

BEFORE THE DIRECTOR OF THE  
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
OF THE STATE OF OREGON

In the Matter of the Amendment of OAR: ) SUMMARY OF  
436-105, Employer-at-Injury Program ) TESTIMONY AND  
 ) AGENCY RESPONSES

This document summarizes the significant data, views, and arguments contained in the hearing record. The purpose of this summary is to create a record of the agency’s conclusions about the major issues raised. Exact copies of the written testimony are attached to this summary.

The proposed amendment to the rules was announced in the Secretary of State’s *Oregon Bulletin* dated Nov. 1, 2019. On Nov. 21, 2019, a public rulemaking hearing was held as announced at 10 a.m. in Room F of the Labor & Industries Building, 350 Winter Street NE, Salem, Oregon. Fred Bruyns, from the Workers’ Compensation Division, acted as hearing officer. The record was held open for written comment through Nov. 27, 2019.

No one testified at the public rulemaking hearing, recorded below as exhibit 2. The public submitted written testimony as described below.

**Testimony list:**

<b>Exhibit</b>	<b>Description</b>
<u><a href="#">1</a></u>	Susan Potter, McCauley Potter Fain Associates
<u><a href="#">2</a></u>	Transcript of Nov. 21, 2019 rulemaking hearing
<u><a href="#">3</a></u>	Jaye Fraser, SAIF Corporation

**Testimony: OAR 436-105-0540(2)**

***Exhibit 1***

“ .... We recently became aware of the fact that the \$120 administrative fee, which is provided to the insurer for administering this program, has remained the same for 12 years, since 2007. It is our opinion that given this length of time, the costs associated with doing business and processing EAIPs has risen significantly since 2007, and an increase in the rate of the administrative fee is warranted.

“We ... propose an increase of the administrative fee to \$200. We believe this is reasonable, since this fee has not been increased for almost 13 years, and the amount of administrative time required to complete EAIP reviews and increased costs associated with doing business.

“The average amount of time it takes to complete one EAIP reimbursement has been calculated by my staff to be 2 hours; some reviews may take less time, and many reviews can take 3+ hours to review and gather necessary information to complete the EAIP reimbursement (especially very complicated claims).”

[See full testimony for a description of the process for EAIP reviews.]

**Response:** Thank you for your testimony. The division is planning to reopen the Division 105 rules after the New Year to review increasing the administrative fee and to provide an opportunity for stakeholders to participate in the rule revision process. The division would appreciate your participation in that discussion.

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**Testimony: OAR 436-105-0500, 0512, 0520, 0540** *Exhibit 3*

“... SAIF has reviewed the proposed rules and specifically supports the following changes.

“OAR 436-105-0500(6)[(d)](C) The proposed rule explains to insurers how to calculate the amount of wage subsidy reimbursement when payroll records and supplemental documentation show the amount of wages earned by the worker for reimbursable partial payroll periods.

“OAR 436-105-0512(6) Clarifies that the Employer-at-Injury Program and Preferred Worker Program may not overlap for the same claim and the same claim opening.

“OAR 436-105-0520(2) Increase the wage subsidy reimbursement rate from 45 to 50 percent of the workers' gross wages.

“OAR 436-105-0540(5) Requires that the insurer receive from the employer all required documentation for reimbursement within one year from the end of the Employer-at-Injury Program.”

**Response:** Thank you for your testimony.

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**Testimony: OAR 436-105-0540(5)(b)** *Exhibit 3*

“As SAIF expressed during the advisory committee meeting, SAIF is concerned about the changes proposed in OAR 436-105-0540(5)(b). SAIF understands and supports WCD's desire to eliminate inappropriate expenditures from the Workers' Benefit Fund. We understand that WCD hopes these rule changes will result in fewer questionable expenditures.

“SAIF is concerned the proposed changes will add to the administrative burden for system users and potentially discourage program usage. From a high in 2013, employer access of EAIP has steadily declined each year from 2,140 employers to 1,780 employers in 2018, a 17% decline in employers using the program. Fewer employers accessing an employer activated program results in fewer Oregon workers benefiting from this early return to work program. 9,100 placements were made in 2013 compared to the only 7,217 in 2018, a 20% usage decrease. SAIF is concerned that further administrative burdens will further discourage system participation.

“SAIF submits roughly 1,000 purchase requests per year. Currently SAIF's reimbursement requests are automated. Staff electronically request reimbursement; request for reimbursement is automatically printed, sent to SAIF's mailroom where it is mailed with no additional administrative work for SAIF's EAIP staff.

“The proposed rules require that additional documents be provided with each reimbursement request. SAIF conservatively estimates an additional 5,000 pieces of paper documentation will be printed and mailed to WCD. WCD's audit staff has reviewed these documents in SAIF's systems during its audits of SAIF's reimbursement requests. SAIF estimates that this additional administrative handling of documentation will require an additional 166 staff-hours to process these 5,000 pieces of paper each year. This is 166 hours to print, organize, and mail papers that are not currently printed or handled. This is 166 staff-hours of handling paper rather than working with employers to get workers back to work.

**Oregon Administrative Rules, Chapter 436**

**Public Testimony & Agency Responses**

**Page 3**

“In turn, WCD's staff will handle and review each individual document to verify it has received all required documentation for reimbursement requests. Missing documentation will result in WCD returning the reimbursement request to the administrating insurer to resubmit or appeal the declined reimbursement. There is more work related to this task than simply reviewing documents. WCD would need to respond to, track, and re-process multiple additional requests.

“The proposed rules also require insurers to obtain new information prior to submitting a reimbursement request for a purchase, including start date, wages, and hours to be worked. Currently, these data elements are obtained through payroll records after the worker has returned to work because start dates, wages, and the hours a returning worker will work, can change between the time a piece of equipment is purchased, and the time the worker actually returns to work. SAIF is uncertain why WCD needs this information to process an equipment purchase reimbursement requests. Insurers will need to request this information from the employer a second time once the worker has returned to light duty, creating an administrative burden for both insurer and employer.

“Finally, the most recent audit by WCD of EAIP dollars spent (over \$8.6 million audited) verified an accuracy of 98% across the industry. This outstanding result shows that most insurers and employers are correctly using the program and responsibly accessing the program to benefit their workers.

“SAIF suggests WCD utilize several alternative options to clarify eligible purchases and encourage program utilization: [See full testimony for descriptions of alternatives.]

....

“SAIF is an active user and vocal supporter of Oregon's Employer-at-Injury Program. We support WCD's efforts to eliminate misuse of the program, but we urge WCD to consider the whether the added burden imposed on insurers and employers by the proposed reimbursement process will eliminate misuse, or whether the change will be a disincentive for employers who would otherwise use the program.”

**Response:** Thank you for your testimony. The division is aware that the requirement to submit documentation for worksite modification and EAIP purchases at the time of the reimbursement request may increase the administrative burden for insurers. In an effort to offset the potential increase of the administrative burden, the division will reopen the EAIP rules after the New Year to discuss increasing the administrative fee. The division would appreciate your participation in that discussion.

<b>Dated this 17<sup>th</sup> day of December, 2019.</b>
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**FAX COVER SHEET**

**McCauley Potter Fain Associates** (503) 350-7074  
**4990 SW Angel Avenue** Fax (503) 646-8299  
**Beaverton, OR 97005**

**DATE:** 11/13/19  
**TO:** Katie Bruns  
**FAX:** 503-947-7514  
**FROM:** Susan Potter, MS, Vocational Consultant  
**RE:** EAIP Administrative Fee  
**CC:**

**Number of Pages including cover sheet: 4**

**MESSAGE:** Hi Katie,

**You spoke recently with Siobhan Harris, our EAIP Coordinator, regarding the administrative fee for EAIP. We are submitting this letter to propose an increase in the administrative fee; please review and feel free to contact me if you have any questions. Thank you!**

This document is intended for the use of the party of whom it is addressed and may contain information that is privileged, confidential and protected from disclosure under applicable law. If you are not the addressee, you are hereby notified that any review, disclosure, dissemination, copying or other action based on the content of this communication is not authorized. If you have received this document in error, please immediately notify the sender by telephone or return FAX and destroy this transmission along with any attachments.

MCCAULEY · POTTER · FAIN · ASSOCIATES

November 13, 2019

Ms. Katie Bruns, Return to Work Policy Analyst  
Department of Consumer and Business Services  
Workers' Compensation Division  
Fax: (503) 947-7514

RE: Administrative Fee for EAIP Reimbursements  
OAR 436-120-0540 (2)

Dear Katie:

McCauley Potter Fain Associates has, over the years, processed many EAIP reimbursements for Oregon employers, insurers, and third-party administrators. It is a program highly regarded by all, and a benefit that most employers are eager to access.

We recently became aware of the fact that the \$120 administrative fee, which is provided to the insurer for administering this program, has remained the same for 12 years, since 2007. It is our opinion that given this length of time, the costs associated with doing business and processing EAIPs has risen significantly since 2007, and an increase in the rate of the administrative fee is warranted.

We would like to submit this letter to you in advance of the November 21, 2019 hearing on EAIP and propose an increase of the administrative fee to \$200. We believe this is reasonable, since this fee has not been increased for almost 13 years, and the amount of administrative time required to complete EAIP reviews and increased costs associated with doing business.

The average amount of time it takes to complete one EAIP reimbursement has been calculated by my staff to be 2 hours; some reviews may take less time, and many reviews can take 3+ hours to review and gather necessary information to complete the EAIP reimbursement (especially very complicated claims).

Siobhan Harris, an MPF EAIP Coordinator, comprised the following outline of the process we undertake to provide EAIP reviews:

- MPF receives closed claims list from insurer/TPA, which is usually in Excel format and needs to be formatted for our use. Some employers send them to us individually and so we must create and maintain spreadsheets for tracking. Some accounts require MPF EAIP consultants to travel to various office locations in the Portland metro area to review claims in person.
- MPF reviews individual claims to determine if they qualify for EAIP. There can be a large list of closed claims for any given month and many of them may not

qualify but must be reviewed. Most of the claims are reviewed on various online claims management systems; each insurer/employer uses a different system and some systems are extremely slow and can take a while to load all the documents. Any one claim in the system can have 6 or 7 pages of documents to look through and then each document can be multiple pages as well. The more pages involved, the longer it takes to load. We have to print supporting documentation and look through all the files, which can be 200+ in some of the longer claims, and then we put together our supporting packet once we figure out the claim is eligible for EAIP reimbursement. A lot of times there is missing information in the file that we then have to hunt down either from the claim's examiner, employer or sometimes even have to contact the doctor's office for missing medical release information. We also spend a good amount of time with tech support when one of the online systems isn't working properly or our passwords won't work.

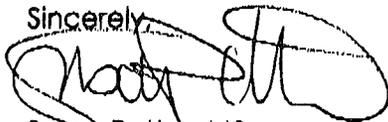
- Payroll is requested from employers for qualifying EAIP claims. Some accounts have multiple employers and we must find the correct contact for each employer and follow up with each of them individually. Some employers are quick to respond and get back to us but many times we are having to follow up two, three, four, five, etc., times to get payroll. Employer payroll data may not be in the correct format, dates can be wrong, timecards missing, or it's just completely illegible and we need to follow up to get the correct information or to clarify. It is also very time consuming to print out the payroll that we receive. Many times, it's in Excel and time is spent reformatting the reports to print properly, or it's in multiple PDFs and word documents that we have to print one by one. This is very time-consuming. Some employers send payroll for multiple claims, over a 2-3-month period of time, in no particular order, and it must be sorted. This step alone can take up to one hour.
- EAIP forms are completed and payroll calculations made to properly calculate the reimbursement and provide supporting documentation. Attention to detail and double-checking work is extremely important; every insurer and employer is different, and we have to ensure all the information is correct. When there is a change to the form, such as when the concurrent claim box was added, it took a while to update all our employer templates with the correct information. We will have to do this again when the rate increases from 45% to 50% and then again if the administrative fee is increased. It would be nice to do these at the same time so that we didn't have to recreate all the forms a second time. It also will be very time-consuming double-checking dates starting in January to see which claims get the 45% and which get the 50%. This will slow down our process considerably.
- The added concurrent claim section has proved to be very time consuming for us as well since we don't have a database that lists all the individuals to easily check to see if they do have concurrent claims. Sometimes we don't receive them in chronological order, and we have to backtrack and dig up the files so

- that we can double check dates. We keep a copy of the current year claims in our filing cabinets, but the rest are in storage requiring additional time to locate.
- MPF updates all the EAIP spreadsheets per employer, noting claim, claimant, EAIP reimbursement amount, date completed, once the EAIP reviews are finished. Insurers and employers request data tracking. Maintaining databases for EAIP claims is an administrative function that also requires staff time.
  - The EAIP form is submitted to the state and an EAIP packet prepared and sent to the Insurer/claims examiner to ensure all documentation is available in the claim file for future audits. Many employers also request a copy of the EAIP reimbursement form. There is a great deal of administrative time spent to prepare, copy or scan, and send documents where needed.
  - MPF follows up with the employer and sends completed spreadsheets; some accounts have additional special requests or processes that are followed to track EAIP reimbursements.
  - MPF provides EAIP follow up services. Employers contact us about the status of reimbursements; we reach out to the State to obtain information for the employer. We also have Insurers that require us to send them a quarterly list of qualifying claims so that can take some time to compile.
  - MPF responds to EAIPs that have been sent back by WCD. Sometimes requests that are sent back to us for missing or incorrect information so then we must redo them and resubmit. There are instances where there is a disabling claim that we received but the State hasn't received the proper documents and so we have to go back to the file and make a copy of the NOC, 801 and 1502 to send back in. Time is required to locate the file, get the necessary information, make the correction, or to find the missing documents.
  - Processing EAIP reimbursements involves a great deal of communication, i.e. emails and telephone calls with employers and insurers trying to get all the necessary information needed to complete EAIP reimbursements accurately and timely. Follow up is necessary to keep things moving efficiently as possible and keep the EAIP program running smoothly.

I hope this gives you a better idea of what is involved in administering the EAIP program for Oregon employers and insurers. It would seem reasonable and fair to increase the administrative fee at this time, and we appreciate your consideration of this matter.

If you have any questions about this, or would like to speak to me further, please do not hesitate to contact me at (503) 350-7074. Thank you, Katie!

Sincerely,



Susan Potter, MS

Owner/Vocational Rehabilitation Counselor

[spotter@mpfassociates.com](mailto:spotter@mpfassociates.com)

**BEFORE THE DIRECTOR OF THE  
DEPARTMENT OF CONSUMER AND BUSINESS SERVICES  
OF THE STATE OF OREGON**

**PUBLIC RULEMAKING HEARING**

In the Matter of the Amendment of OAR:	)	
436-009, Oregon Medical Fee and Payment	)	
436-010, Medical Services	)	TRANSCRIPT OF
436-015, Managed Care Organizations	)	TESTIMONY
436-050, Employer/Insurer Coverage Responsibility	)	
436-055, Certification of Claims Examiners	)	
436-060, Claims Administration	)	
436-070, Workers' Benefit Fund Assessment	)	
436-085, Premium Assessment	)	
436-105, Employer-at-Injury Program	)	
436-110, Preferred Worker Program	)	
436-140, Construction Carve-Out Programs	)	

The proposed amendment to the rules was announced in the Secretary of State's Oregon Bulletin dated Nov. 1, 2019. On Nov. 21, 2019, a public rulemaking hearing was held as announced at 10 a.m. in Room F of the Labor and Industries Building, 350 Winter Street NE, Salem, Oregon. Fred Bruyns, from the Workers' Compensation Division, acted as hearing officer. The record will be held open for written comment through Nov. 27, 2019.

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No testimony.....	NA

**TRANSCRIPT OF PROCEEDINGS**

Fred Bruyns: So, good morning and welcome. This is a public rulemaking hearing. My name is Fred Bruyns, and I'll be the presiding officer for the hearing.

The time is 10 a.m. on Thursday, November 21, 2019. We are in Room F of the Labor & Industries Building, 350 Winter St. NE, in Salem, Oregon. We are making an audio recording of today's hearing.

If you wish to present oral testimony today, please sign in on the "Testimony Sign-In Sheet" on the table by the entrance. If you plan to testify over the telephone, I will sign in for you.

The Department of Consumer and Business Services, Workers' Compensation Division proposes to amend chapter 436 of the Oregon Administrative Rules, specifically:

- Division 50, Employer/Insurer Coverage Responsibility;

Transcript of public rulemaking hearing  
Nov. 21, 2019

- Division 85, Premium Assessment;
- Division 105, Employer-at-Injury Program; and
- Several rules throughout OAR chapter 436 that implement passed legislation or otherwise align rules with governing statutes.

The department has summarized the proposed changes and prepared estimates of fiscal and economic impacts in the notices of proposed rulemaking hearing. These notices and proposed rules with marked changes are on the table by the entrance. Also on the table are copies of testimony received to date: That from Susan Potter of McCauley Potter Fain Associates, requesting an increase in the administrative fee under the Employer-at-Injury Program; and a recommendation by the Workers' Compensation Division to remove proposed new wording in OAR 436-050-0050 that might create confusion between reporting requirements under this rule and requirements under OAR 436-162, the rules governing electronic data interchange for proof of coverage.

The Workers' Compensation Division: filed the notices of proposed rulemaking with the Oregon Secretary of State; mailed the notices to its postal and electronic mailing lists; notified Oregon legislators as required by ORS chapter 183; and posted public notice and proposed rules to its website.

The Oregon Secretary of State published the hearing notices in its *Oregon Bulletin* dated Nov. 1, 2019.

This hearing gives the public the opportunity to provide comment about the proposed rules. In addition, the division will accept written comment through and including November 27, 2019, and will make no decisions until all of the testimony is considered.

We are ready to receive testimony. Is anyone here going to provide testimony this morning? Okay. Have you signed in on the sheet in the back, Jaye?

Jaye Fraser, SAIF Corporation: I'm not testifying.

Fred Bruyns: Oh, you're not - just moving – okay – from one place to another. Oh, yah Barb, if you'd check the sheet.

Barbra Hall, Workers' Compensation Division: I see nobody.

Fred Bruyns: No one. Okay. Anyone here is welcome to testify, so I will let you know. Is there anyone on the telephone with us who would like to testify? Okay – hearing no one, it is our policy to keep the hearing open for testimony a minimum of one-half hour. I will recess in a moment, but I want to remind you that the record does remain open until November 27, 2019. You may submit testimony in any written form. You may use email, fax, USPS mail, courier, or you may hand deliver testimony to Workers' Compensation Division Central Reception on the second floor of this building. On the table by the entrance are business cards that include my contact information. I will acknowledge all testimony received.  
The hearing is recessed at 10:04 a.m.

The hearing is resumed at 10:30. Is there anyone here this morning who would like to testify?  
Anyone on the telephone?

Jenny Walsh, Providence: Oh, I'm on the phone. This is Jenny Walsh from Providence.

Fred Bruyns: Okay, Jenny, would you like to testify this morning?

Jenny Walsh: No – not – no. Not this morning.

Fred Bruyns: Okay. Well this is a good opportunity ...

Jenny Walsh: I was just kind of listening in.

Fred Bruyns: That's fine. This is a good opportunity then to remind everyone that we're open for written testimony through and including Nov. 27, which I believe is next Wednesday, the day before Thanksgiving, so anyone is welcome to submit written testimony by that time.

And with that, the time is now 10:31. This hearing is adjourned. Thank you for coming.

*Transcribed from a digital audio recording by Fred Bruyns, Nov. 21, 2019.*

November 26, 2019

Fred Bruyns, Rule Coordinator  
Workers' Compensation Division  
350 Winer Street NE  
PO Box 14480  
Salem, OR 97309-0405

RE: SAIF Corporation testimony for proposed changes to workers' compensation rules: OAR 436-105, Employer-at-Injury Program (EAIP)

Dear Fred:

As always, SAIF appreciates the opportunity to participate in the advisory committee rulemaking process. SAIF has reviewed the proposed rules and specifically supports the following changes.

**OAR 436-105-0500 (6) (C)** The proposed rule explains to insurers how to calculate the amount of wage subsidy reimbursement when payroll records and supplemental documentation show the amount of wages earned by the worker for reimbursable partial payroll periods.

**OAR 436-105-0512 (6)** Clarifies that the Employer-at-Injury Program and Preferred Worker Program may not overlap for the same claim and the same claim opening.

**OAR 436-105-0520 (2)** Increase the wage subsidy reimbursement rate from 45 to 50 percent of the workers' gross wages.

**OAR 436-105-0540 (5)** Requires that the insurer receive from the employer all required documentation for reimbursement within one year from the end of the Employer-at-Injury Program.

As SAIF expressed during the advisory committee meeting, SAIF is concerned about the changes proposed in **OAR 436-105-0540 (5) (b)**. SAIF understands and supports WCD's desire to eliminate inappropriate expenditures from the Workers' Benefit Fund. We understand that WCD hopes these rule changes will result in fewer questionable expenditures.

SAIF is concerned the proposed changes will add to the administrative burden for system users and potentially discourage program usage. From a high in 2013, employer access of EAIP has steadily declined each year from 2,140 employers to 1,780 employers in 2018, a 17% decline in employers using the program. Fewer employers

accessing an employer activated program results in fewer Oregon workers benefiting from this early return to work program. 9,100 placements were made in 2013 compared to the only 7,217 in 2018, a 20% usage decrease. SAIF is concerned that further administrative burdens will further discourage system participation.

SAIF submits roughly 1,000 purchase requests per year. Currently SAIF's reimbursement requests are automated. Staff electronically request reimbursement; request for reimbursement is automatically printed, sent to SAIF's mailroom where it is mailed with no additional administrative work for SAIF's EAIP staff.

The proposed rules require that additional documents be provided with each reimbursement request. SAIF conservatively estimates an additional 5,000 pieces of paper documentation will be printed and mailed to WCD. WCD's audit staff has reviewed these documents in SAIF's systems during its audits of SAIF's reimbursement requests. SAIF estimates that this additional administrative handling of documentation will require an additional 166 staff-hours to process these 5,000 pieces of paper each year. This is 166 hours to print, organize, and mail papers that are not currently printed or handled. This is 166 staff-hours of handling paper rather than working with employers to get workers back to work.

In turn, WCD's staff will handle and review each individual document to verify it has received all required documentation for reimbursement requests. Missing documentation will result in WCD returning the reimbursement request to the administrating insurer to resubmit or appeal the declined reimbursement. There is more work related to this task than simply reviewing documents. WCD would need to respond to, track, and re-process multiple additional requests.

The proposed rules also require insurers to obtain new information prior to submitting a reimbursement request for a purchase, including start date, wages, and hours to be worked. Currently, these data elements are obtained through payroll records after the worker has returned to work because start dates, wages, and the hours a returning worker will work, can change between the time a piece of equipment is purchased, and the time the worker actually returns to work. SAIF is uncertain why WCD needs this information to process an equipment purchase reimbursement requests. Insurers will need to request this information from the employer a second time once the worker has returned to light duty, creating an administrative burden for both insurer and employer.

Finally, the most recent audit by WCD of EAIP dollars spent (over \$8.6 million audited) verified an accuracy of 98% across the industry. This outstanding result shows that most insurers and employers are correctly using the program and responsibly accessing the program to benefit their workers.

SAIF suggests WCD utilize several alternative options to clarify eligible purchases and encourage program utilization:

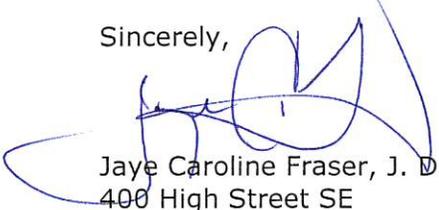
- 1) Regularly provide robust industry information updates that provide guidance and direction on the meaning and intent of "Reasonable, Practical, or Feasible, or Considers an Abuse of the Program" through bulletins, industry notices, FAQ's, and round table meetings.
- 2) Spot check purchases in real time. Visit employers WCD suspects may not be using the program appropriately and proactively explain and define WCD's standards for "Reasonable, Practical, or Feasible, or Considered an Abuse of the

program to individual employers or insurers." Oregon Administrative rules authorize the director to visit worksites to determine compliance. OAR 436-105-0550 (4)

- 3) Finally, rather than require all purchases to be reviewed, SAIF suggests WCD describe, by rule, its authority to require compliance with the proposed rule only for insurers or self-insured employers determined by WCD to have questionable practices or after audit an insurer or self-insured employer fails its audit. SAIF suggests that failure be determined based on the need to reimburse WCD a percentage of purchases. SAIF concurs with WCD that it must protect the worker benefit fund and believes that this approach will focus on those who have failed to adequately review purchase. This approach would protect the worker benefit fund without overly burdening parties appropriately complying while freeing WCD staff to pursue more proactive interactions with insurer, self-insureds, and employers. Of the 91 insurers participating in the Employer-at-Injury Program, only 19 of these made purchase reimbursement requests in 2018. Of those 19, only 7 made purchase reimbursement requests over \$5,000.

SAIF is an active user and vocal supporter of Oregon's Employer-at-Injury Program. We support WCD's efforts to eliminate misuse of the program, but we urge WCD to consider the whether the added burden imposed on insurers and employers by the proposed reimbursement process will eliminate misuse, or whether the change will be a disincentive for employers who would otherwise use the program.

Sincerely,



Jaye Caroline Fraser, J. D., Assistant General Counsel  
400 High Street SE  
Salem, Oregon 97312  
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jayfra@saif.com