



June 25, 2026

Proposed Changes to Workers' Compensation Rules

Caption: Implementing HB 4040 (2026), addressing authority of nurse practitioners and physician associates and updating OAR 436-015-0030(5)(j)

The Workers' Compensation Division proposes to amend:

- OAR 436-009, Oregon Medical Fee and Payment Rules
- OAR 436-010, Medical Services
- OAR 436-015, Managed Care Organizations
- OAR 436-030, Claim Closure and Reconsideration
- OAR 436-035, Disability Rating Standards
- OAR 436-060, Claims Administration

When is the hearing? July 23, 2026, 11 a.m.

Where is the hearing? Virtual only, by video or telephone via Microsoft Teams:

Join: <https://teams.microsoft.com/meet/216782047051632?p=1Oa6EEuWcBd71zYN7D>

Meeting ID: 216 782 047 051 632

Passcode: u2N9sg3x

Dial in by phone

[+1 503-446-4951](tel:+15034464951), [246986027#](tel:+1503246986027) United States, Portland

Phone conference ID: 246 986 027#

How can I make a comment? Attend the hearing (virtually) and speak, send written comments, or do both. Send written comments by:
Email – WCD.Policy@dcbs.oregon.gov, Attention: rules coordinator
Or
Attn: Rules Coordinator
Workers' Compensation Division
350 Winter Street NE (for courier or in-person delivery)
PO Box 14480 (for mail delivery)
Salem, OR 97309-0405

Or

Fax – 503-947-7514

The closing date for written comments is July 30, 2026.

Questions?

Contact Barb Belcher, wcd.policy@dcbs.oregon.gov.

Proposed rules and public testimony are available on the Workers' Compensation Division's website: <http://wcd.oregon.gov/laws/Pages/proposed-rules.aspx>. Or, call 971-286-0316 to get paper copies.

Auxiliary aids for persons with disabilities are available upon advance request.

Summary of changes to OAR 436-009:

- Revised rule 0005:
 - Removes the definition of “authorized nurse practitioner”
 - Removes the term “authorized nurse practitioner”
- Revised rule 0010:
 - Removes the term “authorized nurse practitioner”
 - Removes reference to the 180 days treatment limitation for nurse practitioners
- Revised rule 0025 removes the term and reference to “authorized nurse practitioner”
- Revised rule 0040:
 - Removes the term “authorized” in reference to nurse practitioners
 - Removes the reference to out-of-state nurse practitioners
- Revised rule 0060:
 - Adds “physician associate” and “nurse practitioner” to the descriptor of Oregon specific code D0019 (IME – review and response)
 - Removes the term “authorized nurse practitioner”
- Revised rule 0080 removes the term “authorized nurse practitioner”
- Revised rule 0090 removes the term “authorized” in reference to nurse practitioners
- Revised Appendix A (Matrix for health care provider types):
 - Adds “physician associates” and “nurse practitioners” to the “Type A attending physician” row
 - Removes rows “Type C attending physician” and “authorized nurse practitioners”

Summary of changes to OAR 436-010:

- Revised rule 0005:
 - Removes the definition of “authorized nurse practitioner”
 - Removes the term “authorized nurse practitioner”
 - Adds a reference to “physician associate” and “nurse practitioner” in the definition of “Direct control and supervision”
- Revised rule 0210:
 - Removes the term “authorized nurse practitioner”
 - When referring to “attending physicians” no longer references types A through C
 - Removes the limit of 180 days that physician associates may assume the role of attending physician and authorize time loss
 - Removes the provision that physician associates may not make findings of impairment
 - Removes the limit of 180 days that nurse practitioners may provide compensable medical services and authorize time loss
 - Clarifies that the reference to “physician” means “attending physician”
- Revised rule 0220:
 - Removes the term “authorized nurse practitioner” and “type C attending physician”
 - Removes the reference to the requirement that physician associates and nurse practitioners must refer workers to attending physicians for closing exams.
- Revised rules 0230 and 0240 remove the term “authorized nurse practitioner”
- Revised rule 0241

- Removes the term “authorized nurse practitioner”
- Clarifies that the reference to “physician” means “attending physician”
- Revised rules 0250, 0265, and 0270 remove the term “authorized nurse practitioner”
- Revised rule 0280:
 - No longer requires physician associates and nurse practitioners to refer the worker to a type A attending physician to do a closing exam when a worker has become medically stationary
 - Removes the term “authorized nurse practitioner”
 - Clarifies that the reference to “physician” means “attending physician”
 - Clarifies that physician associates and nurse practitioners must make a statement regarding the validity of an impairment finding for a closing report
- Revised rule 0290 clarifies that the reference to “physician” means “attending physician”
- Revised Appendix A (Matrix for health care provider types):
 - Adds “physician associates” and “nurse practitioners” to the “Type A attending physician” row
 - Removes rows “Type C attending physician” and “authorized nurse practitioners”

Summary of changes to OAR 436-015:

- Revised rule 0005 removes the descriptor “authorized” from the term nurse practitioner if the definition of “Come-along provider”
- Revised rule 0030:
 - Removes the term “authorized nurse practitioner”
 - Removes the descriptor “authorized” from the term nurse practitioner when describing the process that allows enrolled workers to select an nurse practitioner
 - Clarifies that the reference to “physician” means “attending physician”
 - Changes OAR 436-015-0030(5)(j) 14 days to 30 days to align with recent changes to 436-015-0037(3)(e)(A) (not related to HB 4040 (2026))
 - Updates a reference from OAR 436-010-0270(4)(d) to OAR 436-010-0270(5)(d) in OAR 436-015-0030(5)(j)
- Revised rule 0040 removes the descriptor “authorized” from the term nurse practitioner
- Revised rule 0070 clarifies the requirement for nurse practitioner to be a come-along provider

Summary of changes to OAR 436-030:

- Revised rule 0005 to remove the definition of “authorized nurse practitioner.”
- Revised rule 0020 to remove the term “authorized nurse practitioner.”
- Revised rule 0034 to:
 - Remove the term “authorized nurse practitioner.”
 - Replace the term “physician” (“health care provider” in the temporary rules) with “provider” in section (2).
- Revised rule 0035 to:
 - Remove the term “authorized nurse practitioner.”
 - Replace the term “physician” (“health care provider” in the temporary rules) with “provider” in sections (3), (6), and (9).

- Replace the term “physician” (“health care provider” in the temporary rules) with “provider” in two instances and with “attending physician” in one instance in section (5).
- Revised rule 0115 removes the term “authorized nurse practitioner.”
- Revised rule 0155 to:
 - Remove the term “authorized nurse practitioner.”
 - Replace the term “physician” (“health care provider” in the temporary rules) with “provider” in section (4), subsection (4)(a), and subsection (4)(b)
- Revised rule 0165 to:
 - Replace the term “physician” with “medical arbiter” in sections (1), (2), and (3).
 - Replace the term “doctors” with “medical arbiters” in paragraph (1)(b)(B).
 - Replace the term “physician” with “provider qualified to be an attending physician under ORS 656.005(12)(b)(A).”

Summary of changes to OAR 436-035:

- Revised rule 0005 to replace the term “physician” with “provider qualified to be an attending physician” in section (8).
- Revised rule 0009 to remove the term “authorized nurse practitioner.”
- Revised rule 0007 to:
 - Remove the term “authorized nurse practitioner.”
 - In sections (9) and (11), to replace the term “physician” with “provider.”
- Revised the following rules to replace the term “physician” with “provider”
 - Rule 0011 in section (7) and subsection (7)(b)
 - Rule 0260 in sections (1) and (5)
 - Rule 0360 in section (1)
 - Rule 0380 in section (1)
 - Rule 0385 in section (5)
 - Rule 0400 in section (3)

Summary of changes to OAR 436-060:

- Revised rule 0005 to remove the definition of “authorized nurse practitioner”
- Revised rule 0010 to remove the term “authorized nurse practitioner”
- Revised rule 0020 to:
 - Remove the term “authorized nurse practitioner”
 - Clarify that the reference to “physician” means “attending physician”
- Revised rule 0030 to remove the term “authorized nurse practitioner”
- Revised rule 0035 to update the rule reference for the definition of “insurer”
- Revised rule 0095 to remove the term “authorized nurse practitioner”
- Revised rule 0105(3) to:
 - Remove the term “authorized nurse practitioner”
 - In section (3), replace the term “physician” with “medical service provider as defined under OAR 436-010-0005(26).”
- Revised rule 0137 to remove the term “authorized nurse practitioner”

- Revised rule 0147 to:
 - Remove the term “authorized nurse practitioner”
 - In section (2), to replace the term “physicians” with “medical service providers as defined under OAR 436-010-0005(26).”
 - In section (3), to replace the term “physicians” with “medical service providers as defined under OAR 436-010-0005(26).”
 - In section (3), clarify the insurer must send the names of an authorized nurse practitioners the worker saw before the rule changed to implement HB 4040 (2026).
- Revised rule 0150 to remove the term “authorized nurse practitioner”

The agency requests public comment on whether other options should be considered for achieving the rules’ substantive goals while reducing the negative economic impact of the rules on business.

Need for the rule(s): Rule changes are needed to implement HB 4040 (2026), which is effective upon passage. Additionally, Workers’ Compensation Division (WCD) is making a single change to OAR 436-015-0030(5)(j), which is unrelated to HB 4040 (2026). Specifically, WCD is changing 14 days to 30 days (for a worker to remain eligible to receive authorized temporary disability benefits) in OAR 436-015-0030(5)(j) to align with recent changes, effective April 1, 2026, to OAR 436-015-0037(3)(e)(A).

Documents relied upon and where they are available: Documents regarding HB 4040 (2026) and amendments to 436-015-0037(3)(e)(A) effective April 1, 2026. These documents are available for public inspection upon request to the Workers’ Compensation Division, 350 Winter Street NE, Salem, Oregon 97301-3879. Please contact Marie Rogers, rules coordinator, 971-286-0316, WCD.Policy@dcbs.oregon.gov.

Fiscal and economic impact: The agency projects the proposed rule amendments, if adopted, will not affect the agency’s cost to carry out its responsibilities under ORS chapter 656 and OAR chapter 436. Possible impacts on stakeholders are included under “Statement of Cost of Compliance” below.

Statement of cost of compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

- a. The agency estimates that proposed rule changes will not increase costs to state agencies for compliance with the rules.
- b. The agency estimates that proposed rule changes will not increase costs to units of local government for compliance with the rules.
- c. The agency estimates that proposed rule changes will not increase costs to the public for compliance with the rules.

2. Cost of compliance effect on small business (ORS 183.336):

- a. **Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:** The businesses affected by the proposed rule amendments are workers’ compensation insurers, self-insured employers, service companies, and health care

providers. Insurers and self-insured employers are generally large businesses. The agency estimates that fewer than 10 Oregon service companies are small businesses. The agency does not have exact data on the number of health care providers in Oregon, but estimates that less than 5,000 Oregon medical providers are small businesses.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: The agency estimates that adoption of the proposed amendments will not affect costs to small businesses for reporting, recordkeeping, other administrative activities, or professional services required for compliance.

c. Equipment, supplies, labor and increased administration required for compliance: The agency estimates that adoption of the proposed amendments will not increase costs to small businesses for equipment, supplies, labor, or increased administration required for compliance.

How were small businesses involved in the development of this rule? The agency sent rule advisory committee invitations to more than 4,500 stakeholders, including representatives of small businesses.

Statement identifying how adoption of the rule will affect racial equity in this state: The Workers’ Compensation Division does not collect data about race or ethnicity related to workplace injuries and illness in Oregon, but the United States Bureau of Labor Statistics publishes [lists of occupations and numbers of Americans employed broken down by race](#). Black/African Americans and Hispanic/Latino workers are represented in some of the more dangerous occupations in higher numbers than their respective shares of the U.S. workforce. To the extent Oregon workers in these racial groups suffer more on-the-job injuries and illnesses, increased or decreased workers’ compensation benefits may impact these racial groups more than others. The agency does not have sufficient data needed to estimate specific effects on racial equity in Oregon, but invites public input.

Administrative Rule Advisory Committee consulted?: No. **If not, why?** Because the changes are to implement legislation, the Workers’ Compensation Division has little discretion over the changes. The Workers’ Compensation Division invited stakeholders to come forward if they were interested in a meeting; no one expressed interest in meeting.



Matt West

June 25, 2026

Authorized Signer

Printed name

Date

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