

SENATE AMENDMENTS TO SENATE BILL 533

By COMMITTEE ON BUSINESS AND TRANSPORTATION

March 28

1 On page 4 of the printed bill, line 37, after “if” delete the rest of the line.

2 In line 38, delete “care organization,”.

3 In line 45, delete “and” and insert “to the worker if the treatment is determined to be medically
4 appropriate according to the service utilization review process of the managed care organization and
5 may”.

6 On page 6, delete lines 28 through 44 and insert:

7 “(g)(A) Authorizes workers to receive compensable medical treatment from a primary care phy-
8 sician or chiropractic physician who is not a member of the managed care organization, but who
9 maintains the worker’s medical records and is a physician with whom the worker has a documented
10 history of treatment, if:

11 “(i) The primary care physician or chiropractic physician agrees to refer the worker to the
12 managed care organization for any specialized treatment, including physical therapy, to be furnished
13 by another provider that the worker may require;

14 “(ii) The primary care physician or chiropractic physician agrees to comply with all the rules,
15 terms and conditions regarding services performed by the managed care organization; and

16 “(iii) The treatment is determined to be medically appropriate according to the service utiliza-
17 tion review process of the managed care organization.

18 “(B) Nothing in this paragraph is intended to limit the worker’s right to change primary care
19 physicians or chiropractic physicians prior to the filing of a workers’ compensation claim.

20 “(C) A chiropractic physician authorized to provide compensable medical treatment under this
21 paragraph may provide services and authorize temporary disability compensation as provided in ORS
22 656.005 (12)(b)(B) and 656.245 (2)(b). However, the managed care organization may authorize
23 chiropractic physicians to provide medical services and authorize temporary disability payments
24 beyond the periods established in ORS 656.005 (12)(b)(B) and ORS 656.245 (2)(b).

25 “(D) As used in this paragraph, ‘primary care physician’ means a physician who is qualified to
26 be an attending physician referred to in ORS 656.005 (12)(b)(A) and who is a family practitioner, a
27 general practitioner or an internal medicine practitioner.”.

28 On page 7, lines 1 through 4, delete the boldfaced material.

29 In line 10, before “Notwithstanding” delete “(5)” and insert “(5)(a)”.

30 After line 20, insert:

31 “(b) The director shall adopt by rule reporting standards for managed care organizations to re-
32 port denials and terminations of the authorization of primary care physicians, chiropractic physi-
33 cians and nurse practitioners who are not members of the managed care organization to provide
34 compensable medical treatment under ORS 656.245 (5) and subsection (4)(g) of this section. The di-
35 rector shall annually report to the Workers’ Compensation Management-Labor Advisory Committee

1 the information reported to the director by managed care organizations under this paragraph.”.

2 On page 8, line 19, delete “or nurse”.

3 In line 20, delete “practitioner” and insert “or an authorized health care provider” and delete
4 “authori-”.

5 In line 21, delete the boldfaced material.

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