

House Bill 4104

Introduced and printed pursuant to House Rule 12.00. Pre-session filed (at the request of House Interim Committee on Consumer Protection and Government Efficiency)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

Includes medical services covered by terms, conditions and benefits of health benefit plan that provides coverage to injured worker in category of interim medical benefits payable prior to acceptance or denial of workers' compensation claim.

A BILL FOR AN ACT

1
2 Relating to payment of medical expenses for injured workers; creating new provisions; and amending
3 ORS 656.247.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 656.247 is amended to read:

6 656.247. (1) Except for medical services provided to workers subject to ORS 656.245 (4)(b)(B),
7 payment for medical services provided to a subject worker in response to an initial claim for a
8 work-related injury or occupational disease from the date of the employer's notice or knowledge of
9 the claim until the date the claim is accepted or denied shall be payable in accordance with sub-
10 section (4) of this section if the expenses are for:

11 (a) Diagnostic services required to identify appropriate treatment or to prevent disability;

12 (b) Medication required to alleviate pain; [*or*]

13 (c) Services required to stabilize the worker's claimed condition and to prevent further
14 disability.]; **or**

15 **(d) Other services that are payable according to the terms, conditions and benefits of the**
16 **health benefit plan that provides benefits to the worker.**

17 (2) Notwithstanding subsection (1) of this section, no payment shall be due from the insurer or
18 self-insured employer if the insurer or self-insured employer denies the claim within 14 days of the
19 date of the employer's notice or knowledge of the claim.

20 (3)(a) Disputes about whether the medical services provided to treat the claimed work-related
21 injury or occupational disease under subsection (1) of this section are excessive, inappropriate or
22 ineffectual or are consistent with the criteria in subsection (1) of this section shall be resolved by
23 the Director of the Department of Consumer and Business Services. The director may order a med-
24 ical review by a physician or panel of physicians pursuant to ORS 656.327 (3) to aid in the review
25 of such services. If a party is dissatisfied with the order of the director, the dissatisfied party may
26 request review under ORS 656.704 within 60 days of the date of the director's order. The order of
27 the director may be modified only if it is not supported by substantial evidence in the record or if
28 it reflects an error of law.

29 (b) Disputes about the amount of the fee or nonpayment of bills for medical treatment and ser-
30 vices pursuant to this section shall be resolved pursuant to ORS 656.248.

NOTE: Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted. New sections are in **boldfaced** type.

1 (c) Except as provided in subsection (2) of this section, when a claim is settled pursuant to ORS
2 656.289 (4), all medical services payable under subsection (1) of this section that are provided on or
3 before the date of denial shall be paid in accordance with subsection (4) of this section. The insurer
4 or self-insured employer shall notify each affected service provider of the results of the settlement.

5 (4)(a) If the claim in which medical services are provided under subsection (1) of this section is
6 accepted, the insurer or self-insured employer shall make payment for such medical services subject
7 to the limitations and conditions of this chapter.

8 (b) If the claim in which medical services are provided under subsection (1) of this section is
9 denied and a health benefit plan provides benefits to the worker, the health benefit plan shall be the
10 first payer of the expenses for medical services according to the terms, conditions and benefits of
11 the plan. Except as provided by subsection (2) of this section, after payment by the health benefit
12 plan, the workers' compensation insurer or self-insured employer shall pay any balance remaining
13 for such services subject to the limitations and conditions of this chapter.

14 (c) As used in this subsection, "health benefit plan" has the meaning given that term in ORS
15 743.730.

16 (5) An insurer or self-insured employer may recover expenses for medical services paid under
17 subsection (1) of this section as an overpayment as provided by ORS 656.268 (14).

18 **SECTION 2. The amendments to ORS 656.247 by section 1 of this 2014 Act apply to claims**
19 **with a date of injury on or after the effective date of this 2014 Act.**

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