



February 25, 2026

Marie Rogers  
Policy Analyst/Rules Coordinator  
Workers' Compensation Division  
350 Winter Street NE  
Salem, OR 97312

Re: Written comments regarding WCD's Proposed Changes to OAR 436-015-0037

Dear Ms. Rogers,

Thank you for providing the opportunity to submit written comments regarding the proposed change to OAR 436-015-0037. Majoris offers the following written comments for the Division's consideration.

Majoris disagrees that the expansion of time a worker may treat outside the network following enrollment will improve the transition into network or improve worker care. Instead, it is likely it will merely shift the timeline for when the transition happens. Based on historical patterns, many workers tend to wait until deadlines approach before taking action. Consequently, the primary effect in many cases would simply be an extension of overall timelines.

Majoris acknowledges Oregon faces provider-shortage constraints, and that can impact an injured worker's transition into the MCO network. The MCO is one of the tools for injured workers in navigating those challenges, and transition into the network as quickly as possible supports better continuity of care.

Additionally, the commentary submitted stating all clinics are scheduling 30+ days out is not reflective of Majoris' experience. For workers in the acute injury phase, our team reports most clinics are scheduling 2-4 weeks out, though they acknowledge this is less consistent in certain areas of the state. As well, older injuries often see a longer lead time. However, most claims are enrolled early in the claim lifecycle, when clinics are more open to taking on their injury.

Jovanna Patrick utilized Oregon Occupational Medicine as a data point in her 02/18/26 public comments, and I contacted their office afterwards for clarification. For injuries less



than 90 days old they are currently scheduling one to two weeks out. For their newest clinic it may even be same week. For injuries greater than 90 days, prior to scheduling they do require a records review to ensure the injury falls within their scope of practice, which lengthens the scheduling process.

This demonstrates the common discrepancy in experience for workers with newer injuries, versus those further out, or for those with attorney representation. Our records indicate that approximately 17% of enrolled workers have legal representation, highlighting that worker attorney insights are informed by a limited segment of overall program activity.

The medical care landscape has changed over the years. That does not mean the system and structures we have in place are broken. For the majority of workers enrolled, Majoris sees a straightforward transition into the MCO network. While there is a subset of workers that require more time and support to make that change, Majoris has seen no data to indicate there is a pattern of workers suddenly unable to access necessary treatment or time loss benefits. While it is impossible to craft something that is perfect for 100% of scenarios, we believe the 14-day timeframe remains an appropriate balance to providing final treatment outside network while encouraging quick transition into network for ongoing care needs.

Sincerely,

A handwritten signature in blue ink that reads "Ann Klein". The signature is fluid and cursive, with a horizontal line extending to the right.

Ann Klein  
President