

# D R A F T

## SUMMARY

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  
3 provisions; and amending 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  
7 ORS 656.245 (4)(b)(B), payment for medical services provided to a subject  
8 worker in response to an initial claim for a work-related injury or occupa-  
9 tional disease from the date of the employer's notice or knowledge of the  
10 claim until the date the claim is accepted or denied shall be payable in ac-  
11 cordance with subsection (4) of this section if the expenses are for:

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

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

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

17 **(d) Other services that are payable according to the terms, condi-**  
18 **tions and benefits of the health benefit plan that provides benefits to**  
19 **the worker.**

20 (2) Notwithstanding subsection (1) of this section, no payment shall be

1 due from the insurer or self-insured employer if the insurer or self-insured  
2 employer denies the claim within 14 days of the date of the employer's notice  
3 or knowledge of the claim.

4 (3)(a) Disputes about whether the medical services provided to treat the  
5 claimed work-related injury or occupational disease under subsection (1) of  
6 this section are excessive, inappropriate or ineffectual or are consistent with  
7 the criteria in subsection (1) of this section shall be resolved by the Director  
8 of the Department of Consumer and Business Services. The director may or-  
9 der a medical review by a physician or panel of physicians pursuant to ORS  
10 656.327 (3) to aid in the review of such services. If a party is dissatisfied  
11 with the order of the director, the dissatisfied party may request review un-  
12 der ORS 656.704 within 60 days of the date of the director's order. The order  
13 of the director may be modified only if it is not supported by substantial  
14 evidence in the record or if it reflects an error of law.

15 (b) Disputes about the amount of the fee or nonpayment of bills for med-  
16 ical treatment and services pursuant to this section shall be resolved pursu-  
17 ant to ORS 656.248.

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

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

28 (b) If the claim in which medical services are provided under subsection  
29 (1) of this section is denied and a health benefit plan provides benefits to the  
30 worker, the health benefit plan shall be the first payer of the expenses for  
31 medical services according to the terms, conditions and benefits of the plan.

1 Except as provided by subsection (2) of this section, after payment by the  
2 health benefit plan, the workers' compensation insurer or self-insured em-  
3 ployer shall pay any balance remaining for such services subject to the lim-  
4 itations and conditions of this chapter.

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

7 (5) An insurer or self-insured employer may recover expenses for medical  
8 services paid under subsection (1) of this section as an overpayment as pro-  
9 vided by ORS 656.268 (14).

10 **SECTION 2. The amendments to ORS 656.247 by section 1 of this**  
11 **2014 Act apply to claims with a date of injury on or after the effective**  
12 **date of this 2014 Act.**

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