

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass
Vote:	5 - 0 - 0
Yeas:	George, Monnes Anderson, Prozanski, Telfer, Rosenbaum
Nays:	0
Exc.:	0
Prepared By:	Jeremy Sarant, Administrator
Meeting Dates:	3/11

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 first visit on the workers' compensation claim. Clarifies that parties in a workers' compensation claim may resolve a medical fee dispute informally while retaining the right to request administrative review if the dispute cannot 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:

- Whether requirement that a worker be notified of right to an attorney should be set out in statute rather than in administrative rule

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 may provide higher levels of service under the workers' compensation system, and established a medical provider's start date for providing services. That start date was omitted for services provided by a small group of care providers such as acupuncturists and psychologists, who will be included under House Bill 2197.

"Preferred workers" are those who have permanent disability as a result of a disabling compensable injury/disease sustained on the job in Oregon and who are not released for regular employment. One incentive for employers to hire preferred workers is an exemption from paying costs of workers' compensation insurance premiums and premium assessments attributed to the worker. There is currently 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 that the three-year time limit applies to insurance premiums, premium assessments, and ratemaking.

Currently, there are two separate statutory provisions regarding information to be included in a "notice of closure" when closing a worker's compensation claim; although they are both very similar, they bring about confusion. Under current law, if a dispute exists about either the amount of a medical service fee or nonpayment of bills for medical services, the involved parties must request administrative review of any settlement of the dispute. Current law retains obsolete reporting language regarding financial reporting requirements for the Worksite Redesign Program, which was eliminated in 2001.

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