

**A-Engrossed**  
**House Bill 3412**

Ordered by the House March 27  
Including House Amendments dated March 27

Sponsored by Representative GRAYBER

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Authorizes physician assistants to provide [*compensable medical services and authorize payment of temporary disability benefits under same rules*] **same level of service** as nurse practitioners for workers' compensation claims **in managed care organization setting. Increases from 60 days to 180 days period beginning on first visit on initial claim that physician assistant may be primarily responsible for treatment of worker's compensable injury.**

**A BILL FOR AN ACT**

1  
2 Relating to medical practitioners in workers' compensation claims; amending ORS 656.005 and  
3 656.245.

4 **Be It Enacted by the People of the State of Oregon:**

5 **SECTION 1.** ORS 656.245 is amended to read:

6 656.245. (1)(a) For every compensable injury, the insurer or the self-insured employer shall cause  
7 to be provided medical services for conditions caused in material part by the injury for such period  
8 as the nature of the injury or the process of the recovery requires, subject to the limitations in ORS  
9 656.225, including such medical services as may be required after a determination of permanent  
10 disability. In addition, for consequential and combined conditions described in ORS 656.005 (7), the  
11 insurer or the self-insured employer shall cause to be provided only those medical services directed  
12 to medical conditions caused in major part by the injury.

13 (b) Compensable medical services shall include medical, surgical, hospital, nursing, ambulances  
14 and other related services, and drugs, medicine, crutches and prosthetic appliances, braces and  
15 supports and where necessary, physical restorative services. A pharmacist or dispensing physician  
16 shall dispense generic drugs to the worker in accordance with ORS 689.515. The duty to provide  
17 such medical services continues for the life of the worker.

18 (c) Notwithstanding any other provision of this chapter, medical services after the worker's  
19 condition is medically stationary are not compensable except for the following:

20 (A) Services provided to a worker who has been determined to be permanently and totally dis-  
21 abled.

22 (B) Prescription medications.

23 (C) Services necessary to administer prescription medication or monitor the administration of  
24 prescription medication.

25 (D) Prosthetic devices, braces and supports.

26 (E) Services necessary to monitor the status, replacement or repair of prosthetic devices, braces

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.  
New sections are in **boldfaced** type.

1 and supports.

2 (F) Services provided pursuant to an accepted claim for aggravation under ORS 656.273.

3 (G) Services provided pursuant to an order issued under ORS 656.278.

4 (H) Services that are necessary to diagnose the worker's condition.

5 (I) Life-preserving modalities similar to insulin therapy, dialysis and transfusions.

6 (J) With the approval of the insurer or self-insured employer, palliative care that the worker's  
7 attending physician referred to in ORS 656.005 (12)(b)(A) prescribes and that is necessary to enable  
8 the worker to continue current employment or a vocational training program. If the insurer or  
9 self-insured employer does not approve, the attending physician or the worker may request approval  
10 from the Director of the Department of Consumer and Business Services for such treatment. The  
11 director may order a medical review by a physician or panel of physicians pursuant to ORS 656.327  
12 (3) to aid in the review of such treatment. The decision of the director is subject to review under  
13 ORS 656.704.

14 (K) With the approval of the director, curative care arising from a generally recognized, non-  
15 experimental advance in medical science since the worker's claim was closed that is highly likely  
16 to improve the worker's condition and that is otherwise justified by the circumstances of the claim.  
17 The decision of the director is subject to review under ORS 656.704.

18 (L) Curative care provided to a worker to stabilize a temporary and acute waxing and waning  
19 of symptoms of the worker's condition.

20 (d) When the medically stationary date in a disabling claim is established by the insurer or  
21 self-insured employer and is not based on the findings of the attending physician, the insurer or  
22 self-insured employer is responsible for reimbursement to affected medical service providers for  
23 otherwise compensable services rendered until the insurer or self-insured employer provides written  
24 notice to the attending physician of the worker's medically stationary status.

25 (e) Except for services provided under a managed care contract, out-of-pocket expense re-  
26 imbursement to receive care from the attending physician or nurse practitioner authorized to pro-  
27 vide compensable medical services under this section shall not exceed the amount required to seek  
28 care from an appropriate nurse practitioner or attending physician of the same specialty who is in  
29 a medical community geographically closer to the worker's home. For the purposes of this para-  
30 graph, all physicians and nurse practitioners within a metropolitan area are considered to be part  
31 of the same medical community.

32 (2)(a) The worker may choose an attending doctor, physician or nurse practitioner within the  
33 State of Oregon. The worker may choose the initial attending physician or nurse practitioner and  
34 may subsequently change attending physician or nurse practitioner two times without approval from  
35 the director. If the worker thereafter selects another attending physician or nurse practitioner, the  
36 insurer or self-insured employer may require the director's approval of the selection. The decision  
37 of the director is subject to review under ORS 656.704. The worker also may choose an attending  
38 doctor or physician in another country or in any state or territory or possession of the United  
39 States with the prior approval of the insurer or self-insured employer.

40 (b) A medical service provider who is not a member of a managed care organization is subject  
41 to the following provisions:

42 (A) A medical service provider who is not qualified to be an attending physician may provide  
43 compensable medical service to an injured worker for a period of 30 days from the date of the first  
44 visit on the initial claim or for 12 visits, whichever first occurs, without the authorization of an  
45 attending physician. Thereafter, medical service provided to an injured worker without the written

1 authorization of an attending physician is not compensable.

2 (B) A medical service provider who is not an attending physician cannot authorize the payment  
3 of temporary disability compensation. However, an emergency room physician who is not authorized  
4 to serve as an attending physician under ORS 656.005 (12)(c) may authorize temporary disability  
5 benefits for a maximum of 14 days. A medical service provider qualified to serve as an attending  
6 physician under ORS 656.005 (12)(b)(B) may authorize the payment of temporary disability compen-  
7 sation for a period not to exceed 30 days from the date of the first visit on the initial claim.

8 (C) Except as otherwise provided in this chapter, only a physician qualified to serve as an at-  
9 tending physician under ORS 656.005 (12)(b)(A) or (B)(i) who is serving as the attending physician  
10 at the time of claim closure may make findings regarding the worker's impairment for the purpose  
11 of evaluating the worker's disability.

12 (D) Notwithstanding subparagraphs (A) and (B) of this paragraph, a nurse practitioner licensed  
13 under ORS 678.375 to 678.390 **or a physician assistant licensed by the Oregon Medical Board**  
14 **in accordance with ORS 677.505 to 677.525 or a similarly licensed physician assistant in any**  
15 **country or in any state, territory or possession of the United States:**

16 (i) May provide compensable medical services for 180 days from the date of the first visit on the  
17 initial claim;

18 (ii) May authorize the payment of temporary disability benefits for a period not to exceed 180  
19 days from the date of the first visit on the initial claim; and

20 (iii) When an injured worker treating with a nurse practitioner **or physician assistant** author-  
21 ized to provide compensable services under this section becomes medically stationary within the  
22 180-day period in which the nurse practitioner **or physician assistant** is authorized to treat the  
23 injured worker, shall refer the injured worker to a physician qualified to be an attending physician  
24 as defined in ORS 656.005 for the purpose of making findings regarding the worker's impairment for  
25 the purpose of evaluating the worker's disability. If a worker returns to the nurse practitioner **or**  
26 **physician assistant** after initial claim closure for evaluation of a possible worsening of the worker's  
27 condition, the nurse practitioner **or physician assistant** shall refer the worker to an attending  
28 physician and the insurer shall compensate the nurse practitioner **or physician assistant** for the  
29 examination performed.

30 (3) Notwithstanding any other provision of this chapter, the director, by rule, upon the advice  
31 of the committee created by ORS 656.794 and upon the advice of the professional licensing boards  
32 of practitioners affected by the rule, may exclude from compensability any medical treatment the  
33 director finds to be unscientific, unproven, outmoded or experimental. The decision of the director  
34 is subject to review under ORS 656.704.

35 (4) Notwithstanding subsection (2)(a) of this section, when a self-insured employer or the insurer  
36 of an employer contracts with a managed care organization certified pursuant to ORS 656.260 for  
37 medical services required by this chapter to be provided to injured workers:

38 (a) Those workers who are subject to the contract shall receive medical services in the manner  
39 prescribed in the contract. Workers subject to the contract include those who are receiving medical  
40 treatment for an accepted compensable injury or occupational disease, regardless of the date of in-  
41 jury or medically stationary status, on or after the effective date of the contract. If the managed  
42 care organization determines that the change in provider would be medically detrimental to the  
43 worker, the worker shall not become subject to the contract until the worker is found to be med-  
44 ically stationary, the worker changes physicians or nurse practitioners, or the managed care or-  
45 ganization determines that the change in provider is no longer medically detrimental, whichever

1 event first occurs. A worker becomes subject to the contract upon the worker's receipt of actual  
2 notice of the worker's enrollment in the managed care organization, or upon the third day after the  
3 notice was sent by regular mail by the insurer or self-insured employer, whichever event first oc-  
4 curs. A worker shall not be subject to a contract after it expires or terminates without renewal. A  
5 worker may continue to treat with the attending physician or nurse practitioner authorized to pro-  
6 vide compensable medical services under this section under an expired or terminated managed care  
7 organization contract if the physician or nurse practitioner agrees to comply with the rules, terms  
8 and conditions regarding services performed under any subsequent managed care organization con-  
9 tract to which the worker is subject. A worker shall not be subject to a contract if the worker's  
10 primary residence is more than 100 miles outside the managed care organization's certified ge-  
11 ographical area. Each such contract must comply with the certification standards provided in ORS  
12 656.260. However, a worker may receive immediate emergency medical treatment that is  
13 compensable from a medical service provider who is not a member of the managed care organization.  
14 Insurers or self-insured employers who contract with a managed care organization for medical ser-  
15 vices shall give notice to the workers of eligible medical service providers and such other informa-  
16 tion regarding the contract and manner of receiving medical services as the director may prescribe.  
17 Notwithstanding any provision of law or rule to the contrary, a worker of a noncomplying employer  
18 is considered to be subject to a contract between the State Accident Insurance Fund Corporation  
19 as a processing agent or the assigned claims agent and a managed care organization.

20 (b)(A) For initial or aggravation claims filed after June 7, 1995, the insurer or self-insured em-  
21 ployer may require an injured worker, on a case-by-case basis, immediately to receive medical ser-  
22 vices from the managed care organization.

23 (B) If the insurer or self-insured employer gives notice that the worker is required to receive  
24 treatment from the managed care organization, the insurer or self-insured employer must guarantee  
25 that any reasonable and necessary services so received, that are not otherwise covered by health  
26 insurance, will be paid as provided in ORS 656.248, even if the claim is denied, until the worker  
27 receives actual notice of the denial or until three days after the denial is mailed, whichever event  
28 first occurs. The worker may elect to receive care from a primary care physician or nurse practi-  
29 tioner authorized to provide compensable medical services under this section who agrees to the  
30 conditions of ORS 656.260 (4)(g). However, guarantee of payment is not required by the insurer or  
31 self-insured employer if this election is made.

32 (C) If the insurer or self-insured employer does not give notice that the worker is required to  
33 receive treatment from the managed care organization, the insurer or self-insured employer is under  
34 no obligation to pay for services received by the worker unless the claim is later accepted.

35 (D) If the claim is denied, the worker may receive medical services after the date of denial from  
36 sources other than the managed care organization until the denial is reversed. Reasonable and  
37 necessary medical services received from sources other than the managed care organization after  
38 the date of claim denial must be paid as provided in ORS 656.248 by the insurer or self-insured em-  
39 ployer if the claim is finally determined to be compensable.

40 *[(5)(a) A nurse practitioner licensed under ORS 678.375 to 678.390 who is not a member of the*  
41 *managed care organization is authorized to provide the same level of services as a primary care phy-*  
42 *sician as established by ORS 656.260 (4) if the nurse practitioner maintains the worker's medical re-*  
43 *records and with whom the worker has a documented history of treatment, if that nurse practitioner*  
44 *agrees to refer the worker to the managed care organization for any specialized treatment, including*  
45 *physical therapy, to be furnished by another provider that the worker may require and if that nurse*

1 *practitioner agrees to comply with all the rules, terms and conditions regarding services performed by*  
2 *the managed care organization.]*

3 *[(b) A nurse practitioner authorized to provide medical services to a worker enrolled in the man-*  
4 *aged care organization may provide medical treatment to the worker if the treatment is determined to*  
5 *be medically appropriate according to the service utilization review process of the managed care or-*  
6 *ganization and may authorize temporary disability payments as provided in subsection (2)(b)(D) of this*  
7 *section. However, the managed care organization may authorize the nurse practitioner to provide*  
8 *medical services and authorize temporary disability payments beyond the periods established in sub-*  
9 *section (2)(b)(D) of this section.]*

10 **(5)(a) A nurse practitioner or a physician assistant who is not a member of the managed**  
11 **care organization is authorized to provide the same level of services as a primary care phy-**  
12 **sician as established by ORS 656.260 (4) if the nurse practitioner or physician assistant:**

13 **(A) Maintains the worker’s medical records;**

14 **(B) Has a documented history of treatment with the worker;**

15 **(C) Agrees to refer the worker to the managed care organization for any specialized**  
16 **treatment, including physical therapy, to be furnished by another provider that the worker**  
17 **may require; and**

18 **(D) Agrees to comply with all the rules, terms and conditions regarding services per-**  
19 **formed by the managed care organization.**

20 **(b)(A) A nurse practitioner or physician assistant authorized to provide medical services**  
21 **to a worker enrolled in the managed care organization may:**

22 **(i) Provide medical treatment to the worker if the treatment is determined to be med-**  
23 **ically appropriate according to the service utilization review process of the managed care**  
24 **organization; and**

25 **(ii) Authorize temporary disability payments as provided in subsection (2)(b)(D) of this**  
26 **section.**

27 **(B) The managed care organization may also authorize the nurse practitioner or physi-**  
28 **cian assistant to provide medical services and authorize temporary disability payments be-**  
29 **yond the periods established in subsection (2)(b)(D) of this section.**

30 (6) Subject to the provisions of ORS 656.704, if a claim for medical services is disapproved, the  
31 injured worker, insurer or self-insured employer may request administrative review by the director  
32 pursuant to ORS 656.260 or 656.327.

33 **SECTION 2.** ORS 656.005, as amended by section 5, chapter 6, Oregon Laws 2022, is amended  
34 to read:

35 656.005. (1) “Average weekly wage” means the Oregon average weekly wage in covered em-  
36 ployment, as determined by the Employment Department, for the last quarter of the calendar year  
37 preceding the fiscal year in which the injury occurred.

38 (2)(a) “Beneficiary” means an injured worker, and the spouse in a marriage, child or dependent  
39 of a worker, who is entitled to receive payments under this chapter.

40 (b) “Beneficiary” does not include a person who intentionally causes the compensable injury to  
41 or death of an injured worker.

42 (3) “Board” means the Workers’ Compensation Board.

43 (4) “Carrier-insured employer” means an employer who provides workers’ compensation cover-  
44 age with the State Accident Insurance Fund Corporation or an insurer authorized under ORS  
45 chapter 731 to transact workers’ compensation insurance in this state.

- 1 (5) "Child" means a child of an injured worker, including:  
2 (a) A posthumous child;  
3 (b) A child legally adopted before the injury;  
4 (c) A child toward whom the worker stands in loco parentis;  
5 (d) A child born out of wedlock;  
6 (e) A stepchild, if the stepchild was, at the time of the injury, a member of the worker's family  
7 and substantially dependent upon the worker for support; and  
8 (f) A child of any age who was incapacitated at the time of the accident and thereafter remains  
9 incapacitated and substantially dependent on the worker for support.
- 10 (6) "Claim" means a written request for compensation from a subject worker or someone on the  
11 worker's behalf, or any compensable injury of which a subject employer has notice or knowledge.
- 12 (7)(a) A "compensable injury" is an accidental injury, or accidental injury to prosthetic appli-  
13 ances, arising out of and in the course of employment requiring medical services or resulting in  
14 disability or death. An injury is accidental if the result is an accident, whether or not due to acci-  
15 dental means, if it is established by medical evidence supported by objective findings, subject to the  
16 following limitations:
- 17 (A) An injury or disease is not compensable as a consequence of a compensable injury unless  
18 the compensable injury is the major contributing cause of the consequential condition.
- 19 (B) If an otherwise compensable injury combines at any time with a preexisting condition to  
20 cause or prolong disability or a need for treatment, the combined condition is compensable only if,  
21 so long as and to the extent that the otherwise compensable injury is the major contributing cause  
22 of the disability of the combined condition or the major contributing cause of the need for treatment  
23 of the combined condition.
- 24 (b) "Compensable injury" does not include:
- 25 (A) Injury to any active participant in assaults or combats that are not connected to the job  
26 assignment and that amount to a deviation from customary duties;
- 27 (B) Injury incurred while engaging in or performing, or as the result of engaging in or per-  
28 forming, any recreational or social activities primarily for the worker's personal pleasure; or
- 29 (C) Injury the major contributing cause of which is demonstrated to be by a preponderance of  
30 the evidence the injured worker's consumption of alcoholic beverages or cannabis or the unlawful  
31 consumption of any controlled substance, unless the employer permitted, encouraged or had actual  
32 knowledge of such consumption.
- 33 (c) A "disabling compensable injury" is an injury that entitles the worker to compensation for  
34 disability or death. An injury is not disabling if no temporary benefits are due and payable, unless  
35 there is a reasonable expectation that permanent disability will result from the injury.
- 36 (d) A "nondisabling compensable injury" is any injury that requires medical services only.
- 37 (8) "Compensation" includes all benefits, including medical services, provided for a compensable  
38 injury to a subject worker or the worker's beneficiaries by an insurer or self-insured employer pur-  
39 suant to this chapter.
- 40 (9) "Department" means the Department of Consumer and Business Services.
- 41 (10) "Dependent" means any of the following individuals who, at the time of an accident, de-  
42 pended in whole or in part for the individual's support on the earnings of a worker who dies as a  
43 result of an injury:
- 44 (a) A parent of a worker or the parent's spouse or domestic partner;  
45 (b) A grandparent of a worker or the grandparent's spouse or domestic partner;

1 (c) A grandchild of a worker or the grandchild's spouse or domestic partner;

2 (d) A sibling or stepsibling of a worker or the sibling's or stepsibling's spouse or domestic  
3 partner; and

4 (e) Any individual related by blood or affinity whose close association with a worker is the  
5 equivalent of a family relationship.

6 (11) "Director" means the Director of the Department of Consumer and Business Services.

7 (12)(a) "Doctor" or "physician" means a person duly licensed to practice one or more of the  
8 healing arts in any country or in any state, territory or possession of the United States within the  
9 limits of the license of the licensee.

10 (b) Except as otherwise provided for workers subject to a managed care contract, "attending  
11 physician" means a doctor, physician or physician assistant who is primarily responsible for the  
12 treatment of a worker's compensable injury and who is:

13 (A) A physician licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a  
14 podiatric physician and surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical  
15 Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly  
16 licensed doctor in any country or in any state, territory or possession of the United States; *[or]*

17 (B) For a cumulative total of 60 days from the first visit on the initial claim or for a cumulative  
18 total of 18 visits, whichever occurs first, to any of the medical service providers listed in this sub-  
19 paragraph, a:

20 (i) Doctor or physician licensed by the State Board of Chiropractic Examiners for the State of  
21 Oregon under ORS chapter 684 or a similarly licensed doctor or physician in any country or in any  
22 state, territory or possession of the United States; **or**

23 *[(ii) Physician assistant licensed by the Oregon Medical Board in accordance with ORS 677.505  
24 to 677.525 or a similarly licensed physician assistant in any country or in any state, territory or pos-  
25 session of the United States; or]*

26 *[(iii)]* (ii) Doctor of naturopathy or naturopathic physician licensed by the Oregon Board of  
27 Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any  
28 country or in any state, territory or possession of the United States[.]; **or**

29 **(C) For a cumulative total of 180 days from the first visit on the initial claim, a physician  
30 assistant licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525  
31 or a similarly licensed physician assistant in any country or in any state, territory or pos-  
32 session of the United States.**

33 (c) Except as otherwise provided for workers subject to a managed care contract, "attending  
34 physician" does not include a physician who provides care in a hospital emergency room and refers  
35 the injured worker to a primary care physician for follow-up care and treatment.

36 (d) "Consulting physician" means a doctor or physician who examines a worker or the worker's  
37 medical record to advise the attending physician or nurse practitioner authorized to provide  
38 compensable medical services under ORS 656.245 regarding treatment of a worker's compensable  
39 injury.

40 (13)(a) "Employer" means any person, including receiver, administrator, executor or trustee, and  
41 the state, state agencies, counties, municipal corporations, school districts and other public corpo-  
42 rations or political subdivisions, that contracts to pay a remuneration for the services of any  
43 worker.

44 (b) Notwithstanding paragraph (a) of this subsection, for purposes of this chapter, the client of  
45 a temporary service provider is not the employer of temporary workers provided by the temporary

1 service provider.

2 (c) As used in paragraph (b) of this subsection, “temporary service provider” has the meaning  
3 [for] **given** that term [provided] in ORS 656.850.

4 (d) For the purposes of this chapter, “subject employer” means an employer that is subject to  
5 this chapter as provided in ORS 656.023.

6 (14) “Insurer” means the State Accident Insurance Fund Corporation or an insurer authorized  
7 under ORS chapter 731 to transact workers’ compensation insurance in this state or an assigned  
8 claims agent selected by the director under ORS 656.054.

9 (15) “Consumer and Business Services Fund” means the fund created by ORS 705.145.

10 (16) “Incapacitated” means an individual is physically or mentally unable to earn a livelihood.

11 (17) “Medically stationary” means that no further material improvement would reasonably be  
12 expected from medical treatment or the passage of time.

13 (18) “Noncomplying employer” means a subject employer that has failed to comply with ORS  
14 656.017.

15 (19) “Objective findings” in support of medical evidence are verifiable indications of injury or  
16 disease that may include, but are not limited to, range of motion, atrophy, muscle strength and  
17 palpable muscle spasm. “Objective findings” does not include physical findings or subjective re-  
18 sponses to physical examinations that are not reproducible, measurable or observable.

19 (20) “Palliative care” means medical service rendered to reduce or moderate temporarily the  
20 intensity of an otherwise stable medical condition, but does not include those medical services ren-  
21 dered to diagnose, heal or permanently alleviate or eliminate a medical condition.

22 (21) “Party” means a claimant for compensation, the employer of the injured worker at the time  
23 of injury and the insurer, if any, of the employer.

24 (22) “Payroll” means a record of wages payable to workers for their services and includes  
25 commissions, value of exchange labor and the reasonable value of board, rent, housing, lodging or  
26 similar advantage received from the employer. However, “payroll” does not include overtime pay,  
27 vacation pay, bonus pay, tips, amounts payable under profit-sharing agreements or bonus payments  
28 to reward workers for safe working practices. Bonus pay is limited to payments that are not antic-  
29 ipated under the contract of employment and that are paid at the sole discretion of the employer.  
30 The exclusion from payroll of bonus payments to reward workers for safe working practices is only  
31 for the purpose of calculations based on payroll to determine premium for workers’ compensation  
32 insurance, and does not affect any other calculation or determination based on payroll for the pur-  
33 poses of this chapter.

34 (23) “Person” includes a partnership, joint venture, association, limited liability company and  
35 corporation.

36 (24)(a) “Preexisting condition” means, for all industrial injury claims, any injury, disease, con-  
37 genital abnormality, personality disorder or similar condition that contributes to disability or need  
38 for treatment, provided that:

39 (A) Except for claims in which a preexisting condition is arthritis or an arthritic condition, the  
40 worker has been diagnosed with the condition, or has obtained medical services for the symptoms  
41 of the condition regardless of diagnosis; and

42 (B)(i) In claims for an initial injury or omitted condition, the diagnosis or treatment precedes  
43 the initial injury;

44 (ii) In claims for a new medical condition, the diagnosis or treatment precedes the onset of the  
45 new medical condition; or



1 (iii) In claims for a worsening pursuant to ORS 656.273 or 656.278, the diagnosis or treatment  
2 precedes the onset of the worsened condition.

3 (b) "Preexisting condition" means, for all occupational disease claims, any injury, disease, con-  
4 genital abnormality, personality disorder or similar condition that contributes to disability or need  
5 for treatment and that precedes the onset of the claimed occupational disease, or precedes a claim  
6 for worsening in such claims pursuant to ORS 656.273 or 656.278.

7 (c) For the purposes of industrial injury claims, a condition does not contribute to disability or  
8 need for treatment if the condition merely renders the worker more susceptible to the injury.

9 (25) "Self-insured employer" means an employer or group of employers certified under ORS  
10 656.430 as meeting the qualifications set out by ORS 656.407.

11 (26) "State Accident Insurance Fund Corporation" and "corporation" mean the State Accident  
12 Insurance Fund Corporation created under ORS 656.752.

13 (27) "Wages" means the money rate at which the service rendered is recompensed under the  
14 contract of hiring in force at the time of the accident, including reasonable value of board, rent,  
15 housing, lodging or similar advantage received from the employer, and includes the amount of tips  
16 required to be reported by the employer pursuant to section 6053 of the Internal Revenue Code of  
17 1954, as amended, and the regulations promulgated pursuant thereto, or the amount of actual tips  
18 reported, whichever amount is greater. The State Accident Insurance Fund Corporation may estab-  
19 lish assumed minimum and maximum wages, in conformity with recognized insurance principles, at  
20 which any worker shall be carried upon the payroll of the employer for the purpose of determining  
21 the premium of the employer.

22 (28)(a) "Worker" means any person, other than an independent contractor, who engages to fur-  
23 nish services for a remuneration, including a minor whether lawfully or unlawfully employed and  
24 salaried, elected and appointed officials of the state, state agencies, counties, cities, school districts  
25 and other public corporations, but does not include any person whose services are performed as an  
26 adult in custody or ward of a state institution or as part of the eligibility requirements for a general  
27 or public assistance grant.

28 (b) For the purpose of determining entitlement to temporary disability benefits or permanent  
29 total disability benefits under this chapter, "worker" does not include a person who has withdrawn  
30 from the workforce during the period for which such benefits are sought.

31 (c) For the purposes of this chapter, "subject worker" means a worker who is subject to this  
32 chapter as provided in ORS 656.027.

33 (29) "Independent contractor" has the meaning [for] **given** that term [provided] in ORS 670.600.

34