

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass and Be Placed on the Consent Calendar
Vote:	9 - 0 - 1
Yeas:	Barton, Cameron, Esquivel, Holvey, Kennemer, Matthews, Thatcher, Witt, Schaufler
Nays:	0
Exc.:	Edwards C.
Prepared By:	Theresa Van Winkle, Administrator
Meeting Dates:	2/2, 2/11

WHAT THE MEASURE DOES: Clarifies that a medical service provider not defined in statute to be an attending physician may provide compensable medical service to an injured worker for a period of 30 days from the date of the initial workers' compensation claim. Clarifies that parties in a workers' compensation claim can resolve a medical fee dispute informally while retaining the right to request administrative review if the dispute is unable to be resolved. Streamlines employer requirements for participating in the Department of Consumer and Business Services' Reemployment Assistance Program. Clarifies that an employer who hires a preferred worker receives a three-year exemption from payment of insurance premiums and premium assessments attributed to the worker. Deletes a duplicate statutory provision regarding required contents in a "notice of closure."

ISSUES DISCUSSED:

- Recommendation from the Workers' Compensation Management-Labor Advisory Committee (MLAC)
- Background of Oregon's workers' compensation return-to-work program
- Contents of a notice of closure
- Definition of medical service provider

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: The intent of House Bill 2197 is to streamline regulations related to workers' compensation law, clarify confusing statutes, and when applicable, delete obsolete provisions. House Bill 2756 (2007) expanded the groups of medical providers who can provide a higher level of service under the workers' compensation system as well as establishing consistent and certain time frames for items such as the medical provider's start date for providing services. The time frame change was not made for services provided by a small group of care providers such as acupuncturists and psychologists. House Bill 2197 makes the starting date for services consistent for all provider types.

One incentive for employers to hire preferred workers (workers who have permanent disability as a result of a disabling compensable injury/disease sustained on the job in Oregon and not released for regular employment) is the exemption to pay cost of workers' compensation insurance premiums and premium assessments attributed to the worker. There is a three-year limit to the exemption for a preferred worker's injury to be included in the ratemaking process, but the law is not clear on the limit for the exemption from premiums and premium assessments. House Bill 2197 clarifies the three-year time limit applies to insurance premiums, premium assessments, and ratemaking.

House Bill 2197 also deletes a duplicate statute regarding information to be included in a "notice of closure" when closing a worker's claim, such as the worker's appeal rights if they disagree with the notice. Two separate statutes address the information that must be on the notice; although they are both very similar, they bring about confusion. The measure also clarifies that if a dispute exists about either the amount of a medical service fee or nonpayment of bills for medical services, the involved parties can resolve the dispute informally while retaining the current ability to request administrative review if the dispute cannot be resolved. It also removes obsolete reporting language regarding financial reporting requirements for the Worksite Redesign Program, which was eliminated in 2001.

2/13/2009 10:10:00 AM

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