

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action: Do Pass as Amended and Be Printed Engrossed

Vote: 4 - 3 - 0

Yeas: Berger, Edwards C., Esquivel, Schaufler

Nays: Holvey, Rosenbaum, Smith P.

Exc.: 0

Prepared By: Theresa Van Winkle, Administrator

Meeting Dates: 5/16, 5/30

WHAT THE MEASURE DOES: Establishes that during a reconsideration proceeding, if a medical arbiter diagnoses a direct medical sequelae that had not already been accepted as part of the workers' compensation claim, the arbiter is required to identify the condition and send the report to the insurer or the self-insured employer. Requires the identified direct medical sequelae to be processed as a new or an omitted medical condition pursuant to current statute relating to the regulation of medical reports and claims for new and omitted medical conditions.

ISSUES DISCUSSED:

- Examples of direct medical sequelae
- How the measure clarifies when direct medical sequelae is used; i.e. a reconsideration proceeding
- Impact on injured workers who do not have legal representation during the claims process
- Claimant's right to file a claim for a new or omitted medical condition at any time
- Reconsideration proceeding process
- Whether the bill tends to affect compensability of direct medical sequelae
- If the measure's effects can be tracked, such as awards and benefit payments
- Support of the Workers' Compensation Management-Labor Advisory Committee (MLAC)
- Medical arbiter's role in the reconsideration process
- Whether an award can be increased or decreased depending on the medical arbiter's findings

EFFECT OF COMMITTEE AMENDMENT: Clarifies the intent of the measure.

BACKGROUND: Under current law, medical conditions that are a direct result of a workers' accepted condition, called "direct medical sequelae" are included when determining a worker's permanent disability. An example of direct medical sequelae is disability in the leg or foot, such as loss of strength or sensation, which results from a back injury. When the insurer determines permanent impairment at the claim's closure, the leg and foot disability would be included in the permanent impairment award because they are directly related to the accepted condition. Under current law, these conditions are included whether or not a worker has requested them, and conditions specifically denied by the insurer are not included. SB 506-B limits when direct medical sequelae of an accepted condition are used in the workers' compensation claim process.

The reconsideration proceeding is the first level of appeal for those who believe their claim was closed in error. Reconsideration entails reviewing the written record of a claim closure by an appellate reviewer within the Workers' Compensation Division. A claimant can request a medical arbiter exam, which is a physical examination by an impartial physician that focuses only on those conditions that were accepted by the insurer at the time of claim closure. The medical arbiter's role is to help settle disputes about permanent impairment and provide an impartial, professional evaluation of the worker's impairment. After the exam, the medical arbiter is required to send a written report to the appellate reviewer for the record and information is used for determining the Order of Reconsideration, which explains impairment findings.

6/4/2007 1:32:00 PM

This summary has not been adopted or officially endorsed by action of the committee.