

**Written testimony of
Holly O'Dell, vice president of legal and strategic services at SAIF
To the Senate interim Committee on Judiciary
June 3, 2020**

Good morning Chair Prozanski and members of the committee. My name is Holly O'Dell. I serve as SAIF's vice president of legal and strategic services. Prior to coming to SAIF, and while obtaining my legal degree, I worked in public health as a registered nurse.

SAIF is Oregon's not-for-profit workers' compensation insurance company and the largest workers' compensation carrier in the state, covering more than 50% of the market. For more than 100 years, we've been taking care of injured workers, helping people get back to work, and keeping rates low by focusing on workplace safety. Our testimony reflects SAIF's experiences—we cannot speak to the practices of other insurers or self-insured employers.

Beginning prior to the governor's emergency declaration, SAIF created specialty teams to serve workers and policyholders impacted by coronavirus, recognizing that this is an unprecedented situation. We also established a \$25 million coronavirus worker safety fund and have provided financial awards to more than 3,400 businesses to purchase personal protective equipment (PPE), cleaning supplies, and worksite modifications to protect workers from the virus.

To date we have received around 380 coronavirus-related workers' comp claims. More than 90% are from healthcare and residential care workers, while 3% are from first responders. 14 claims came from all other industries combined. Some are exposure-only claims made by workers who are still healthy. About two-thirds of the workers who filed claims were tested, and about half of those tests were positive. As testing is now widely available, more workers are tested and receive results within a few days, decreasing exposure-only claims for quarantine and shifting the focus to workers who have the virus.

In processing these claims, SAIF seeks to determine if the exposure occurred at work, applying learnings from public health authorities about transmission. For workers who come into contact with an infected individual at work, SAIF generally accepts the claims and pays benefits.

For workers with no known work exposure to someone sick, or with a primary off-work exposure, SAIF seeks additional information from the employer and the worker and will sometimes request a medical opinion to learn the likely cause of the condition. If it appears the transmission occurred at work, SAIF accepts the claim and pays benefits. Overall, where the laws and rules are silent or permissive, SAIF is making decisions that favor the worker. It has been interesting to note that our standard practice goes beyond even some of the presumptions in other states.

Of the claims that have been processed, SAIF has accepted 252 and denied 45. The denied claims are primarily for workers that had no known exposure at work and that did not have a positive test. SAIF has denied only two claims for workers who tested positive. One was exposed in the home to a known-positive individual and became symptomatic two days prior to the first claimed work-related exposure. The second also lived with individuals who were ill for some time before he became symptomatic, an exposure pointed to by public health authorities who followed up. So far, workers and policyholders have understood SAIF's claims decisions, and there are no pending appeals or disputes. As our experience

demonstrates, it's effective and appropriate to follow up factually in each case and determine the actual course of events and likely cause of infection.

SAIF has significant concerns about the sweeping presumption that has been proposed. The needs and fears of workers who have continued to show up at work and provide services that we as a society all benefit from are important. It is key though as we listen to these needs we thoughtfully understand gaps and seek targeted solutions.

The proposal would make fundamental and far-reaching changes, threatening a successful system currently based on the core principle of providing benefits for illnesses caused by work.

Workers are already covered by workers' compensation when an on-the-job transmission of the virus occurs. This coverage contemplates the reality that some workers outside the home experience a high risk of workplace transmission while for others the risk is low, and at SAIF, this approach is functioning well. A presumption that coronavirus is by definition work-related would alter the basic premise of workers' compensation and threaten the grand bargain, by removing the key consideration that illnesses must occur on the job to be covered and instead creating a claims guarantee.

Workers' compensation, when done right, is worker and case specific. Presumption legislation like that which is being proposed, unfortunately does the opposite.

As Oregon's not-for-profit insurance company, SAIF is dedicated to the long-term health of Oregon's workers' compensation system. We take our mandate to serve workers and policyholders during this time very seriously. Thank you for your time and I am happy to answer any questions.

SAIF COVID-19 claims

(through May 29, 2020)

- 376 COVID-19 claims. 91% healthcare and residential care workers
- 68% were tested; 46% of those were positive
- 252 accepted, 45 denied, 12 void, 58 still being determined
- Claims trended down, then plateaued

Coronavirus worker safety fund provides aid to more than 3,400 Oregon employers

In response to the coronavirus pandemic, SAIF created the **\$25 million coronavirus worker safety fund**. More than 3,400 Oregon employers received assistance for expenses tied to making workplaces safer against the virus.

SAIF fully or partially funded 94.5% of applications received. The fund helped pay for expenses tied to preventing the spread of coronavirus at businesses or mitigating other coronavirus-related costs. Eligible expenses included:

- Safety equipment and personal protective equipment (PPE) to reduce exposure and transmission
- Cleaning services and supplies for disinfection
- Redesign or modification to respond to transmission risk
- Employee clinic modification or staffing for virus-related treatment
- Mental health and wellness initiatives for concerns linked to the crisis
- Coronavirus and job reassignment safety training and communication

Most application included expenses tied to PPE (including face masks and gloves), and roughly a quarter included cleaning and disinfecting services. The smallest request was for masks and hand sanitizer at a small business; the largest was for PPE, cleaning, training, and supplies for a large healthcare system.

Requests were funded in every county in the state. This included public, non-profit, and private organizations of all sizes. About 40% of the requests that came in were from small businesses. In terms of industries, 18% of requests came from healthcare; 14% from construction; 10% from manufacturing; and 8% from retail.



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