

Significant laws passed in 1997 affecting workers' compensation

HB 2971 - Revises ORS 656.262 as it affects the issuance of notices of acceptance and the processing of new compensable medical conditions. The bill requires that the notice of acceptance "be modified by the insurer or self-insured employer from time to time as medical or other information changes a previously issued notice of acceptance." It also requires insurers or self insured employers to reopen a claim if a condition is found compensable after claim closure.

HB 2171 - Transfers a maximum of \$775,533 from the Workers' Benefit Fund to the Vocational Rehabilitation Division (VRD). Continues a joint VRD/ WCD program established in 1991 to serve eligible injured workers by providing vocational assessments, job development, training, job modification, and related services. Provides state matching for \$3,641,000 federal funds in 1997-99.

HB 2549 - Increases permanent partial disability (PPD) benefits for injuries occurring during Jan. 1, 1998, through Dec. 31, 2000. Scheduled disabilities increase 8 percent per degree and unscheduled disabilities increase 6 percent per degree, maintaining the national median benefit levels established by SB 369.

SB 116 - Requires that insurers submit claim closures of pro rata and paying agent claims to WCD for determination. All parties have the right to request reconsideration.

SB 118 - Reverses the "Guardado" decision and allows only one reconsideration per claim closure. Time frames for conducting the review begin when all parties request or waive reconsideration rights.

SB 119 - Provides additional time to allow workers to attend rescheduled medical arbiter exams and provides for suspension of benefits for failure to cooperate. Suspension of benefits are included in the reconsideration order so that appeals are heard concurrently.

SB 484 - Requires an explanation to medical providers denied admission to an MCO panel; allows workers to release insurer liability in a third-party action that exceeds \$1 million; prevents public officials from receiving temporary disability in addition to wages; increases the Workers' Benefit Fund reserves to 12 months of anticipated expenditures and requires the Management-Labor Advisory Council to study income and expenditures of the Fund.

SB 544 - Exempts extraterritorial coverage requirements for workers employed in another state but working in Oregon temporarily.

SB 699 - Clarifies the definition of employees of temporary employment companies and their exclusive-remedy provisions.

SB 1210 - Transfers \$457,000 from the Workers' Benefit Fund to the Civil Rights Division of the Bureau of Labor and Industries (BOLI) to investigate alleged violations of the civil rights of injured workers.

Significant laws passed in 1999 affecting workers' compensation

HB 2021 Ensures that medical providers will receive payment for medical services until they are notified by insurers that workers with disabling claims are medically stationary. HB 2021 also prohibits an insurer or agent offering workers' compensation insurance from quoting projected net insurance premiums that are not guaranteed in the insurance policy.

Effective date: October 23, 1999.

HB 2022 Changes workers' compensation benefits for spouses and some children of fatally injured workers: increases remarriage allowance to 36 times the monthly benefit; eliminates reduction in benefits for children of deceased workers who had remarried; equalizes benefits for PTD and fatal claims for beneficiaries in full-time education; and eliminates \$5 weekly beneficiary payment for PTD claims.

Effective Oct. 23, 1999.

HB 2450 Allows the director of the Department of Consumer and Business Services to establish a process for up to two construction trades unions to receive authorization to bargain collectively agreements for workers' compensation benefits. By administrative rule, the director will create the process for prospective unions to meet the eligibility criteria, while ensuring the collective bargaining agreements do not diminish any injured worker's entitlement to compensation under the workers' compensation system. This bill is established as a pilot project; eligibility for such agreements will end Jan. 1, 2002. HB 2450 requires status and project reports to the Seventy-First Legislative Assembly.

Effective Oct. 23, 1999.

HB 2525 Pilot program for a centralized hearing panel within Oregon Employment Department. Many state agencies (including DCBS) must use hearings officers assigned from the panel to conduct contested-case hearings. Exempts hearings held under ORS 656.740.

Effective Aug. 1, 1999.

HB 3055 Requires insurers to include only the duration of temporary disability compensation on the notice of closure. The bill also allows the assigned claims agent under ORS 656.740 to employ legal counsel of its choice for representation, as authorized by the attorney general to act as a special assistant attorney general. The bill amends the Insurance Code to require insurers to give written notice to employers of their right to appeal the results of a premium audit. It provides that such appeal must be filed within 60 days of the final premium audit billing in addition to any other requirements of rules adopted by the director. The bill specifies certain activities prohibited by Workers' Compensation Board members.

Effective Oct. 23, 1999.

HB 3629 Directs the Center for Research on Occupational and Environmental Toxicology (CROET) of the Oregon Health Sciences University to provide a report to the Emergency Board, assisting the Legislative Assembly in their assessment of the need for modifying the criteria for compensability in workers' compensation claims for hepatitis B and C.

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Effective Oct. 23, 1999.

SB 213 In order to maintain a sufficient Workers' Benefit Fund balance, and to reduce volatility in assessments rates, makes a permanent change to a 12-month fund balance is adopted.

Effective Oct. 23, 1999.

SB 220 Transfers the responsibility for closing all workers' compensation claims and for reclassifying nondisabling claims to workers' compensation insurers and self-insured employers.

Effective Oct. 23, 1999.

SB 221 Eliminates WCD's responsibility for the certification of workers' compensation claims examiners, claims examiner training programs, and continuing education courses.

Effective Oct. 23, 1999.

SB 222 Permits the director broader latitude in the appointment of members of the workers' compensation Advisory Committee on Medical Care.

Effective Oct. 23, 1999.

SB 223 Repeals the requirement that the director establish utilization and treatment standards for all medical service categories.

Effective Oct. 23, 1999.

SB 280 Authorizes the director of the Department of Consumer and Business Services to license one or more rating organizations for workers' compensation insurance under the Insurance Code. Specifies services to be provided by the workers' compensation rating organization.

Effective June 9, 1999.

SB 288 Eliminates the 75 percent reimbursement of workers' compensation premium for rehabilitation facilities from the Workers' Benefit Fund.

Effective July 1, 1999.

SB 289 Streamlines the hearing and appeal process when subjectivity is an issue.

Effective Oct. 23, 1999.

SB 460 Repeals most sunsets except: exclusive-remedy provisions will be extended until Dec. 31, 2004; permanent disability benefits will be raised to a level close to the national median; certain vocational assistance benefits will be stayed pending completion of the dispute resolution process; and continues to allow workers to treat with their attending physician when a managed care organization contract terminates. Increases PPD benefits.

Effective Oct. 23, 1999.

SB 591 Eliminates the "same industry" requirement to be included in a self-insured employer group. Emergency clause, effective upon passage.

Effective June 18, 1999.

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SB 592 Requires the director of the Department of Consumer and Business Services to use rulemaking to establish workers' compensation premium assessments.

Effective Oct. 23, 1999.

SB 654 Requires the governor to appoint a chairperson of the Workers' Compensation Board to manage and supervise the board and the Hearings Division.

Effective Oct. 23, 1999.

SB 728 Moves jurisdiction to the Workers' Compensation Board when there is a dispute over the need for proposed medical service caused by an accepted condition.

Effective Oct. 23, 1999.

SB 729 Eliminates two-year aggregate maximum for receipt of temporary partial disability payments.

Effective Oct. 23, 1999.

Significant laws passed in 2001 affecting workers' compensation

SB 104 Establishes the Advisory Committee on Medical Privacy, which is charged with studying the relationship between the Health Insurance Portability and Accountability Act (HIPAA) and state information privacy laws. DCBS provides a representative and staff support to the committee.

Effective June 5, 2001.

SB 269 Changes ORS 656.268(3) so that employers can no longer receive copies of medical reports and reports of vocational rehabilitation agencies or counselors unless the worker or beneficiary signs a release or disclosure or as otherwise required or permitted by law.

Effective June 15, 2001.

SB 297 Allows the director discretion not to appoint a medical arbiter in certain circumstances and establishes that a worker may request closure even if the worker has not returned to work.

Effective Jan. 1, 2002.

SB 316 Clarifies time frames for challenging non-disabling classification as one year from the date of claim acceptance; for disabling claims, aggravation rights extend five years from the date of first claim closure; and for claims originally classified as nondisabling that are not reclassified during the year following acceptance, aggravation rights extend five years from the date of injury.

Effective Jan. 1, 2002.

SB 354 Allows Workers' Benefit Fund assessments to be reported annually by employers as required or allowed pursuant to ORS 316.197 or 657.570.
Effective Jan. 1, 2002.

SB 485 Requires workers who file a tort claim against their employer to exhaust their workers' compensation remedy first and directs the Management-Labor Advisory Committee to recommend to the 2003 Legislative Assembly an exclusive, no-fault, expeditious alternative process and remedy that addresses major contributing cause denials. This bill clarifies the definition of "preexisting condition" by excluding certain factors such as age, gender, family history, etc; prohibits consideration of "preexisting conditions" that were not diagnosed or treated prior to the work injury; and partially changes the burden of proof by requiring an employer to prove a preexisting condition is the primary cause of a worker's need for treatment before the claim can be denied. The latter two do not apply to claims involving "arthritis" or "arthritic conditions." The bill increases permanent partial disability (PPD) rates and corrects a 1999 transposition error in the middle tier of the "unscheduled disability" rates. These PPD rates "sunset" Dec. 31, 2004.

The bill introduced a new employer defense under the *Employer Liability Act* (ELA) so that a worker deemed more than 50 percent at fault in his or her own injury may not recover on ELA claims. Other changes: reduced the time in which insurers must accept or deny claims from 90 to 60 days; increased the maximum rate for temporary disability benefits from 100 percent to 133 percent of state average weekly wage; created supplemental disability for multiple job workers so that wages earned from all of a worker's jobs are included when calculating the rate of temporary disability; provided workers the right to submit a deposition during the administrative reconsideration by the director of a permanent partial disability award; allowed workers to receive an impartial medical examination when litigating a claim denial based on an insurer medical examination with which the attending physician did not concur; allowed workers to refuse offers of modified work under limited circumstances without loss of wage-replacement benefits; changed Board's Own Motion claim reopening process, including awarding permanent partial disability; and allowed Workers' Benefit Fund reimbursement for new or omitted medical condition reopening under Board's Own Motion.
Effective July 30, 2001.

SB 507 Establishes that employers temporarily in Oregon under public contract are exempt from carrying Oregon workers' compensation coverage so long as they provide such coverage under the laws of another state — also known as "extraterritorial reciprocity."
Effective May 24, 2001.

SB 977 Establishes director's authority to advance payments from the Workers' Benefit Fund to injured workers when an insurer has defaulted on its obligations to pay claims, but has not yet been placed in liquidation by the court. After liquidation proceedings are completed and the insurer is placed in receivership, the Oregon Insurance Guaranty Association will refund the Workers' Benefit Fund for any moneys advanced.
Effective Jan. 1, 2002.

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HB 3094 Establishes that referees or assistant referees in youth or adult-recreation soccer matches, whose services are retained on a match-by-match basis, are not subject workers.
Effective Jan. 1, 2002.

HB 3100 Clarifies an existing exemption from the workers' compensation law for firefighters and police officers of a city with a population greater than 200,000 when the city provides disability and retirement by charter or ordinance as long as benefits are equivalent to those provided under workers' compensation law.
Effective June 12, 2001.

HB 3980 Requires the Secretary of State to conduct an annual audit of SAIF Corporation, by contracting with a firm qualified to conduct independent actuarial reviews. It specifies certain contents of the audit and standards for the audit, and requires SAIF Corporation to pay the cost of the audit.
Effective Jan. 1, 2002

Significant laws passed in 2003 affecting workers' compensation

SB 63 Authorizes administrative law judges (ALJs) to postpone hearings in multiple-insurer cases until all necessary parties can be included. The bill authorizes ALJs to specify what a claimant must do to cooperate with a claim investigation. It also forbids the director from imposing penalties for "late" denials if a hearing gets postponed.
Effective Jan. 1, 2004.

SB 233 Eliminates the additional penalty imposed after claim closure on noncomplying employers. It removes the requirement that assigned claims agents for noncomplying employers be "special assistant attorneys general," thus allowing agents to hire private counsel. The bill changes what self-insured employers may use for security deposits; however, this applies only to security established after Jan. 1, 2004. Self-insurers can otherwise maintain their existing securities until maturity of those financial instruments. At that time, replacement securities must meet the new guidelines. The bill establishes joint and several liabilities for all entities operating under one self-insurance certification and allows electronic filing of guaranty contracts. It changes the appeal period for determination of non-subjectivity from 30 to 60 days and the start of the appeal period from the receipt date to the mailing date.
Effective Jan. 1, 2004.

SB 234 Removes the requirement that the Management and Labor Advisory Committee review temporary rules that establish disability rating standards for individual claims.

SB 285 Allows insurers and self-insured employers to request reconsideration of closure notices. Reconsideration requests are restricted to disagreement with the findings used to rate impairment

and must be filed within seven days after receipt of the closure notice.
Effective Jan. 1, 2004.

SB 286 Allows a Workers' Compensation Board panel to consist of two members with different backgrounds. The public member is allowed to sit on panels if the employee or employer members are unavailable or unable to agree.
Effective Jan. 1, 2004.

SB 620 Allows insurer-paid attorney fees when an insurer unreasonably delays acceptance or denial of a claim or unreasonably delays or refuses to pay a claim. The bill also allows attorney fees when a worker prevails in a medical treatment or vocational assistance dispute. The measure also requires insurers to pay attorney fees when an attorney is instrumental in obtaining settlement prior to the contested-case hearing.
Effective Jan. 1, 2004.

SB 757 Changes how Permanent Partial Disability (PPD) benefits are determined in Oregon. For injuries occurring on or after Jan. 1, 2005, SB 257 replaces "scheduled" and "unscheduled" disability with "impairment" and "worker disability." The major changes include rating injuries to body parts in relation to the "whole person," giving a worker with permanent disability an "impairment benefit" equal to the percentage of impairment multiplied by 100 times the state average weekly wage (SAWW); giving workers unable to return to regular work disability benefits equal to the percentage of impairment, modified by age, education, and adaptability factors, and multiplied by 150 times the worker's weekly wage at the time of injury. The factor for the weekly wage cannot be more than 133 percent or less than 50 percent of the SAWW.
Effective Jan. 1, 2004.

SB 914 Provides that if an insurer or self-insured employer elects not to pay supplemental disability for workers employed at more than one job or assign a paying agent. This bill also removes the requirement that insurers and self-insured employers report disabling injuries within 21 days and inserts denied claims in the list of items required to be reported.
Effective Jan. 1, 2004.

SB 924 Adds interpreters provided through an agent to the list of "non-subject workers" in ORS 656.027.
Effective Jan. 1, 2004.

SB 932 Adds an exemption to the requirement for reporting claims within 90 days if worker "had good cause for failure to give notice."
Effective Jan. 1, 2004.

HB 2526 Removes the sunset on Hearings Officer Panel laws. Changes "Hearings Officer Panel" to "Office of Administrative Hearings" and "hearings officers" to "administrative law judges."
Effective May 22, 2003.

HB 3177 Authorizes DCBS to issue a warrant for amounts owing to the department and authorizes the debt to become a lien on real property.
Effective Jan. 1, 2004.

HB 3630 Requires SAIF to establish a reinsurance program for medical liability insurance for rural doctors. Provides SAIF credits against the annual assessment owed to DCBS.
Effective Sept. 17, 2003 (sunset Jan. 2, 2014.)

HB 3669 Allows nurse practitioners to authorize temporary disability benefits for a worker on an initial claim for up to 60 days and medical services for up to 90 days. If the worker becomes medically stationary during the 90 days, the nurse practitioner must refer the worker to an “attending physician” for a determination of impairment. The bill requires the division to develop informational materials for nurse practitioners. On or after Oct. 1, 2004, nurse practitioners must certify to the director that they have reviewed the informational materials in order to continue authorizing temporary disability benefits for 60 days and providing compensable medical services for 90 days.
Effective Jan. 1, 2004.

Significant laws passed in 2005 affecting workers’ compensation

HB 2091 Transfers all hearings on matters not concerning a claim – medical, vocational, and some penalty issues – from the Office of Administrative Hearings to the Hearings Division of the Workers’ Compensation Board. After Jan. 1, 2006, all contested case hearings on workers’ compensation issues will be held at the Workers’ Compensation Board. *Effective Jan. 1, 2006*

HB 2294 Changes the law relating to new and omitted conditions and the own motion jurisdiction of the Workers’ Compensation Board. If a worker’s claim is denied, the worker may request a hearing on the denial, regardless of when the worker makes a claim for a new or omitted condition. The bill clarifies that if the worker’s claim for a new or omitted condition is compensable, but was made more than five years after the first closure of the worker’s claim, the claim is to be processed under the jurisdiction of the board. The bill provides that any party can appeal an own-motion order from the board.
Effective Jan. 1, 2006.

HB 2404 Eliminates penalties that would otherwise be assessed against an insurer or self-insured employer if, after the completion of the reconsideration of a closed claim, the worker’s benefit increases as a result of circumstances beyond the control of the insurer or self-insured employer.
Effective Jan. 1, 2006.

HB 2405 Expedites the process of claims for aggravation by having the attending physician and the worker (or the worker's representative) sign the aggravation claim form. The bill requires the insurer or self-insured employer to start processing the aggravation claim when it receives the completed form and eliminates the requirement that the physician's report accompany the claim for aggravation. However, the report must subsequently be provided to the insurer as documentation of the worsened condition as the basis for payment of compensation.
Effective Jan. 1, 2006.

HB 2408 Provides that when determining a worker's permanent disability benefits, a worker only receives the impairment benefit (no work disability) without exception when the worker is released to regular work by the attending physician or nurse practitioner or returns to regular work at the job held at the time of injury. Applies to all claims with dates of injury on or after Jan. 1, 2006 (changes sunset Jan. 1, 2008).

HB 2717 Establishes time limits on hearing notices and hearing postponements at the Workers' Compensation Board. The bill requires the board to give at least 60 days' notice of a scheduled hearing, except for expedited claim service cases, stayed compensation cases, and requests for hearings that consolidate an existing case and an existing hearing date. The bill also requires that postponed hearings be rescheduled within 120 days of the original hearing date, with the exception of multiple employer/insurer responsibility cases.
Effective Jan. 1, 2006.

HB 2718 Allows self-insured public utilities to obtain workers' compensation excess insurance coverage from eligible surplus lines insurers. The bill limits this provision to public utilities with more than \$500 million in assets.
Effective Jan. 1, 2006.

HB 3318 Increases the amount an employer may pay for medical services in nondisabling workers' compensation claims from \$500 to \$1,500. Applies to claims made on or after Jan. 1, 2006.

SB 119 Allows the Reemployment Assistance Program to provide direct services to injured workers (such as job search assistance). The bill also provides that the Workers' Benefit Fund will reimburse the insurer for vocational assistance costs if the director of the Department of Consumer and Business Services issues an order overturning the denial of vocational benefits and that denial is later upheld by a final order.
Effective Jan. 1, 2006.

SB 172 Gives the director of the Department of Consumer and Business Services authority to
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issue civil penalties for violation of a statute. The bill also corrects language that inadvertently extended the timeline required to begin a mandatory reconsideration of claim closure. The bill eliminates an obsolete statute that requires the director to designate a physician to complete a pre-employment physical if requested by a prospective employer.

Effective Jan. 1, 2006.

SB 311 Provides additional protections and rights for injured workers required to attend independent medical examinations (IME) as part of a workers' compensation claim. The bill requires insurers to select an examiner from a list of qualified providers maintained by the Department of Consumer and Business Services. The bill requires that examiners on the list take training approved by the department and perform within standards set by either their professional licensing organization or the American Board of Independent Medical Examiners. The department may remove examiners who have violated standards from the list. Insurers must provide training to claims examiners related to interactions with IME providers, and the training content must be developed or approved by the department. The bill allows workers to appeal the reasonableness of the location of the examination. The department may investigate worker complaints regarding the examination. The bill provides for sanctions against injured workers who fail to attend an IME without justification or prior notification for not attending the exam.

Effective Jan. 1, 2006 (the provider list is effective July 1, 2006).

SB 386 Changes how permanent total disability (PTD) benefits are determined in Oregon. The bill sets an earnings threshold to determine what constitutes "gainful" employment that is linked to the federal poverty guidelines for a family of three. The bill changes the process for rescinding or terminating PTD benefits. A worker who has PTD benefits rescinded may appeal to the Workers' Compensation Board and continue to receive benefits while the appeal is in progress. If the PTD rescission is upheld, the Workers' Benefit Fund will reimburse the insurer for benefits paid during the appeal. Workers are allowed to earn some wages and remain eligible for PTD benefits. The bill also provides that workers are eligible for vocational assistance if their PTD benefits are terminated.

Effective Jan. 1, 2006.

SB 433 Makes owners or leaseholders that furnish, maintain, and operate certain motor vehicles used in the transportation of property nonsubject workers for purposes of workers' compensation statutes.

Effective Jan. 1, 2006.

SB 670 Requires the director of the Department of Consumer & Business Services to review and approve certain treatment standards for care provided by managed care organizations. This bill also requires managed care organization plans to allow attending physicians to advocate for

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medical services and temporary disability benefits.

Effective Jan. 1, 2006.

Significant laws passed in 2007 affecting workers' compensation

HB 2218 Eliminates the requirement to adopt a rule and instead allows the determination of impairment to be included in an order on reconsideration, which can be appealed to the Workers' Compensation Board. The bill eliminates the requirement to consult a physician if requested when determining whether to approve a worker's additional change of attending physician. The bill also consolidates into one section of the law the reasons an insurer can deny a lump sum payment for a permanent partial disability award and removes the director's review of a denied request. The bill also gives the department the authority to issue civil penalties against managed care organizations that fail to comply with laws or rules.

Effective Jan. 1, 2008.

HB 2244 Makes permanent the partial disability benefit changes made by SB 757 in 2003 and HB 2408 in 2005 permanent. The bill also requires the Workers' Compensation Management-Labor Advisory Committee to review permanent partial disability benefit amounts on a biennial basis and make recommendations to ensure the original policy goals continue to be met over time.

Effective Jan. 1, 2008.

HB 2247 Makes permanent the expanded role of nurse practitioners in the workers' compensation system by allowing them to provide compensable medical services to injured workers for up to 90 days, authorize time loss for up to 60 days, release the worker to work, and manage the worker's return to work in that time period.

Effective Jan. 1, 2008.

HB 2250 Allows a surcharge on assigned risk plan members, if necessary, to help pay the costs of assigned risk pool losses when the losses exceed premiums.

Effective Jan. 1, 2008.

HB 2756 Allows chiropractors, podiatrists, naturopaths, and physician assistants to act as attending physicians for up to 60 days or 18 visits, whichever comes first. In addition, the four provider groups can authorize time loss for up to 30 days and manage the worker's return to work during that period. All four provider types also are required to certify they have reviewed informational materials developed by the director of the department.

Effective June 1, 2007.

HB 2783 Extends the notice requirement to an employer from 30 days to 45 days when an insurer terminates the employer's workers' compensation insurance. The bill also shortens the

notice required to the employer to 10 days in the event of nonpayment of premium.
Effective Jan. 1, 2008.

HB 2943 Removes the statutory reference to the American Board of Independent Medical Examiners guidelines relating to code of conduct for independent medical examination providers. Instead, the bill requires that the department adopt rules that outline the standard of conduct for providers that do not have conduct guidelines from their regulatory board. The rules may be consistent with the code of conduct adopted by the Oregon Independent Medical Examination Association.
Effective June 4, 2007.

HB 3362 Allows the Home Care Commission to elect coverage on behalf of all Department of Human Services clients who employ home care workers, making the home care workers “subject workers” if they are paid by the state on behalf of the client. The bill also allows termination of temporary total disability benefits when a home care worker refuses modified employment offered by any Department of Human Services client who employs home care workers, not just the original employer client, with some exceptions for work location and the worker’s physical capacity.
Effective Jan. 1, 2008.

HB 3632 Clarifies that certain ski patrol and other ski program volunteers are not subject workers.
Effective March 11, 2008.

SB 253 Allows the administrative law judge that mediates a workers’ compensation Claim Disposition Agreement to approve the agreement.
Effective Jan. 1, 2008.

SB 404 Allows for payment of reasonable costs for records, expert opinions, and witness fees associated with appealing a workers’ compensation claim if the claimant prevails, capped at \$1,500 unless extraordinary circumstances justify a greater amount. The bill also allows an attorney who represents an injured worker to place a lien for recovery of fees out of additional awarded compensation or a claim settlement if the worker signs an attorney fee agreement for representation and the attorney was instrumental in obtaining the outcome of the claim.
Effective Jan. 1, 2008.

SB 504 Excludes an emergency room physician from the definition of an attending physician when the physician refers the worker to a primary care physician for follow-up care. The bill allows the emergency room physician to authorize time-loss benefits for a maximum of 14 days.
Effective Jan. 1, 2008.

SB 559 Removes the requirement for a guaranty contract filing and instead requires the insurer to provide insurance policy information to the department as proof of workers’ compensation

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coverage.

Operative July 1, 2009.

SB 563 Removes the requirement for the department to review and approve all individual treatment standards adopted by managed care organizations.

Effective Jan. 1, 2008.

SB 688 Clarifies that the exemption from workers' compensation coverage for owner-operators of taxicabs applies to a person who operates and has an ownership or leasehold interest in a passenger motor vehicle that is operated as a taxicab. The bill also exempts workers who provide passenger vehicle transportation for nonemergency medical transportation.

Effective Jan. 1, 2008.

SB 762 Requires the department to annually set the amount of nondisabling medical costs that an employer can voluntarily pay to minimize impact on the employer's experience rating. The threshold amount is based on the change in the medical services consumer price index, rounded to the nearest \$100.

Effective Jan. 1, 2008.

SB 835 Requires Management-Labor Advisory Committee to conduct an interim study of the adequacy of death benefits in the workers' compensation system and report to the 75th Oregon Legislative Assembly is required by Jan. 31, 2009.

Effective Jan. 1, 2008.

Significant laws passed in 2009 affecting workers' compensation

HB 2045 Restores chiropractors' ability to make impairment findings if serving as the attending physician at the time of claim closure.

Effective Jan. 1, 2010.

HB 2195 Makes three changes to the vocational assistance processes: replaces certification with a registry for vocational provider organizations, allows longer voluntary payment of temporary disability during training programs, and clarifies the appeal language for vocational disputes.

Effective Jan. 1, 2010.

HB 2197 Eliminates some duplication in the claim closure law. Clarifies Re-employment Assistance Program employer requirements and clarifies the duration of premium assessment exemption for preferred workers. Clarifies that the treatment time frames for "other" health care providers (such as acupuncturists and psychologists) starts from the date of the worker's first visit and not the date of injury. Allows parties to resolve medical fee disputes informally without requesting director review.

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Effective Jan. 1, 2010.

HB 2420 Adds 12 conditions, including a variety of cancers, to the existing firefighter presumption for employment-caused occupational diseases. This bill limits these added conditions to non-volunteer firefighters, sets a time limit to file an occupational disease claim using the presumption, and sets an age limit for filing a claim with a prostate cancer presumption.

Effective Jan. 1, 2010.

HB 2705 Modifies the circumstances that require insurers and self-insured employers to evaluate injured workers for vocational assistance eligibility. The bill allows insurers and self-insured employers to forego a vocational evaluation if the worker is released for regular work, but for what-ever reason, has not returned to work.

Effective Jan. 1, 2010.

HB 2707 Specifies that a worker has 60 days from the insurer's mailing date to the worker requesting documentation of wages in order to correctly determine the amount of supplemental disability payments. The bill also authorizes the director to adopt rules about how supplemental disability benefits are calculated.

Effective Jan. 1, 2010.

HB 3345 Provides attorney fees in five circumstances where workers' attorneys currently are not compensated for services. The bill increases statutory caps on attorney fees and provides a mechanism for increasing the caps annually based on changes in the state average weekly wage. The bill also provides a new basis for a penalty, in addition to an attorney fee, if the workers' compensation insurer fails to make payment under a disputed claim settlement.

Effective Jan. 1, 2010.

SB 110 Improves the benefits provided to beneficiaries when a worker is killed on the job or dies while he or she is permanently and totally disabled from a work injury. The bill also clarifies that if a worker dies before his or her permanent partial disability award is fully paid, and if the worker has no beneficiaries as defined under ORS Chapter 656, the insurer must pay the full remainder of the permanent disability benefit to the worker's estate.

Effective Jan. 1, 2010.