s interest in all settlements involving medical benefits.

- 61. What are the "Best Practices" for defending workers' compensation claims and controlling workers' compensation benefits costs and losses?**

Financial exposure to workers’ compensation is an expensive and complex challenge for every business. The best means for reducing and eliminating that exposure is a strong and individualized “Best Practices” plan.

Every business must deal with the expense of workers’ compensation in its risk management and in dealing with the inevitable claim. The best approach to ameliorating a business exposure is a strong and individualized "Best Practices" plan.

The ALFA affiliated counsel who compiled this State compendium offers an expert, experienced and business-friendly resource for review of an existing plan or to help write a "Best Practices" plan to guide your workers’ compensation preparation and response. No one can predict when the need will arise, so ALFA counsels that you make it a priority to review your plan with the ALFA Workers’ Compensation attorney for your state, listed below:

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