

## **BILL ANALYSIS**

Senate Research Center  
80R6288 ABC-F

S.B. 1387  
By: Van de Putte  
State Affairs  
4/3/2007  
As Filed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Under current law, an injured employee has a medical examination in order to fully determine the causes, effects, and the extent of the compensable injury. This examination is performed by a doctor chosen by the workers' compensation division of the Texas Department of Insurance. Unless contrary evidence is presented, the designated doctor's analysis of the injury determines whether the insurance carrier is to pay benefits to the injured employee. While an insurance carrier can challenge the opinion of the designated doctor, no such provision exists for the injured employee. Permitting the injured employee to seek a plurality of opinions is a potential way to reduce the chance of error in the determination of the nature of the injury.

As proposed, S.B. 1387 authorizes an injured employee to seek the opinion of a second doctor if the employee is not satisfied with the opinion of the first designated doctor.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 408.0041, Labor Code, by adding Subsections (f-1) and (f-2) and by amending Subsection (h), as follows:

(f-1) Authorizes an employee required to be examined by a designated doctor in relation to a workers' compensation claim to request a medical examination to determine maximum medical improvement and the employee's impairment rating from the treating doctor, or from another doctor referred to by the treating doctor if certain conditions exist.

(f-2) Requires the commissioner of workers' compensation (commissioner) to provide the insurance carrier and the employee with reasonable time to obtain and present the opinion of a doctor selected under Subsections (f) or (f-1) before the commissioner makes a decision on the merits of the issue.

(h) Includes the examination by the designated doctor provided under Subsection (f-1) as an expense for which the insurance carrier is required to pay. Makes a conforming change.

SECTION 2. Effective date: upon passage or September 1, 2007.