

**PROPOSED AMENDMENTS TO
SENATE BILL 533**

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 de-
4 termined to be medically appropriate according to the service utilization re-
5 view process of the managed care organization and may”.

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

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

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

16 “(ii) The primary care physician or chiropractic physician agrees to com-
17 ply with all the rules, terms and conditions regarding services performed by
18 the managed care organization; and

19 “(iii) The treatment is determined to be medically appropriate according
20 to the service utilization review process of the managed care organization.

21 “(B) Nothing in this paragraph is intended to limit the worker’s right to
22 change primary care physicians or chiropractic physicians prior to the filing

1 of a workers' compensation claim.

2 “(C) A chiropractic physician authorized to provide compensable medical
3 treatment under this paragraph may provide services and authorize tempo-
4 rary disability compensation as provided in ORS 656.005 (12)(b)(B) and
5 656.245 (2)(b). However, the managed care organization may authorize
6 chiropractic physicians to provide medical services and authorize temporary
7 disability payments beyond the periods established in ORS 656.005 (12)(b)(B)
8 and ORS 656.245 (2)(b).

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

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

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

15 After line 20, insert:

16 “(b) The director shall adopt by rule reporting standards for managed care
17 organizations to report denials and terminations of the authorization of pri-
18 mary care physicians, chiropractic physicians and nurse practitioners who
19 are not members of the managed care organization to provide compensable
20 medical treatment under ORS 656.245 (5) and subsection (4)(g) of this section.
21 The director shall annually report to the Workers’ Compensation
22 Management-Labor Advisory Committee the information reported to the di-
23 rector by managed care organizations under this paragraph.”.

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

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

27 In line 21, delete the boldfaced material.

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