## **BRUYNS Fred H \* DCBS**

From: Connie Whelchel <Conniew@kpdinsurance.com>

**Sent:** Monday, January 30, 2023 3:58 PM

To: BRUYNS Fred H \* DCBS
Cc: KUNZ Juerg \* DCBS

**Subject:** RE: Proposed rules published: OAR 436-009, 010, and 015

Hi Fred,

Thank you for the explanation. In that case, here's what I'd like to submit for written testimony:

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It is heartening to see the amended 436-010-0240 rule that encourages medical providers to discuss work duties/restrictions with employers. The communication between providers and the employers-at-injury is not only reasonable, but ideal as employers are constantly yearning for work releases ASAP so they can create/offer modified work accordingly. When employers don't receive work releases timely, it can needlessly extend workers' disabilities and claims (i.e., Time Loss) costs. And when the employers must rely on their insurers to get work releases, using a middle person (i.e., the insurer) can unnecessarily extend the disability time and claims costs, too. Eventually, I'd like to see an additional rule(s) that provides medical providers with clear timelines regarding when they need to provide work release information to employers, especially following their exams of injured workers. (Maybe for the next rule-making session.) Even though employers will enact policies for their workers to provide them with copies of their work releases, workers don't always comply with these, or they are not timely providing their work releases to their employers. Consequently, there are claims that go disabling that could have stayed non-disabling if only the providers sent the work release information directly to the employer vs. relying on the insurer or worker to be the go-between. It is, after all, the employer who is responsible for creating/offering the modified work.

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Please let me know if there's anything else I need to do.

Thank you for your guidance! Connie



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