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HB 3412-1

Brief summary

Authorizes physician assistants to provide compensable medical services and authorize payment of temporary disability benefits under same rules as nurse practitioners for workers' compensation claims.

Analysis

What the law currently does

- Defines attending physician as:
 - A medical doctor, doctor of osteopathy, podiatric physician and surgeon, or oral and maxillofacial surgeon; or
 - For 60 days from the date of first visit or 18 cumulative visits, whichever occurs first, a chiropractic physician, naturopathic physician, or physician assistant.
- Allows physician assistants to authorize payment of temporary disability compensation for a period of up to 30 days from the date of the first visit.
- Allows physician assistants to serve as attending physician on the initial claim only.
- Requires physician assistants to certify that they have reviewed informational materials about the workers' compensation system developed by the director prior to providing any compensable medical services or authorizing temporary disability benefits.
- Provides that authorized nurse practitioners may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may authorize the payment of temporary disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.
- Provides a "come-along" provision for nurse practitioners in a Managed Care Organization (MCO). It allows an MCO enrolled worker to continue to treat with an authorized nurse practitioner who is not a member of the managed care organization, if the nurse practitioner maintains the worker's medical records and with whom the worker has a documented history of treatment.
- Requires MCOs to allow an authorized nurse practitioner to assume a role similar to an attending physician, such as providing appropriate medical services and authorizing temporary disability payments for a minimum of 180 days from the first visit to a nurse practitioner.

What will change if the bill is enacted

The -1 amendment modifies ORS 656.005(12) to give physician assistants attending physician status for 180 days rather than the current 60 days, and allows physician assistants to authorize the payment of temporary disability compensation for 180 days rather than the current 30 days. The bill does not specify a limit for the number of visits to a physician assistant.

The original bill allows a worker to return to the physician assistant after initial claim closure for evaluation of a possible worsening of the worker's condition. The physician assistant must then refer the worker to an attending physician and the insurer shall compensate the physician assistant for the examination performed.

The -1 amendment creates a "come-along" provision for physician assistants in an MCO. Allows an MCO enrolled worker to continue to treat for the duration of the claim with a physician assistant who is not a member of the managed care organization, if the physician assistants maintains the worker's medical records and with whom the worker has a documented history of treatment.

The -1 amendment requires MCOs to allow a physician assistant who is on the MCO panel to assume the role of attending physician, such as providing appropriate medical services and authorizing temporary disability payments for a minimum of 180 days from the first visit to a physician assistant.

Likely impacts, results, or consequences if the bill is enacted

This bill allows workers to keep a physician assistant as the attending physician for up 180 days rather than the current 60 days or 18 visits. Many workers' compensation cases require treatment for 3 to 4 months. This bill could allow many workers to stay with a physician assistant as their attending physician for the duration of their claim. Workers currently cannot do this, as they have to change their attending physician from a physician assistant to a provider with unlimited authority or to an authorized nurse practitioner after 60 days. Additionally, workers choosing a physician assistant as their attending physician would not need to change attending physicians if there are work restrictions lasting no more than 180 days.

Under this bill, when an insurer enrolls a worker who has a physician assistant, who is not an MCO panel provider, as their attending physician, the worker may continue to treat with and receive temporary disability payment authorization from the physician assistant. This may foster continuity of care for the worker.

Under current law, an MCO is not required to allow an enrolled worker to choose a physician assistant as their attending physician, although three of the four certified MCOs currently grant physician assistants attending physician status. Under this bill, all MCOs would be required to allow an MCO enrolled worker to choose a physician assistant who is on the MCO panel as their attending physician for a minimum of 180 days.

There may be an increase in the number of claims in which a physician assistant functions as the attending physician. There may be a slight decrease in medical costs, as physician assistants are currently paid at 85% of the maximum fee schedule amounts under the medical fee schedule (OAR 436-009-0040(8)). However, overall system impact cannot be determined since medical and indemnity costs are dependent upon several factors including worker provider choice, access to providers, and provider treatment patterns.

Questions/relevant information for the bill sponsor or primary proponent

None.

Legislative history

Has this bill been introduced in a prior session?

No Yes Years Bill numbers

Does this bill amend current state or federal law or programs?

No Yes Specify ORS 656.005 and 656.245

Is this bill related to a legal decision?

No Yes Case citation, AG opinion, date, etc.

Should another DCBS division review this measure?

No Yes Divisions

Other impacts

Does this bill have a fiscal impact to DCBS?

No Yes Unknown Explain

Does this bill have an economic impact to stakeholders?

No Yes Unknown: Overall system impact cannot be determined since medical and indemnity costs are dependent upon several factors including worker provider choice, access to providers, and provider treatment patterns.

Sponsors

Representative Grayber; Oregon Society of Physician Assistants

Possible interested stakeholders

Physician assistants, medical providers, insurers, self-insured employers, and workers.

Public policy topics

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| <input type="checkbox"/> Agency operations | <input type="checkbox"/> Other lines of insurance |
| <input type="checkbox"/> Building codes | <input type="checkbox"/> Prescription drugs |
| <input type="checkbox"/> Financial institutions and lending | <input type="checkbox"/> Property and casualty insurance |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Public records/public meetings law |
| <input type="checkbox"/> Involvement with other agencies | <input type="checkbox"/> Rulemaking |
| <input type="checkbox"/> Licensure | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Manufactured structures | <input type="checkbox"/> Task force/reports |
| <input checked="" type="checkbox"/> MLAC legislative review | <input type="checkbox"/> Worker safety |
| <input type="checkbox"/> New program | <input checked="" type="checkbox"/> Workers' compensation system |
| <input type="checkbox"/> Nondepository programs | <input type="checkbox"/> Other |