

Section 92-01-02-11.1 is amended as follows:

**92-01-02-11.1. Attorney's fees.**

Upon receipt of a certificate of program completion from the decision review office, fees for legal services provided by employees' attorneys and legal assistants working under the direction of employees' attorneys will be paid when an administrative order reducing or denying benefits is submitted to administrative hearing, district court, or supreme court and the employee prevails; or when a managed care decision is submitted to binding dispute resolution and the employee prevails subject to the following:

1. The organization shall pay attorneys at ~~one hundred eighty-five~~ one hundred ninety-five dollars per hour for all actual and reasonable time other than travel time. The organization shall pay attorney travel time at ~~ninety-three~~ ninety-eight dollars per hour.

2. The organization may pay legal assistants and third-year law students or law school graduates who are not licensed attorneys who are practicing under the North Dakota senior practice rule acting under the supervision of employees' attorneys up to ~~one hundred eight~~ one hundred fifteen dollars per hour for all actual and reasonable time other than travel time. The organization shall pay travel time at ~~fifty-four~~ fifty-seven dollars per hour. A "legal assistant" means any person with a bachelor's degree, associate's degree, or correspondence degree in a legal assistant or paralegal program from an accredited college or university or other accredited agency, or a legal assistant certified by the national association of legal assistants or the national federation of paralegal associations. The term may also include a person employed as a paralegal or legal assistant who has a bachelor's degree in any field and experience working as a paralegal or legal assistant.

3. Total fees paid by the organization for all legal services in connection with a dispute regarding an administrative order is an amount equal to twenty percent of the additional amount awarded except for an order litigating the initial determination of compensability. Awards include those arrived at by a mutually agreed upon settlement. Total fees paid under an administrative order may not exceed the following:

a. ~~Four thousand two hundred sixty-five~~ four thousand four hundred eighty dollars, plus reasonable costs incurred, following issuance of an administrative order under North Dakota Century Code chapter 28-32 reducing or denying benefits, for services provided if a hearing request is resolved by settlement or amendment of the administrative order before the hearing is called to order.

b. ~~Six thousand seven hundred fifty~~ Seven thousand one hundred dollars, plus reasonable costs incurred, if the hearing request is resolved by settlement or amendment of the administrative order after the hearing is called to order but before a written decision is issued by the administrative law judge; or the employee prevails after the hearing is called to order by the administrative law judge.

c. ~~Seven thousand five hundred five~~ Seven thousand nine hundred dollars, plus reasonable costs incurred, if the employee's district court appeal is settled prior to submission of briefs. ~~Ten thousand forty-five~~ Ten thousand five hundred fifty dollars, plus reasonable costs incurred, if the employee prevails after hearing by the district court.

d. ~~Twelve thousand forty~~ Twelve thousand six hundred fifty dollars, plus reasonable costs incurred, if the employee's North Dakota supreme court appeal is settled prior to hearing. ~~Thirteen thousand two hundred thirty~~ Thirteen thousand nine hundred dollars, plus reasonable costs incurred, if the employee prevails after hearing by the supreme court.

e. Two thousand one hundred dollars, plus reasonable costs incurred, if the employee requests binding dispute resolution and prevails.

f. Should a settlement or order amendment offered during the DRO process be accepted after the DRO certificate of completion has been issued, no attorney's fees are payable. This contemplates not only identical offers and order amendments but those which are substantially similar.

4. The maximum fees specified in subdivisions a, b, c, and d of subsection 3 include all fees paid by the organization to one or more attorneys, legal assistants, law students, and law graduates representing the employee in connection with the same dispute regarding an administrative order at all stages in the proceedings. A "dispute regarding an administrative order" includes all proceedings subsequent to an administrative order, including hearing, judicial appeal, remand, an order resulting from remand, and multiple matters or proceedings consolidated or considered in a single proceeding.

5. All time must be recorded in increments of no more than six minutes (one-tenth of an hour).

6. If the organization is obligated to pay the employee's attorney's fees, the attorney shall submit to the organization a final statement upon resolution of the matter. All statements must show the name of the employee, claim number, date of the statement, the issue, date of each service or charge, itemization and a reasonable description of the legal work performed for each service or charge, time and amount billed for each item, and total time and amounts billed. The employee's attorney must sign the fee statement. The organization may deny fees and costs that are determined to be excessive or frivolous.

7. The following costs will be reimbursed:

a. Actual postage, if postage exceeds three dollars per parcel.

b. Actual toll charges for long-distance telephone calls.

c. Copying charges, at eight cents per page.

d. Mileage and other expenses for reasonable and necessary travel. Mileage and other travel expenses, including per diem, must be paid in the amounts that are paid state officials as provided by North Dakota Century Code sections 44-08-04 and 54-06-09. Out-of-state travel expenses may be reimbursed only if approval for such travel is given, in advance, by the organization.

e. Other reasonable and necessary costs, not to exceed one hundred fifty dollars. Other reasonable and necessary costs in excess of one hundred fifty dollars may be reimbursed only upon agreement, in advance, by the organization. Costs for typing and clerical or office services will not be reimbursed.

8. The following costs will not be reimbursed:

- a. Facsimile charges.
- b. Express mail.
- c. Additional copies of transcripts.
- d. Costs incurred to obtain medical records.
- e. Online computer-assisted legal research.
- f. Copy charges for documents provided by the organization.

The organization shall reimburse court reporters for mileage and other expenses, for reasonable and necessary travel, in the amounts that are paid state officials as provided by North Dakota Century Code sections 44-08-04 and 54-06-09.

**History:** Effective June 1, 1990; amended effective November 1, 1991; January 1, 1994; January 1, 1996; May 1, 2000; May 1, 2002; July 1, 2004; July 1, 2006; April 1, 2008; April 1, 2009; July 1, 2010; April 1, 2012; April 1, 2014; April 1, 2016; January 1, 2018; April 1, 2020; January 1, 2022.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-02-08, 65-10-03

Section 92-01-02-12 is amended as follows:

**92-01-02-12. Mileage and per diem for travel to and from medical treatment.**

Workforce safety and insurance recognizes payment for travel and lodging to and from medical treatment if reasonable and necessary. These expenses will be paid according to North Dakota Century Code section 65-05-28. The number of miles actually traveled is rebuttably presumed to be the least number of miles listed by ~~MapQuest at www.mapquest.com~~ Google Maps between the start and end points of travel.

**History:** Effective August 1, 1988; amended effective April 1, 1997; July 1, 2010; April 1, 2012; April 1, 2014; July 1, 2017.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-02-08, 65-05-28

Subsections 3 and 6 of section 92-01-02-24 are amended as follows:

**92-01-02-24. Rehabilitation services.**

3. When the rehabilitation award is for retraining, the organization shall pay the actual cost of books, tuition, and school supplies required by the school. The school must provide documentation of the costs necessary for completion of the program in which the employee is enrolled. Reimbursable school costs may not exceed those charged to other students participating in the same program. The award for school supplies may not exceed twenty-five dollars per quarter or ~~thirty~~ fifty dollars per semester unless the employee obtains prior approval of the organization by showing that the expenses are reasonable and necessary. A rehabilitation award for retraining may include tutoring assistance to employees who require tutoring to maintain a passing grade. Payment of tutoring services will be authorized when these services are not available as part of the training program. The award for tutoring services may not exceed the usual and customary rate established by the school. Expenses such as association dues or subscriptions may be reimbursed only if that expense is a course requirement.

6. The organization may reimburse an employee's travel and personal expenses for attendance at an adult learning center or skill enhancement program at the request of the employee and upon the approval of the organization. All claims for reimbursement must be supported by the original vendor receipt, when appropriate, and must be submitted within one year of the date the expense was incurred. The organization shall reimburse these expenses at the rates in effect on the date of travel or the date the expense was incurred at which state employees are paid per diem and mileage, or reimburse the actual cost of meals and lodging plus mileage, whichever is less. The calculation for reimbursement for travel by motor vehicle must be calculated using miles actually and necessarily traveled. The number of miles actually traveled is rebuttably presumed to be the least number of miles listed by ~~MapQuest at [www.mapquest.com](http://www.mapquest.com)~~ Google Maps between the start and end points of travel. The organization may not reimburse mileage or travel expenses when the distance traveled is less than fifty miles [80.47 kilometers] one way, unless the total mileage in a calendar month equals or exceeds two hundred miles [321.87 kilometers].

**History:** Effective November 1, 1991; amended effective January 1, 1996; April 1, 1997; February 1, 1998; May 1, 2002; July 1, 2006; July 1, 2010; April 1, 2012; April 1, 2016; July 1, 2017; January 1, 2022. 17

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-05.1, 65-05.1-01(2), 65-05.1-06.3

Subsection 6 of section 92-01-02-25 is removed as follows:

**92-01-02-25. Permanent impairment evaluations and disputes.**

~~6. Errata sheets and guides updates. Any updates, additions, or revisions by the editors of the sixth edition of the guides to the evaluation of permanent impairment as of April 1, 2012, are adopted as an update, addition, or revision by the organization.~~

**History:** Effective November 1, 1991; amended effective January 1, 1996; April 1, 1997; May 1, 1998; May 1, 2000; May 1, 2002; July 1, 2004; July 1, 2006; April 1, 2009; July 1, 2010; April 1, 2012; July 1, 2017; January 1, 2018; April 1, 2020.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-05-12.2

Subsection 18 of section 92-01-02-29 is amended as follows:

**92-01-02-29. Medical services - Definitions.**

The definitions found in North Dakota Century Code title 65 apply to terms contained in this title. In addition, unless the context otherwise requires, for purposes of sections 92-01-02-27 through 92-01-02-48:

18. "Pharmacy services" means ~~any prescribed medication, including over-the-counter variations requested at the direction of an allied health care professional's rendered treatment~~ services rendered by a pharmacist in pharmaceutical care, selection, counseling, dispensing, use, administration, prescription monitoring, medication therapy management, disease state management, drug utilization evaluation or review, vaccination, testing, or collaborative therapy management provided in a pharmacy, clinic, hospital or medical institution.

**History:** Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; May 1, 2002; April 1, 2014; April 1, 2016; April 1, 2020; January 1, 2022.

**General Authority:** NDCC 65-02-08, 65-02-20, 65-05-07

**Law Implemented:** NDCC 65-02-20, 65-05-07

Subsections 4 and 6 of section 92-01-02-29.6 are amended as follows:

**92-01-02-29.6. Footwear.**

4. The organization shall ~~reimburse~~ pay a medical service provider for modifications to regular footwear purchased by an injured employee after a billing is received by the medical service provider if the modifications are due to the work injury and there is objective medical evidence to support the necessity of the modifications.

6. The organization must approve the footwear prior to purchase. If the footwear is approved, the organization shall ~~reimburse an injured employee~~ pay the medical service provider after a receipt billing is received. The organization may not prepay an injured employee to purchase footwear and may not place orders for footwear for an injured employee.

**History:** Effective April 1, 2020

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-02-20, 65-05-07



Section 92-01-02-29.7 is created as follows:

**92-01-02-29.7. Prosthetics.**

1. For the initial prosthesis, an injured employee shall obtain the primary health care provider's order of medical necessity supported by objective medical findings before the purchase of a prosthesis may be approved by the organization. The primary health care provider's order must contain the following:

- a. Patient's name;
- b. Date of patient's face-to-face examination;
- c. Pertinent diagnosis or conditions that relate to the work injury and the necessity of prosthesis;
- d. Specific description of the type of prosthetic being requested;
- e. Primary health care provider's signature; and
- f. Date of primary health care provider's signature.

2. An injured employee shall undergo an evaluation and assessment by a treating provider, therapist, or prosthetist and that evaluation must contain recommendations based on medical necessity and conform to the primary health care provider's order. Medical documentation must provide the expected benefits and must explain the link to the physical injury necessitating the request.

3. The organization may require additional assessments to determine the functional levels of an injured employee who is being considered for the prosthesis.

4. The organization will only purchase and maintain a single prosthesis absent extraordinary circumstances. Extraordinary circumstances are determined by the organization in its sole discretion. Extraordinary circumstances may not be supported by non-work activities.

5. Initial prosthetic apparatus must be body powered.

6. The organization must approve the prosthesis prior to purchase. If the prosthesis is approved, the organization shall compensate the medical services provider according to the appropriate fee schedule.

7. Repurchase or repair of prosthetic apparatus will be determined by the organization in its sole discretion.

8. Replacement requests for prosthetic devices must independently meet the criteria in this section.

9. A minimum of two itemized cost quotes may be requested by the organization. The organization may decrease or add the number of cost quotes required.

10. An appeal of a decision made by the organization under this section must be adjudicated pursuant to North Dakota Century Code section 65-02-20.

**History:** Effective

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-02-20, 65-05-07

Subsection 6 of section 92-01-02-30 is amended as follows:

**92-01-02-30. Medical services.**

6. X-ray ~~films~~ images must be of diagnostic quality. Billings for x-rays are not reimbursable without a report of the findings. Upon request of either the organization or the managed care vendor, original x-ray ~~films~~ images must be forwarded to the organization or the managed care vendor. ~~Films must be returned to the vendor.~~ A reasonable charge may be made for the costs of delivery of ~~films~~ images.

**History:** Effective January 1, 1994; amended effective October 1, 1998; January 1, 2000; May 1, 2002; October 1, 2006; April 1, 2020.

**General Authority:** NDCC 65-02-08, 65-02-20, 65-05-07

**Law Implemented:** NDCC 65-02-20, 65-05-07

Subsection 2 of section 92-01-02-46 is amended as follows:

**92-01-02-46. Medical services disputes.**

2. When the organization denies payment for a medical service charge because the medical service provider did not properly request prior authorization or preservice review for that service, the medical service provider may request a retrospective review of that service. Requests for retrospective review must be made in writing, within thirty days after the notice that payment for the service is denied, addressed to the organization ~~claims adjuster assigned to handle the injured employee's claim~~ utilization review department. Requests for retrospective review should not be sent to the managed care vendor. The request must contain:

- a. The injured employee's name.
- b. The claim number.
- c. The date of service.
- d. A statement of why the medical service provider did not know and should not have known that the injury or condition may be a compensable injury.
- e. The information required to perform a preservice review or prior authorization of the service.

If the medical service provider knew or should have known that the patient may have a compensable work injury when the medical services for that injury were provided, the request for retrospective review must be denied. If the medical service provider did not know and should not have known that the patient may have a compensable work injury when the medical services for that injury were provided, a retrospective preservice review or preauthorization ~~must be done in accordance with this chapter~~ may be done. The organization may determine if the medical review is required to determine medical necessity, or if the medical review is waived based on the supporting documentation. If the organization continues to deny payment for the service, the medical service provider may request binding dispute resolution under this rule.

**History:** Effective January 1, 1994; amended effective April 1, 1997; October 1, 1998; January 1, 2000; May 1, 2002; July 1, 2004; April 1, 2020; January 1, 2022.

**General Authority:** NDCC 65-02-08, 65-02-20

**Law Implemented:** NDCC 65-02-20

Section 92-01-02-53 is amended as follows:

**92-01-02-53. Workforce safety and insurance scholarship fund - Application criteria - Refund.**

An applicant for a workers' compensation scholarship offered under North Dakota Century Code section 65-05-20.1 must complete the application form required by the organization. The form, at a minimum, must require the applicant provide:

1. Name, address, date of birth, sex, social security number;
2. Educational history, including transcripts if requested;
- ~~3. SAT/ACT scores or other institutionally accepted testing program;~~
4. 3. Proof of association to the organizational claim leading to the application;
5. 4. Access to receive information regarding other financial aid or assistance; and
6. 5. Any other information the organization requires to administer this program.

The scholarship committee will use the information on the application form to determine which applicants receive the scholarship and may require an applicant to submit additional supporting information. The minimum required grade point average is a two point zero on a four point zero scale, or its equivalent. The organization may award individual scholarships in any amount up to the maximum amounts provided in North Dakota Century Code section 65-05-20.1. Applicants who are awarded the scholarship one year must reapply to receive the scholarship in a subsequent year. If the amount awarded to the applicant is greater than the amount owed the institution over the course of the school year, the excess award must be refunded to the organization. If the applicant who is awarded a scholarship withdraws from the institution and there are scholarship funds to be refunded, the institution shall refund those funds to the organization according to the refund priorities of the institution.

History: Effective August 1, 1997; amended effective May 1, 2000; July 1, 2006; April 1, 2016.  
General Authority: NDCC 65-02-08  
Law Implemented: NDCC 65-05-20.1

Subsection 4 of section 92-01-02-55 is amended as follows:

**92-01-02-55. Dividend programs.**

The organization may offer dividends to qualifying employers. Eligibility and distribution:

1. Dividends are not guaranteed.
2. If an employer's account has been in effect for less than an entire premium year, any dividend offered shall be prorated by the number of months the employer's account has been active with the organization. Premiums paid and losses incurred during a dividend review period defined by the organization, and other criteria identified by the organization, may be used to determine the amount of the dividend. Minimum premium and volunteer accounts are not eligible for dividend payments.
3. The organization shall offset past-due balances on any account by the dividend earned on that account.
4. ~~The distribution of a~~ A dividend is distributed in the form of a premium credit to an employer's account and may not reduce an employer's premium below the minimum premium. No monetary disbursements of dividends can be made by WSI.
5. An employer who is noncompliant, delinquent, uninsured, or who has failed to submit a payroll report may be ineligible for a dividend for the payroll period following the year in which the employer was noncompliant, delinquent, uninsured, or failed to submit a payroll report.

**History:** Effective May 1, 2000; amended effective July 1, 2004; July 1, 2006; July 1, 2010; April 1, 2020.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-04-19.3

Section 92-01-02-56 is repealed:

**92-01-02-56. Retrospective rating program.**

~~The organization and an employer may elect to contract for a retrospective rating program. Under a retrospective rating program, the employer's retrospective rating premium is calculated using factors including claims costs and actual standard premium and basic premium factors. The organization shall calculate basic premium factors for each level of premium and maximum employer liability.~~

~~Retrospective rating contracts may provide for the calculation of employer or organization interest credits and debits pertaining to claims payments, deposits, or premium balances.~~

~~1. Eligibility. Eligibility for participation in a retrospective rating program is based on the financial stability and resources of the employer. Participating employers must be in good standing with the organization. 57 The organization may require participating employers to submit to a financial audit performed to ensure financial stability. The audit may include a credit check and review of company financial reports. The organization shall analyze each proposed contract based on risk analysis and sound business practices. The organization may refuse a retrospective rating program if it is determined that the proposed contract does not represent a sound business practice or decision. Past participation in a retrospective rating program does not guarantee continued eligibility. The organization may decline renewal of any retrospective rating program.~~

~~2. Retrospective rating program. A participating employer chooses one maximum liability limit per retrospective rated period. The retrospective rating program applies to the account's entire premium period. The retrospective rating program option is based on aggregate claims costs for all claims for injury or death occurring in the contract year.~~

~~3. Claim payment. The organization shall process and pay claims in accordance with North Dakota Century Code title 65. If a third party recovery on a claim is made, the organization's subrogation interest must first be applied to the amounts paid on the claim by the organization. If the subrogation recovery reduces the retrospective premium, the organization shall provide a refund to the employer.~~

~~4. Premium payment. Premium is due at policy inception.~~

~~5. Financial security. The organization may require an employer to provide a bond, letter of credit, or other security approved by the organization to guarantee payment of future employer obligations incurred by a retrospective rating contract. The amount of the security may not exceed the initial nonpaid portion of the maximum possible retrospective premium.~~

**History:** Effective May 1, 2000; amended effective May 1, 2002; July 1, 2004; July 1, 2006; April 1, 2012.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-04-17.1 (NDCC § 65-04-17.1 was repealed during the 68<sup>th</sup> Legislative Assembly, SB 2116.)

Section 92-05-02-01 is amended as follows:

**CHAPTER 92-05-02  
RISK MANAGEMENT PROGRAMS**

**92-05-02-01. Definitions.**

As used in this article:

~~1. "Baseline period" means the period of time immediately preceding the premium period being rated for risk management programs. The baseline period may not be less than six months and not more than eighteen months.~~

~~2.~~ 1. "Employer" means employer as defined in North Dakota Century Code section 65-01-02.

~~3. "Frequency rate" means the total number of claims accepted by the organization attributable to an employer in that employer's premium period multiplied by one million dollars and divided by the employer's gross payroll for mandatory coverage and the current wage cap for optional coverage.~~

~~4.~~ 2. "Good standing" for purposes of this article means an employer account that is not in default pursuant to North Dakota Century Code section 65-04-22.

~~5. "Measurement year" means the premium period being rated for the risk management programs.~~

~~6.~~ 3. "Organization" means workforce safety and insurance.

~~7.~~ 4. "Risk management programs" means all premium reduction and premium calculation programs offered and approved by the organization. Participants in the deductible and retrospective rating program are not eligible for discounts under this chapter.

~~8.~~ 5. "Safety intervention" means any program, practice, or initiative approved by the organization intended to eliminate workplace hazards.

~~9. "Severity rate" means the rate calculated by multiplying the total number of days for which disability benefits were paid by the organization because of a workplace injury during the measurement year by one million dollars and divided by the employer's gross payroll for mandatory coverage and the current wage cap for optional coverage. The total number of lost time days incurred during the employer's premium period will be calculated only for those claims with acceptance dates in the measurement year and preceding four premium billing periods. Death claims shall be assessed three hundred sixty-five lost time days during the premium billing period in which the workplace death occurs and an additional three hundred sixty-five lost time days for the subsequent premium billing period.~~

**History:** Effective July 1, 2006; amended effective July 1, 2007; July 1, 2010.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-03-04, 65-04-19.1

Section 92-05-02-03 is amended as follows:

**CHAPTER 92-05-02  
RISK MANAGEMENT PROGRAMS**

**92-05-02-03. Eligibility - Billing.**

All employers, except participants in the retrospective rating and deductible programs are eligible to participate in the organization's risk management programs.

~~An employer may elect, subject to the organization's approval, to participate in an alternative risk management program.~~

~~The organization, in its discretion, shall determine eligibility for the risk management program. Pursuant to this program, the organization will serve the sector of industry and business that has historically generated high frequency or severity rates, or both.~~

Volunteer accounts are not eligible for participation in risk management programs.

At the organization's discretion, an employer account that is delinquent, uninsured, or not in good standing pursuant to section 92-05-02-01 may not be eligible for discounts under this article.

Discounts are automatically calculated by the organization and are applied as a credit to the employer's premium billing statement.

**History:** Effective July 1, 2006; amended effective April 1, 2008; July 1, 2010; April 1, 2012; April 1, 2014.

**General Authority:** NDCC 65-02-08

**Law Implemented:** NDCC 65-03-04, 65-04-19.1



## CHAPTER 92-05-03 GRANT SAFETY AND HEALTH PROGRAMS

### Section

92-05-03-01 ~~Grant~~ Safety and Health Programs - Purpose

92-05-03-02 Eligibility

92-05-03-03 Administration

92-05-03-04 Transitional Return-to-Work Program

92-05-03-05 ~~Ergonomic~~ Ergonomic Program

92-05-03-06 Hazard Elimination Learning Program [Repealed]

92-05-03-07 Safety Training and Education Program

**92-05-03-01. ~~Grant~~ Safety and health programs - Purpose.** The organization may create grant establish safety and health programs to fund safety interventions and disbursements, or develop other programs to ~~reduce workplace injury and illness~~ promote safety practices. A decision to discontinue a ~~grant~~ safety and health program is at the discretion of the organization. A An grant award under this section is within the discretion of the organization.

History: Effective July 1, 2006; amended effective April 1, 2008; April 1, 2009; April 1, 2014.

General Authority: NDCC 65-02-08

Law Implemented: NDCC 65-03-04

Section 92-05-03-02 is amended as follows:

**92-05-03-02. Eligibility.** A North Dakota-based employer who has with an active employer WSI account, a volunteer organization that has elected volunteer coverage with the organization, or an association or group comprised of North Dakota employers or employees active and in good standing with the North Dakota secretary of state for at least one year, or any other group or individual who wishes to participate in a program initiated by WSI is are eligible to apply for an organization grant a safety and health program. An Depending on the initiative, an applicant must may be required to submit a completed application. An applicant must demonstrate a need for grant moneys pursuant to the terms of the grant application. A safety and health program applicant must complete all program requirements for eligibility consideration of an award.

The organization may require the applicant to submit proof of its financial ability to support a matching grant program. A grant award under this chapter rests solely within the discretion of the organization. The organization may consider all aspects of an employer's history, including whether the employer account is in good standing, in determining eligibility for a grant award under this chapter.

History: Effective July 1, 2006; amended effective July 1, 2007; April 1, 2009.

General Authority: NDCC 65-02-08

Law Implemented: NDCC 65-03-04

Section 92-05-03-03 is amended as follows:

**92-05-03-03. Administration.** ~~Grant~~ Safety and health awards must be determined by a ~~grant~~ review board established by the organization. ~~Grants awarded~~ At the organization's discretion, safety and health awards by the organization are subject to the terms of a signed agreement executed by the organization and the recipient of the ~~grant moneys~~ award. No ~~grant money~~ award may be distributed until a signed agreement is fully executed. If the review board determines that a ~~grant~~ an application or supporting documentation contains erroneous or misrepresented facts, and a ~~grant~~ an award was made based on those facts, the organization may decline to process a ~~grant~~ the application or revoke a ~~grant~~ the award. The applicant shall refund all ~~grant~~ award dollars to the organization.

History: Effective July 1, 2006; amended effective April 1, 2009.

General Authority: NDCC 65-02-08

Law Implemented: NDCC 65-03-04