

BILL ANALYSIS

Senate Research Center
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S.B. 511
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Currently, an injured employee has a medical examination by a designated doctor in order to fully determine the causes, effects, and extent of the compensable injury. This medical examination is performed by a doctor chosen by the workers' compensation division of the Texas Department of Insurance. Unless contrary evidence is presented, this designated doctor's analysis of the injury determines whether the insurance carrier should pay benefits to the injured employee.

An insurance carrier can challenge the opinions of the designated doctor; however, no such provision exists for the injured employee. S.B. 511 will allow an injured employee to seek the opinion of a second doctor if the employee is not satisfied by the opinion of the first designated doctor. A plurality of opinions would reduce the chance of error in the determination of the nature of the injury.

As proposed, S.B. 511 amends current law relating to the designated doctor's examination under the workers' compensation system.

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-2) and (f-3) and amending Subsection (h), as follows:

(f-2) Authorizes an employee required to be examined by a designated doctor to request a medical examination from the treating doctor or from another doctor to whom the employee is referred by the treating doctor to determine any issue a designated doctor may review under this section if:

(1) the designated doctor's opinion is the employee's first medical examination to resolve an issue under Subsection (a) (relating to a medical examination required at the request of an insurance carrier or on the commissioner of workers' compensation (commissioner) own order); and

(2) the employee is not satisfied with the designated doctor's opinion.

(f-3) Requires the commissioner to provide the insurance carrier and the employee with reasonable time to obtain and present the opinion of a doctor selected under Subsection (f) (relating to requiring the insurance carrier to pay benefits based on the opinion of the designated doctor during the pendency of any dispute) or (f-2) before the commissioner makes a decision on the merits of the issue.

(h) Requires the insurance carrier to pay for an examination required under Subsection (a), (f), or (f-2), and the reasonable expenses incident to the employee in submitting to the examination.

SECTION 2. Effective date: upon passage or September 1, 2011.