



Claims Administration Oregon Administrative Rules Chapter 436, Division 060

DRAFT 9/22/2020

436-060-0141 Claims for COVID-19 or Exposure to SARS-CoV-2 (*New Temporary Rule*)

Sections (1) and (2) of this rule apply to all claims for COVID-19 or exposure to SARS-CoV-2 filed on and after Oct. 1, 2020.

(1) For the purpose of this rule:

(a) “COVID-19” means a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

(b) “Quarantine” means the physical separation and confinement of a person who has been or may have been exposed to COVID-19 or SARS-CoV-2 and who does not show signs or symptoms of COVID-19, from persons who have not been exposed to COVID-19 or SARS-CoV-2, to prevent or limit the transmission of COVID-19 to other persons.

(c) “SARS-CoV-2” means the strain of coronavirus that causes COVID-19.

(2) Under OAR 436-060-0140(1), insurers must conduct a “reasonable investigation” before denying any claim. When the claim is for COVID-19 or exposure to SARS-CoV-2, a reasonable investigation must also include, at a minimum:

(a) Determining whether the nature of the worker’s employment resulted in an exposure to COVID-19 or SARS-CoV-2;

(b) Determining whether the worker did not work for a period of quarantine or otherwise at the direction of a medical service provider or public health professional, or the employer; and

(c) If, before the insurer denies the claim, the worker tests positive for COVID-19 or is given a presumptive diagnosis of COVID-19, the insurer is aware of the test results or

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diagnosis, and the source of the exposure is unknown, the insurer must obtain a medical opinion before issuing a denial.

(3) If, as of Oct. 1, 2020, the insurer has reported to the director, as required by OAR 436-060-0011, five or more claims for COVID-19 or exposure to SARS-CoV-2, regardless of whether those claims have been accepted or denied, all claims denied by the insurer for COVID-19 or exposure to SARS-CoV-2, for which the denial has become final by operation of law by the date of audit, will be audited by the director. The director's audit will focus on whether the insurer conducted a reasonable investigation. Failure to comply with requirements in ORS chapter 656, OAR chapter 436, or orders of the director subjects the insurer to civil penalties under ORS 656.745(2).

Statutory authority: ORS 656.726(4)
Statutes implemented: ORS 656.262, 656.745
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