



FIRE AND POLICE DISABILITY AND RETIREMENT City of Portland, Oregon



1800 SW First Ave., Suite 250, Portland, OR 97201 · (503) 823-6823 · Fax: (503) 823-5166

Samuel Hutchison, Director

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EXHIBIT "A" Proposed Rule Amendments May 28, 2024

5.7.01 – Definitions

“Aggravation.” The term “Aggravation” means a Worsening of an approved service-connected injury/illness or occupational disability that occurs after the Member’s condition has been deemed Medically Stationary.

“Attending Physician.” The term “Attending Physician” means:

(A) ~~a~~**A** medical doctor or doctor of osteopathy licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a podiatric physician or surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly licensed doctor in any country or in any state, territory or possession of the United States, or

(B) ~~f~~**For** a period of ~~thirty (30)~~ **sixty (60)** days from the first visit on the initial Claim or for ~~twelve (12)~~ **eighteen (18)** visits, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon or a similarly licensed doctor or physician in any country or in any state, territory, or possession of the United States. ~~All Members drawing disability benefits shall be examined at least once during each twelve-month period by the Member’s identified physician or a physician appointed by the Director, unless otherwise determined by the Director.~~

(C) **For a period of sixty (60) days from the first visit on the initial Claim or for eighteen (18) visits, whichever first occurs, a doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.**

(D) **For a period of 180 days from the first visit on the initial claim, a physician assistant licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed physician assistant in any country or in any state, territory or possession of the United States. A physician assistant may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of**

disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Base Pay.” The term “Base Pay” means the Base Pay of the FPDR Two or FPDR Three Member’s position in the Bureau of Fire or Police, including premium pay but excluding overtime and payments for unused vacation, sick or other leave. When a Member is paid overtime for part of their regular work schedule as required by Fair Labor Standards Act provisions, the straight-time portion of the overtime hours in the Member’s regular work schedule shall be included in Base Pay.

“Base Pay in Effect at Disability.” The term “Base Pay in Effect at Disability” means the Member’s Base Pay amount at the time the disability payment is due.

“Bi-weekly Disability Benefits.” The term “Bi-weekly Disability Benefits” means disability benefits payable on the same schedule as the Member’s regular payroll on approved service-connected and occupational disability Claims during a member’s first year of receiving disability benefits.

“Claim.” The term “Claim” means a written request to FPDR for a retirement, disability or death benefit and may be filed by an Active Member, their representative or legal beneficiary, or Surviving Spouse or other legal representative of a deceased Member. This term may be used synonymously with the term “application.”

“Date of Disability.” The term “Date of Disability” means the date that the Member’s Attending Physician establishes that the Member is first unable to perform the Member’s required duties as a result of a service-connected injury/illness or occupational disability that has been determined to arise out of and in the course of the Member’s employment in the Bureau of Police or Fire.

“Director.” The term “Director” where used in these Administrative Rules shall mean the Fund Director and/or Fund Administrator or their designee.

“Documented Absence.” The term “Documented Absence” means documentation of the time missed from a scheduled work shift submitted to the Director demonstrating that the Member was not paid by the Bureau of Fire or Police for that time.

“Full-Time Work.” For the purpose of Other Employment, the term “Full-Time Work” means working an average of at least 36 hours per week or the maximum work hours documented in the permanent restriction(s) placed by the Attending Physician.

“Independent Medical Examination (IME).” The term “Independent Medical Examination” means an examination by one or more licensed medical providers in order to provide an opinion of findings in connection with a service-connected injury/illness or an occupational

disability Claim. A Physical Capacity Evaluation (PCE) or a Work Capacities Evaluation (WCE) is considered an "IME" under these rules.

"Interim Disability Benefits." The term "Interim Disability Benefits" means an amount that may be payable to a Member for lost time from work prior to the compensability determination or withdrawal of their application for service-connected injury/illness or occupational disability benefits.

"Medically Stationary." The term "Medically Stationary" means that no further material improvement can reasonably be expected from medical treatment or the passage of time.

"Monthly Disability Benefits." The term "Monthly Disability Benefits" means benefits payable once per month on approved service-connected and occupational disability claims after a Member's first year of receiving disability benefits.

"Nurse Practitioner." A nurse practitioner licensed under ORS 678.375 to 678.390 may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

"Original Injury." The term "Original Injury" means the period from the first occasion of medical treatment or disability resulting from a service-connected injury/illness or occupational disability through the date the member first reaches a medically stationary status.

"Other Employment." The term "Other Employment" means employment with any person, firm, company, corporation, government agency, municipality or Self-Employment, and does not include employment as an Active Member of the Bureau of Fire or Bureau of Police, or work performed as part of an approved Transitional Duty Return to Work Program in accordance with Administrative Rule 5.10.03.

"Pended." The term "Pended" means the 60-90 day period following FPDR's receipt of a complete application for benefits on an original Claim or for a Recurrence Claim during which FPDR is evaluating the Claim to determine if the injury or illness arose out of and in the course of the Member's employment with the Bureau of Fire or Police.

"Preponderance of the Evidence." The term "Preponderance of the Evidence" means the greater weight of the evidence.

"Primary Physician." See "Attending Physician."

"Proximate Cause." The term "Proximate Cause" means a cause that directly produces an event and without which the event would not have occurred.

“Recurrence.” An Aggravation of a service-connected injury/illness or occupational disability that requires Claim re-opening for additional disability benefits and/or medical benefits.

“Self-Employment.” The term “Self-Employment” means the Member is working as:

- a sole proprietor who conducts a trade or business;
- an independent contractor;
- a member of a partnership that conducts a trade or business; or
- otherwise is in business for themselves

Self-Employment is considered Full-Time Work only when the Member is working an average of at least 36 hours per week or the maximum work hours documented in the permanent restriction(s) placed by the Attending Physician.

“Significant Factor.” The term “Significant Factor” means an important Proximate Cause.

“Specialty Physician.” The term “Specialty Physician” means a licensed physician who qualifies as an Attending Physician who provides evaluation, diagnosis or temporary specialized treatment at the request of the Member’s Attending Physician on an approved Claim.

“Substantial Gainful Activity.” The term “Substantial Gainful Activity” means the Member is qualified, physically and by education and experience, to pursue employment with earnings equal to or exceeding one-third of the Member’s rate of Base Pay in Effect at Disability.

“Suspension of Benefits.” The term “Suspension of Benefits” means the payment of disability benefits are stopped by the Director for the period of suspension when the Member has failed to comply with the provisions of Chapter 5 of the City Charter or Administrative Rules.

“Wages Earned in Other Employment.” The term “Wages Earned in Other Employment” includes:

(A) the gross salary, overtime pay, fees, commissions, and other remuneration received by a Member for services rendered as an employee to an employer in Other Employment other than the Bureau of Fire or Bureau of Police;

(B) any salary, fees, commissions, profits and other remuneration that the Member receives from their Self-Employment in a profession, trade or business; and

(C) any rental income that the IRS requires to be reported as Self-Employment income.

The term “Wages Earned in Other Employment” does not include income from investments such as interest, dividends and capital gains.

“Worsening.” The term “Worsening” means objective findings indicating a deterioration of the approved service-connected injury/illness or occupational disability based on expert medical opinion or an expert medical opinion explaining why the Member’s symptoms indicate a worsening of the approved service-connected injury/illness or occupational disability.

“Years of Service.” The term “Years of Service” of a FPDR Two or FPDR Three Member shall mean the service credit for FPDR Two retirement benefits as defined in Charter Section 5-302 and these Administrative Rules.



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Proposed Rule Amendments May 28, 2024

5.8.01 – DEFINITIONS

“Attending Physician.” The term “Attending Physician” means:

(A) ~~a~~ **A** medical doctor or doctor of osteopathy licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a podiatric physician or surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly licensed doctor in any country or in any state, territory or possession of the United States, or

(B) ~~f~~ **F**or a period of ~~thirty (30)~~ **sixty (60)** days from the first visit on the initial Claim or for ~~twelve (12)~~ **eighteen (18)**, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.

(C) For a period of sixty (60) days from the first visit on the initial Claim or for eighteen (18) visits, whichever first occurs, a doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.

(D) For a period of 180 days from the first visit on the initial claim, a physician assistant licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed physician assistant in any country or in any state, territory or possession of the United States. A physician assistant may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Base Pay.” The term “Base Pay” means the Base Pay of the FPDR Two or FPDR Three Member’s position in the Bureau of Fire or Police, including premium pay but excluding overtime and payments for unused vacation, sick or other leave. When a Member is paid overtime for part of their regular work schedule as required by Fair Labor Standards Act provisions, the straight-time portion of the overtime hours in the Member’s regular work schedule shall be included in Base Pay.

“Base Pay in Effect at Disability.” The term “Base Pay in Effect at Disability” means the Member’s Base Pay amount at the time the disability payment is due.

“Claim.” The term “Claim” means a written request to FPDR for a retirement, disability or death benefit and may be filed by an Active Member, their representative or legal beneficiary, or surviving spouse or other legal beneficiary of a deceased Member. This term may be used synonymously with the term “application.”

“Date of Disability.” The term “Date of Disability” means the date that the Member’s Attending Physician establishes that the Member is first unable to perform the Member’s required duties as a result of a nonservice-connected injury/illness.

“Director.” The term “Director” where used in these Administrative Rules shall mean the Fund Director and/or Fund Administrator or their designee.

“Documented Absence.” The term “Documented Absence” means documentation of the time missed from a scheduled work shift submitted to the Director demonstrating that the Member was not paid by the Bureau of Fire or Police for that time.

“Full-Time Work.” For the purpose of Other Employment, the term “Full-Time Work” means working an average of at least thirty-six (36) hours per week or the maximum work hours documented in the permanent restriction(s) placed by the Attending Physician.

“Independent Medical Examination (IME).” The term “Independent Medical Examination” means an examination by one or more licensed medical providers in order to provide an opinion of findings in connection with a service-connected injury/illness or an occupational disability Claim. A Physical Capacity Evaluation (PCE) or a Work Capacities Evaluation (WCE) is considered an “IME” under these rules.

“Monthly Disability Benefits.” The term “Monthly Disability Benefits” means benefits payable once per month on approved nonservice-connected disability Claims.

“Nurse Practitioner.” A nurse practitioner licensed under ORS 678.375 to 678.390 may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Other Employment.” The term “Other Employment” means employment with any person, firm, company, corporation, government agency, municipality or Self-Employment, and does not include employment as an Active Member of the Bureau of Fire or Bureau of Police, or work performed as part of an approved Transitional Duty Return to Work Program in accordance with Administrative Rule 5.10.03.

“Pended.” The term “Pended” means the 60-90 day period following FPDR’s receipt of a complete application for benefits on an original Claim or for a Recurrence Claim during which FPDR is evaluating the Claim to determine if the injury or illness arose out of and in the course of the Member’s employment with the Bureau of Fire or Police.

“Self-Employment.” The term “Self-Employment” means the Member is working as:

- a sole proprietor who conducts a trade or business;
- an independent contractor;
- a member of a partnership that conducts a trade or business; or
- otherwise is in business for themselves

Self-Employment is considered Full-Time Work only when the Member is working an average of at least thirty-six (36) hours per week or the maximum work hours documented in the permanent restriction(s) placed by the Attending Physician.

“Specialty Physician.” The term “Specialty Physician” means a licensed physician who qualifies as an Attending Physician who provides evaluation, diagnosis or temporary specialized treatment at the request of the Member’s “Attending Physician” on an approved Claim.

“Substantial Gainful Activity.” The term “Substantial Gainful Activity” means the Member is qualified, physically and by education and experience, to pursue employment with earnings equal to or exceeding one-third of the Member’s rate of Base Pay in Effect at Disability.

“Suspension of Benefits.” The term “Suspension of Benefits” means the payment of disability benefits are stopped by the Director for the period of suspension when the Member has failed to comply with the provisions of Chapter 5 of the City Charter or Administrative Rules.

“Wages Earned in Other Employment.” The term “Wages Earned in Other Employment” includes:

(A) the gross salary, overtime pay, fees, commissions and other remuneration received by a Member for services rendered as an employee to an employer in Other Employment other than the Bureau of Fire or Bureau of Police;

(B) any salary, fees, commissions, profits and other remuneration that the Member receives from their Self-Employment in a profession, trade or business; and

(C) any rental income that the IRS requires to be reported as Self-Employment income.

The term "Wages Earned in Other Employment" does not include income from investments such as interest, dividends and capital gains.

"Years of Service." The term "Years of Service" of a FPDR Two or FPDR Three Member shall mean the service credit for FPDR Two retirement benefits as defined in Charter Section 5-302 and these Administrative Rules.



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5.9.01 – DEFINITIONS

“Aggravation.” The term “Aggravation” means a Worsening of an approved service-connected injury/illness or occupational disability that occurs after the Member’s condition has been deemed Medically Stationary.

“Ancillary Services.” The term “Ancillary Services” means services that supplement the care provided by the Member’s physician or other authorized healthcare provider (e.g., physical therapy, occupational therapy, etc.).

“Attending Physician.” The term “Attending Physician” means:

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

(B) ~~f~~ **F**or a period of ~~thirty (30)~~ **sixty (60)** days from the first visit on the initial Claim or for ~~twelve (12)~~ **eighteen (18)** visits, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States. All Members drawing disability benefits shall be examined at least once during each twelve-month period by the Member’s identified physician or a physician appointed by the Director, unless otherwise determined by the Director.

C) For a period of sixty (60) days from the first visit on the initial Claim or for eighteen (18) visits, whichever first occurs, a doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.

(D) For a period of 180 days from the first visit on the initial claim, a physician assistant licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed physician assistant in any country or in any state, territory or possession of

the United States. A physician assistant may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Chart Note.” The term “Chart Note” means a chronological documentation in a Member’s medical record and includes subjective and objective findings, diagnosis, treatment rendered and proposed, status, and recovery and return-to-work objectives.

“Claim.” The term “Claim” means a written request to FPDR for a retirement, disability or death benefit and may be filed by an Active Member, their representative or legal beneficiary, or surviving spouse or other legal beneficiary of a deceased Member. This term may be used synonymously with the term “application.”

“CPT.” The term “CPT” means Current Procedural Terminology published by the American Medical Association.

“Curative Care.” The term “Curative Care” means Medical Services required to diagnose, heal or permanently relieve or eliminate a medical condition.

“Customary Fee.” The term “Customary Fee” means a fee that falls within the range of fees normally charged in Oregon for a given service.

“Date of Disability.” The term “Date of Disability” means the date that the Member’s Attending Physician establishes that the Member is first unable to perform the Member’s required duties as a result of a service-connected injury/illness or occupational disability that has been determined to arise out of and in the course of the Member’s employment in the Bureau of Fire or Police.

“Director.” The term “Director” where used in these Administrative Rules shall mean the Fund Director and/or Fund Administrator or their designee.

“Elective Surgery.” The term “Elective Surgery” is surgery which may be necessary in the process of recovery from an injury or illness but need not be done as an emergency to preserve life, function or health.

“Independent Medical Examination” (IME). The term “Independent Medical Examination” means an examination by one or more licensed medical providers in order to provide an opinion of findings in connection with a service-connected injury/illness or an occupational disability Claim. A Physical Capacity Evaluation (PCE) or a Work Capacities Evaluation (WCE) is considered an “IME” under these rules.

“Medical Service.” The term “Medical Service” means any medical treatment, including:

- (A) surgery
- (B) diagnostic procedures
- (C) chiropractic
- (D) dental
- (E) in-patient and out-patient hospitalization
- (F) professional nursing
- (G) ambulance transport
- (H) prescription drugs
- (I) medicine
- (J) durable medical equipment
- (K) crutches
- (L) braces and supports
- (M) prosthetic appliances
- (N) physical Restorative Services

“Medical Treatment.” The term “Medical Treatment” means the management and care of a Member by a licensed medical provider for the purpose of combating disease, injury or disorder.

"Medically Stationary." The term "Medically Stationary" means that no further material improvement can reasonably be expected from medical treatment or the passage of time.

“Nurse Case Manager.” A licensed nurse assigned by the Director to follow and monitor the progress of recovery of an injury/illness or occupational Claim.

“Nurse Practitioner.” A nurse practitioner licensed under ORS 678.375 to 678.390 may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Original Injury.” The term “Original Injury” means the period from the first occasion of medical treatment or disability resulting from a service-connected injury/illness or occupational disability through the date the Member reaches a Medically Stationary status.

“Palliative Care.” The term “Palliative Care” means post-Medically Stationary Medical Services required to reduce or temporarily moderate the intensity of an otherwise stable condition. It does not include those Medical Services needed to diagnose, heal or permanently alleviate a medical condition.

“Physical Capacity Evaluation.” The term “Physical Capacity Evaluation” means an objective, directly observed measurement of a Member’s ability to perform a variety of physical tasks combined with subjective analyses of abilities by Member and evaluator. Physical tolerance screening, Blankenship’s Functional Evaluation and Functional Capacity Assessment will be considered to have the same meaning as Physical Capacity Evaluation.

“Physical Restorative Services.” The term “Physical Restorative Services” means services prescribed by the Member’s physician that are designed to restore and maintain the Member to the highest functional ability consistent with the Member’s condition.

“Preponderance of the Evidence.” The term “Preponderance of the Evidence” means the greater weight of the evidence.

“Proximate Cause.” The term “Proximate Cause” means a cause that directly produces an event and without which the event would not have occurred.

“Recurrence.” The term “Recurrence” means an Aggravation of a service-connected injury/illness or occupational disability that requires Claim reopening for additional disability benefits and/or medical benefits after the Member has reached Medically Stationary status with respect to the approved service-connected injury/illness or occupational disability.

“Significant Factor.” The term a “Significant Factor” means an important Proximate Cause.

“Specialty Physician.” The term “Specialty Physician” means a licensed physician who qualifies as an “Attending Physician” who provides evaluation, diagnosis or temporary specialized treatment at the request of the Member’s Attending Physician on an approved Claim.

“Usual and Customary Fee.” The term “Usual and Customary Fee” means a treatment service fee that falls within the range of fees normally charged for treatment of occupational injuries and illnesses in Oregon.

“Work Capacity Evaluation.” The term “Work Capacity Evaluation” means a physical capacity evaluation with special emphasis on the ability to perform a variety of vocationally oriented tasks based on specific job demands. Work Tolerance Screening will be considered to have the same meaning as Work Capacity Evaluations.

“Worsening.” The term “Worsening” means objective findings indicating a deterioration of the approved service-connected injury/illness or occupational disability based on expert medical opinion or an expert medical opinion explaining why the Member’s symptoms indicate a deterioration of the approved service-connected injury/illness or occupational disability.



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Proposed Rule Amendments May 28, 2024

5.10.02 – DEFINITIONS

“Attending Physician.” The term “Attending Physician” means:

(A) A medical doctor or doctor of osteopathy licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a podiatric physician or surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly licensed doctor in any country or in any state, territory or possession of the United States, or

(B) For a period of ~~thirty (30)~~ **sixty (60)** days from the first visit on the initial Claim or for for ~~twelve (12)~~ **eighteen (18)** visits, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States. All Members drawing disability benefits shall be examined at least once during each twelve-month period by the Member’s identified physician or a physician appointed by the Director, unless otherwise determined by the Director.

C) For a period of sixty (60) days from the first visit on the initial Claim or for eighteen (18) visits, whichever first occurs, a doctor of naturopathy or naturopathic physician licensed by the Oregon Board of Naturopathic Medicine under ORS chapter 685 or a similarly licensed doctor or physician in any country or in any state, territory or possession of the United States.

(D) For a period of 180 days from the first visit on the initial claim, a physician assistant licensed by the Oregon Medical Board in accordance with ORS 677.505 to 677.525 or a similarly licensed physician assistant in any country or in any state, territory or possession of the United States. A physician assistant may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

“Base Pay.” The term “Base Pay” means the Base Pay of the Two or Three Member’s position in the Bureau of Fire or Police, including premium pay but excluding overtime and payments for unused vacation, sick or other leave. When a Member is paid overtime for part of their regular

work schedule as required by Fair Labor Standards Act provisions, the straight-time portion of the overtime hours in the Member's regular work schedule shall be included in Base Pay.

"Base Pay at Disability." The term "Base Pay at Disability" means the Member's base pay amount at the time the disability payment is due.

"Date of Disability." The term "Date of Disability" means the date that the Member's Attending Physician establishes that the Member is first unable to perform the Member's required duties as a result of a service-connected injury/illness or occupational disability that has been determined to arise out of and in the course of the Member's employment in the Bureau of Fire or Police.

"Full-Time Work." For the purpose of Other Employment, the term "Full-Time Work" means working an average of at least thirty-six (36) hours per week or the maximum work hours documented in the permanent restriction(s) placed by the Attending Physician.

"Nurse Practitioner." A nurse practitioner licensed under ORS 678.375 to 678.390 may provide compensable medical services for 180 days from the date of the first visit on the initial claim and may also authorize the payment of disability benefits for a period not to exceed 180 days from the date of the first visit on the initial claim.

"Original Injury." The term "Original Injury" means the period from the first occasion of medical treatment or disability resulting from a service-connected injury/illness or occupational disability through the date the Member first reaches a medically stationary status.

"Other Employment." The term "Other Employment" means employment with any person, firm, company, corporation, government agency, municipality or Self-Employment, and does not include employment as an Active Member of the Bureau of Fire or Bureau of Police, or work performed as part of an approved Transitional Duty Return to Work Program in accordance with Administrative Rule 5.10.03.

"Pursue Other Employment." The term "Pursue Other Employment" means an active, serious and continuing effort to seek Full Time Work each week that the Member claims benefits.

"Substantial Gainful Activity." The term "Substantial Gainful Activity" means the Member is qualified, physically and by education and experience, to pursue employment with earnings equal to or exceeding one-third of the Member's rate of Base Pay in Effect at Disability.

"Transferable Skills." The term "Transferable Skills" means the knowledge, skills and abilities demonstrated in past training and employment which make a Member employable at work with a new employer and with earnings equal to or exceeding one-third (1/3) of the Member's rate of Base Pay at Disability.

“Transitional Duty.” The term “Transitional Duty” means available tasks that allow a disabled Member to return to work at an assignment that is less physically/mentally demanding than the Member’s regular work for a limited period of time. Also known as “Limited Duty.”

“Vocational Assessment.” The term “Vocational Assessment” means an evaluation, performed by a certified vocational counselor, consisting of one or more tests conducted to determine if a Member has reached a level of Substantial Gainful Activity.

“Vocational Rehabilitation.” The term “Vocational Rehabilitation” means any services, goods or allowance intended to support the Member’s return to work efforts. A process initiated as early as possible for a Member who has been disabled and may require a different job or career as a result. May include Vocational Assessment, labor market surveys, developing alternative work plans, retraining and assistance with job-seeking skills.