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| BILL ANALYSIS |

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| C.S.H.B. 2326 |
| By: Collier |
| Business & Industry |
| Committee Report (Substituted) |

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| **BACKGROUND AND PURPOSE**  Interested parties contend that under certain conditions a work insurance carrier that disputes the extent of an employee's compensable injury should reimburse the doctor who creates a report explaining the causal connection between a workplace accident and a diagnosed injury for purposes of resolving that dispute. C.S.H.B. 2326 seeks to ensure that injured employees are able to acquire the appropriate evidence for their cases and that doctors are appropriately compensated for providing such reports created under the Texas Workers' Compensation Act. |
| **CRIMINAL JUSTICE IMPACT**  It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **RULEMAKING AUTHORITY**  It is the committee's opinion that rulemaking authority is expressly granted to the commissioner of workers' compensation in SECTION 1 of this bill. |
| **ANALYSIS**  C.S.H.B. 2326 amends the Labor Code to authorize an injured employee, on receipt of a plain language notice from an insurance carrier disputing the extent of the employee's compensable injury and if the employee does not agree with the statements in the notice, to request a medical causation narrative report addressing the extent of the employee's compensable injury from the treating doctor, or a doctor to whom the treating doctor has previously referred the injured employee and who has treated the injured employee. The bill defines "medical causation narrative report" as an original report created by a doctor that explains a causal connection, if any, between a compensable workplace injury and the diagnoses or conditions specified in the insurance carrier's plain language notice disputing the extent of the injured employee's compensable injury.  C.S.H.B. 2326 requires an insurance carrier to provide reimbursement only for one medical causation narrative report for each plain language notice disputing the extent of the injured employee's compensable injury. The bill requires the commissioner of workers' compensation to adopt rules implementing the bill's provisions to ensure the efficient use of medical causation narrative reports and resolution of disputes regarding the extent of an injured employee's compensable injury. |
| **EFFECTIVE DATE**  September 1, 2017. |
| **COMPARISON OF ORIGINAL AND SUBSTITUTE**  While C.S.H.B. 2326 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill. |
| | INTRODUCED | HOUSE COMMITTEE SUBSTITUTE | | --- | --- | | SECTION 1. Subchapter B, Chapter 408, Labor Code, is amended by adding Section 408.0273 to read as follows:  Sec. 408.0273. MEDICAL CAUSATION NARRATIVE REPORT. (a) In this section, "medical causation narrative report" means an original report created by a doctor that explains a causal connection between a workplace accident and a diagnosed injury.  (b) If an insurance carrier disputes the extent of an employee's compensable injury,  the insurance carrier shall reimburse the treating doctor or doctor to whom the injured employee is referred by the treating doctor for the creation of a medical causation narrative report addressing that issue, regardless of whether the injured employee, a representative of the injured employee, or the insurance carrier requests the creation of the report.  No equivalent provision. | SECTION 1. Subchapter B, Chapter 408, Labor Code, is amended by adding Section 408.0273 to read as follows:  Sec. 408.0273. MEDICAL CAUSATION NARRATIVE REPORT. (a) In this section, "medical causation narrative report" means an original report created by a doctor that explains a causal connection, if any, between a compensable workplace injury and the diagnoses or conditions specified in the insurance carrier's plain language notice disputing the extent of the injured employee's compensable injury.  (b) On receipt of a plain language notice from the insurance carrier disputing the extent of an injured employee's compensable injury, if the employee does not agree with the statements in the plain language notice, the injured employee may request a medical causation narrative report addressing the extent of the employee's compensable injury from:  (1) the treating doctor; or  (2) a doctor to whom the treating doctor has previously referred the injured employee and who has treated the injured employee.  (c) An insurance carrier is only required to provide reimbursement for one medical causation narrative report for each plain language notice disputing the extent of the injured employee's compensable injury.  (d) The commissioner shall adopt rules implementing this section to ensure the efficient use of medical causation narrative reports and resolution of disputes regarding the extent of an injured employee's compensable injury. | | SECTION 2. The change in law made by this Act applies to a medical causation narrative report requested on or after the effective date of this Act, regardless of whether the compensable injury occurred before, on, or after that date. | SECTION 2. The change in law made by this Act applies to a medical causation narrative report requested in response to a plain language notice disputing the extent of the injured employee's compensable injury that is issued on or after the effective date of this Act, regardless of whether the compensable injury occurred before, on, or after that date. | | SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017. | SECTION 3. This Act takes effect September 1, 2017. | |