



Legislative Activity Report

National Council on Compensation Insurance

The nation's most experienced provider of workers compensation information, tools, and services

Regulatory Services

May 15, 2015

RLA-2015-19

Report Contact: Legislative_Activity@ncci.com

State Issues Contacts: Please refer to the list of State Relations Executives at the end of this report.

LEGISLATIVE ACTIVITY—LEGISLATIVE SESSION UPDATES

This report contains descriptions and/or excerpts of relevant bills that have passed the first chamber, passed the second chamber, or have been enacted during the specific periods. In addition, a recap of significant legislative and judicial activity impacting the workers compensation system will be included in the first report published each month. This report is issued on a weekly basis throughout the legislative season, and it provides updates on the content of these bills if and when they progress through the legislative process. This report includes bills from states where NCCI provides ratemaking services (see state list under Contact Information) and the US Congress.

BILLS ENACTED

The following bills were enacted within the one-week period ending May 8, 2015.

Georgia

HB 412 was:

- Passed by the first chamber on March 4, 2015
- Included in NCCI's March 13, 2015 *Legislative Activity Report* (RLA-2015-10)
- Passed by the second chamber on March 31, 2015
- Included in NCCI's April 10, 2015 *Legislative Activity Report* (RLA-2015-14)
- Enacted on May 6, 2015, with an effective date of July 1, 2015

HB 412 amends the following sections of the Official Code of Georgia Annotated, in part, as follows:

34-9-11. Exclusivity of rights and remedies granted to employee under chapter; immunity granted to construction design professionals

(a) The rights and the remedies granted to an employee by this chapter shall exclude and be in place of all other rights and remedies of such employee, his or her personal representative, parents, dependents, or next of kin, and all other civil liabilities whatsoever at common law or otherwise, on account of such injury, loss of service, or death; provided, however, that ~~no employee~~ the employer may be liable to the employee for rights and remedies beyond those provided in this chapter by expressly agreeing in writing to specific additional rights and remedies; provided, further, however, that the use of contractual provisions generally relating to workplace safety, generally relating to compliance with laws or regulations, or generally relating to liability insurance requirements shall not be construed to create rights and remedies beyond those provided in this chapter. No employee shall be deprived of any right to bring an action against any third-party tort-feasor, other than an employee of the same employer or any person who, pursuant to a contract or agreement with an employer, provides workers' compensation benefits to an injured employee, notwithstanding the fact that no common-law master-servant relationship or contract of employment exists between the injured employee and the person providing the benefits, and other than a construction design professional who is retained to perform professional services on or in conjunction with a construction project on which the employee was working when injured, or any employee of a construction design professional who is assisting in the performance of professional services on the construction site on which the employee was working when injured, unless the construction design professional specifically assumes by written contract the safety practices for the project. The immunity provided by this subsection to a construction design professional shall not apply to the negligent preparation of design plans and specifications, nor shall it apply to the tortious activities of the construction design professional or the employees of the construction design professional while on the construction site where the employee was injured and where those activities are the proximate cause of the injury to the employee or to any professional surveys specifically set forth in the contract or any intentional misconduct committed by the construction design professional or his or her employees.

34-9-201. Selection of physician from panel of physicians; change of physician or treatment; liability of employer for failure to maintain panel

...

(b) The employer may satisfy the requirements for furnishing medical care under Code Section 34-9-200 in one of the following manners:

~~(2) The employer may maintain a list of physicians in conformity with the guidelines and criteria established and contained in the Rules and Regulations of the State Board of Workers' Compensation. This list shall be known as the 'Conformed Panel of Physicians.' An employee may obtain the services of any physician from the conformed panel and may thereafter also elect to change to another physician on the panel without prior authorization of the board. The physician so selected will then become the primary authorized treating physician in control of the employee's medical care and may arrange for any consultation, referral, and extraordinary or other specialized medical services as the nature of the injury shall require without prior authorization by the board; provided, however, that any of the physicians to whom the employee is referred by the primary authorized treating physician shall not be permitted to arrange for any additional referrals; or~~

(c) Consistent with the method elected under subsection (b) of this Code section, the employer shall post the Panel of Physicians ~~or Conformed Panel of Physicians~~ or Managed Care Organization Procedures in prominent places upon the business premises and otherwise take all reasonable measures to ensure that employees:

34-9-261. Compensation for total disability

While the disability to work resulting from an injury is temporarily total, the employer shall pay or cause to be paid to the employee a weekly benefit equal to two-thirds of the employee's average weekly wage but not more than ~~\$525.00~~ \$550.00 per week nor less than \$50.00 per week, except that when the weekly wage is below \$50.00, the employer shall pay a weekly benefit equal to the average weekly wage. The weekly benefit under this Code section shall be payable for a maximum period of 400 weeks from the date of injury; provided, however, that in the event of a catastrophic injury as defined in subsection (g) of Code Section 34-9-200.1, the weekly benefit under this Code section shall be paid until such time as the employee undergoes a change in condition for the better as provided in paragraph (1) of subsection (a) of Code Section 34-9-104.

34-9-262. Compensation for temporary partial disability

Except as otherwise provided in Code Section 34-9-263, where the disability to work resulting from the injury is partial in character but temporary in quality, the employer shall pay or cause to be paid to the employee a weekly benefit equal to two-thirds of the difference between the average weekly wage before the injury and the average weekly wage the employee is able to earn thereafter but not more than ~~\$350.00~~ \$367.00 per week for a period not exceeding 350 weeks from the date of injury.

34-9-265. Compensation for death resulting from injury and other causes; penalty for death from injury proximately caused by intentional act of employer; payment of death benefits where no dependents found

(d) The total compensation payable under this Code section to a surviving spouse as a sole dependent at the time of death and where there is no other dependent for one year or less after the death of the employee shall in no case exceed ~~\$150,000.00~~ \$220,000.00.

34-9-358. Payment of assessments to fund by insurers and self-insurers; calculations

(b) On ~~or~~ and after January 1, 2010, but prior to January 1, 2016, each insurer and self-insurer under this chapter shall, under regulations prescribed by the board of trustees, make payments to the fund in an amount equal to that proportion of 175 percent of the total disbursement made from the fund during the preceding calendar year as of December 31 of the preceding calendar year which the total workers' compensation claims paid by the insurer or self-insurer bears to the total workers' compensation claims paid by all insurers and self-insurers during the preceding calendar year but not to exceed \$100 million.

(c) On and after January 1, 2016, each insurer and self-insurer under this chapter shall, under regulations prescribed by the board of trustees, make payments to the fund in an amount equal to that proportion of \$100 million the total workers' compensation claims paid by the insurer or self-insurer bears to the total workers' compensation claims paid by all insurers and self-insurers during the preceding calendar year but not to exceed \$100 million.

34-9-368. Reimbursement of self-insured employers or insureds; actuarial study required; dissolution of Subsequent Injury Trust Fund

(c) Upon or in contemplation of the final payment of all claims filed for subsequent injuries for which claims are filed for injuries occurring on and prior to June 30, 2006, the board of trustees shall adopt and implement resolutions providing for the final dissolution of the Subsequent Injury Trust Fund. Such resolutions shall become effective when all claims made for injuries occurring on and prior to June 30, 2006, have been fully paid or otherwise resolved and shall include provisions for:

(2) The pro rata refund of assessments previously collected and unexpended, consistent with the provisions of subsection ~~(d)~~ (f) of

Code Section 34-9-358;

...

(5) The transfer of the books, records, and property of the fund to the custody of the ~~State Board of Workers' Compensation Insurance Department.~~

Upon the completion of all matters provided for in such resolutions, but not later than ~~December 31, 2020~~ December 31, 2023, the Subsequent Injury Trust Fund and the members of its board of trustees shall be discharged from their duties except for such personnel necessary to administer any remaining claims.

NCCI estimates that HB 412 will have an impact of +1.5% (\$19 million) on total workers compensation system costs in Georgia for those provisions which can be quantified. NCCI has also provided comments as to the directional impact for those provisions for which the magnitude of the change is not quantifiable. The impact, if any, of the other provisions will be realized in future claims experience and be reflected in subsequent NCCI loss cost filings in Georgia.

Indiana

HB 1019 was:

- Passed by the first chamber on February 23, 2015
- Amended and passed by the second chamber on April 15, 2015
- Included in NCCI's April 24, 2015 *Legislative Activity Report* (RLA-2015-16)
- Enacted on May 6, 2015, with an effective date of July 1, 2015

HB 1019, in part, adds new *section 35-43-5-21* to the Indiana Code as follows:

Sec. 21. (a) A person who, with intent to avoid the obligation to obtain worker's compensation coverage as required by IC 22-3-5-1 and IC 22-3-7-34, falsely classifies an employee as one (1) of the following commits worker's compensation fraud:

(1) An independent contractor.

(2) A sole proprietor.

(3) An owner.

(4) A partner.

(5) An officer.

(6) A member in a limited liability company.

(b) The offense described in subsection (a) is a Class A misdemeanor.

SB 33 was:

- Passed by the first chamber on January 27, 2015
- Included in NCCI's February 6, 2015 *Legislative Activity Report* (RLA-2015-05)
- Amended and passed by the second chamber on April 7, 2015
- Included in NCCI's April 17, 2015 *Legislative Activity Report* (RLA-2015-15)
- Enacted on May 7, 2015, with an effective date of July 1, 2015

SB 33 amends various sections of the workers compensation law in the Indiana Code to:

- Allow an officer of a corporation who is also an owner of any interest in the corporation to elect not to be an employee of the corporation under workers compensation
- Urge the legislative council to assign to an interim study committee for the 2015 interim period the topic of workers compensation reimbursement to all providers of workers compensation-related claims outside of hospitals, including the study of a common baseline of the providers' Medicare reimbursement rate plus a reimbursement above the Medicare level, seeking fair reimbursement

Maine

LD 958 was:

- Passed by the first chamber on April 29, 2015
- Included in NCCI's May 8, 2015 *Legislative Activity Report* (RLA-2015-18)
- Passed by the second chamber on May 5, 2015
- Enacted on May 8, 2015, with a projected effective date of September 15, 2015

LD 958 amends *Section 403* of the Maine Workers' Compensation Act as follows:

§403. Insurance by assenting employer; requirements as to self-insurers

...

9. Acceptable deposit funds or investments for trust funds.

In addition to cash, the deposit funds or permissible investments for trust funds acceptable to the Superintendent of Insurance as a security deposit are bonds, notes and bills that are issued by and are the direct obligation of the United States Treasury; commercial paper rated as either "A-1" or "P-1" by Moody's Investors Service, Inc., Standard and Poor's Corporation or the rating equivalent of Fitch Investors Service, Inc. or any other nationally recognized statistical rating agency; money market funds rated "Aam" or "Aam-G" or better by Standard and Poor's Corporation or the rating equivalent of any other nationally recognized statistical rating

agency; certificates of deposit issued by a duly chartered commercial bank or thrift institution in the State protected by the Federal Deposit Insurance Corporation if the bank or institution possesses assets of at least \$100,000,000 and maintains a ratio of capital to assets equal to or greater than 6 1/2%; bonds that are issued by United States corporations, corporations acceptable to the superintendent or United States public entities and that are rated "A" or better by Standard and Poor's Corporation, or the rating equivalent of Moody's Investors Service, Inc., Fitch Investors Service, Inc. or any other nationally recognized statistical agency; and other investments specifically approved by the superintendent. If an investment is downgraded so that it no longer meets the requirements of this subsection, its value may not be considered in determining whether a deposit or trust has surplus available for distribution, and the superintendent has discretion to discount or disallow the value of the investment for purposes of determining whether additional security is required.

Investments must be diversified in a prudent manner to ensure that funds are maintained at a sufficient level to discharge workers' compensation obligations incurred by the employer pursuant to this Title as those obligations become due and payable. At least 30% of the portfolio must consist of cash, direct obligations of the United States Treasury, commercial paper, money market funds or certificates of deposit. No more than 5% of the portfolio, other than cash and direct obligations of the United States, may be concentrated in a single issuer, and the superintendent shall establish standards to limit concentration in a single industry or market sector.

The following requirements apply to assets deposited or held in trust as security for an individual or group self-insurer under this section.

A. In addition to cash, the deposit funds or permissible investments for trust funds acceptable to the Superintendent of Insurance as a security deposit are:

(1) Bonds, notes and bills that are issued by and are the direct obligation of the United States Treasury;

(2) Bonds issued or guaranteed by United States government agencies;

(3) Commercial paper rated as "P-1" by Moody's Investors Service, Inc. or "A-1" or better by Standard and Poor's Corporation or the rating equivalent of either by any other nationally recognized statistical rating agency;

(4) Money market funds rated "AAM" or "AAM-G" or better by Standard and Poor's Corporation or the rating equivalent of any other nationally recognized statistical rating agency;

(5) Certificates of deposit issued by a duly chartered commercial bank or thrift institution in the State protected by the Federal Deposit Insurance Corporation if the bank or institution possesses assets of at least \$100,000,000 and maintains a Tier 1 capital ratio equal to or greater than 6%;

(6) Bonds that are issued by corporations or municipalities and that are rated "A2" or better by Moody's Investors Service, Inc. or "A" or better by Standard and Poor's Corporation or the rating equivalent of either by any other nationally recognized statistical rating agency; and

(7) Other investments specifically approved by the superintendent.

B. Investments must be diversified in a prudent manner to ensure that funds are maintained at a sufficient level to discharge workers' compensation obligations incurred by the employer pursuant to this Title as those obligations become due and payable. At least 30% of the portfolio, as measured at market value, must consist of cash, direct obligations of the United States Treasury, commercial paper, money market funds or certificates of deposit. No more than 40% of the portfolio, as measured at market value, may be invested in bonds issued or generated by United States government agencies, with no more than 10% of the portfolio invested in a single issuer. No more than 50% of the portfolio, as measured at market value, may be invested in corporate or municipal bonds, with no more than 5% of the portfolio invested in a single issuer. No more than 25% of the corporate bond portion of the portfolio, as measured at market value, may be invested in a single industry, as defined by the North American Industry Classification System of the United States Department of Commerce, United States Census Bureau.

C. If the portfolio no longer meets the requirements of this subsection as a result of a rating downgrade or a change in financial condition or market value, the value may not be considered in determining whether a deposit or trust has surplus available for distribution, and the superintendent has discretion to discount or disallow the value of the investment for purposes of determining whether additional security is required. In the case of a portfolio that no longer meets the diversification requirements of paragraph B, the self-insurer may designate the specific assets to be disallowed, as long as the remaining assets meet the requirements of paragraph B.

Tennessee

SB 105 was:

- Passed by the first chamber on April 2, 2015
- Included in NCCI's April 10, 2015 *Legislative Activity Report* (RLA-2015-14)
- Passed by the second chamber on April 20, 2015
- Included in NCCI's May 1, 2015 *Legislative Activity Report* (RLA-2015-17)
- Enacted and effective on May 4, 2015

SB 105 amends various sections of the Tennessee Code to:

- Require Worker's Compensation Utilization Review firms to become accredited by either the Utilization Review Accreditation Commission (URAC) or the National Committee for Quality Assurance (NCQA)
- Clarify the statute of limitations for situations where permanent partial disability payments to an employee were made in an attempt to settle a claim prior to an approved settlement*

- Align the definition of “qualified physician” with the Tennessee Department of Health’s Pain Management Treatment Guideline definition of “pain management specialists”
- Make changes to further define the authority of the administrator to compensate attorneys who provide legal services defending actions against the second injury fund
- Define the duties of the Workers’ Compensation Appeals Board and clarify procedures for an appeal to the Workers’ Compensation Appeals Board
- Authorize a workers compensation judge to appoint a guardian ad litem in a claim for workers compensation death benefits
- Define a workers compensation judge’s authority to enforce judgments
- Correct Tennessee Code Annotated for clarification on filing fees to be assessed
- Change terms from “Division of Workers’ Compensation” to “Bureau of Workers’ Compensation”
- Provide clarification that the Bureau of Workers’ Compensation is an autonomous unit attached to the Department of Labor and Workforce Development for administrative matters only, and not a division of the Department of Labor and Workforce Development

* This bullet is in reference to new subsection 50-6-203(j) below, which applies only to injuries occurring on or after May 4, 2015.

50-6-203. Limitation of time, claims and actions.

...
 (j) In any case where an employer has paid permanent partial disability benefits to an employee in an attempt to settle a claim for workers’ compensation benefits but the employee and employer have not entered into a settlement agreement that has been approved by a workers’ compensation judge, the statute of limitations for filing a claim to recover workers’ compensation benefits pursuant to this chapter shall be extended for two (2) years from the date the last payment of permanent partial disability benefits was made to the employee.

SB 174 was:

- Passed by the first chamber on March 30, 2015
- Included in NCCI’s April 24, 2015 *Legislative Activity Report* (RLA-2015-16)
- Passed by the second chamber on April 20, 2015
- Included in NCCI’s May 1, 2015 *Legislative Activity Report* (RLA-2015-17)
- Enacted and effective on May 4, 2015

SB 174 amends *section 50-6-421. Requesting and obtaining information on employer workers’ compensation insurance policies to ensure compliance with law—Confidentiality—What constitutes public record* of the Tennessee Code as follows:

50-6-421. Requesting and obtaining information on employer workers’ compensation insurance policies to ensure compliance with law—Confidentiality—What constitutes public record.

...
 (b) The following information obtained by the administrator pursuant to subsection (a) shall constitute a public record, as defined in § 10-7-503, and shall be open for personal inspection by any citizen of this state:

- (1) Employer name and business address;
- (2) Workers’ compensation insurance carrier name and business address; and
- (3) Workers’ compensation insurance policy number, policy effective date, ~~and~~ policy expiration date, policy cancellation date, and policy reinstatement date.

BILLS PASSING SECOND CHAMBER

The following bills passed the second chamber within the one-week period ending May 8, 2015.

Missouri

HB 1022 was:

- Passed by the first chamber on April 9, 2015
- Included in NCCI’s April 17, 2015 *Legislative Activity Report* (RLA-2015-15)
- Passed by the second chamber on May 5, 2015

HB 1022 amends *section 379.470 Provisions governing rates* of the Missouri Annotated Statutes to add a new section as follows:

§ 379.470. Provisions governing rates

The rates made by each insurer or rating organization shall be subject to the following provisions:

...
(8) Any rate, rating schedule, rating system, or rating plan may return or refund a portion of its expense savings to the insured if the insured makes no reportable claim under specified coverages within a prescribed period of time established by the insurer, regardless of whether such claim is due to the fault of the insured. Such return of savings may be represented as a predetermined portion of the premium, and shall not constitute a rebate or an unfair trade practice under sections 375.930 to 375.948.

New Hampshire

HB 480 was:

- Passed by the first chamber on March 11, 2015
- Passed by the second chamber on May 7, 2015

HB 480 amends *section 412:5. Approval of Form* of the New Hampshire Statutes, related to property and casualty insurance policies, as follows:

412:5. Approval of Form.

...

III. No liability policy issued or delivered in this state shall contain coverage for payment of a fine or penalty for a criminal offense provided, however, the policy may provide coverage for defense costs and restitution to injured parties.

IV. An insurer may authorize an advisory organization to file policy forms, endorsements and other contract language on its behalf.
~~IV.~~ V. Every insurer and advisory organization shall provide reasonable means whereby any person aggrieved by the application of an insurer's rating system, claims practices, sales practices or underwriting procedures may be heard, in person or by an authorized representative, upon the person's written request to review the manner in which such procedures were applied in connection with insurance afforded or tendered to the person.

Note: HB 480 was not included in any previous version of NCCI's *Legislative Activity Report*.

Texas

SB 784 was:

- Passed by the first chamber on April 9, 2015
- Included in NCCI's April 17, 2015 *Legislative Activity Report* (RLA-2015-15)
- Passed by the second chamber on May 5, 2015

SB 784, in part, amends various sections of the Texas Statutes relating to collection and use of certain information reported to and by the Texas Department of Insurance and certain approval authority and hearings held in connection with reported information, as follows:

§ 2053.056. Rate Hearings.

a) The commissioner ~~may~~ shall conduct a public hearing each biennium, ~~beginning not later than December 1, 2008,~~ to review rates to be charged for workers' compensation insurance written in this state. A public hearing under this section is not a contested case as defined by Section 2001.003, Government Code.

(b) Not later than the 30th day before the date of a ~~the~~ public hearing ~~conducted~~ ~~required~~ under Subsection (a), each insurance company subject to this subtitle ~~and Article 5.66~~ shall file the insurance company's rates, supporting information, and supplementary rating information with the commissioner.

§ 2251.008. ~~Annual Quarterly~~ Report of Insurer; Legislative Report.

(a) The commissioner shall require each insurer subject to this subchapter to ~~annually quarterly~~ file with the commissioner information relating to changes in losses, premiums, and market share since January 1, 1993. The commissioner may require an insurer subject to this subchapter to report to the commissioner, in the form and in the time required by the commissioner, any other information the commissioner determines is necessary to comply with this section.

(b) ~~Annually Quarterly~~, the commissioner shall report to the governor, the lieutenant governor, the speaker of the house of representatives, the legislature, and the public regarding:

...

(c) The report required by this section must cover a calendar ~~year quarter~~ and:

(1) for each insurer that writes a line of insurance subject to this subchapter, must state the insurer's:

...

(D) whether the insurer submitted a rate filing during the ~~year quarter~~ covered in the report; and

...

(d) Except as provided by Subsection (e), the ~~annual quarterly~~ report required by this section must be made available to the governor, lieutenant governor, speaker of the house of representatives, legislature, and public not later than the 90th day after the last day of the calendar ~~year quarter~~ covered by the report.

(e) If the commissioner determines that it is not feasible to provide the report required by this section within the period specified by Subsection (d) for all lines of insurance subject to this subchapter, the department:

(1) shall make the ~~annual quarterly~~ report, as applicable to lines of residential property insurance and personal automobile insurance, available within the period specified by Subsection (d); and

(2) may delay publication of the ~~annual quarterly~~ report as it relates to other lines of insurance subject to this subchapter until a date specified by the commissioner.

...

§ 2251.101. Rate Filings and Supporting Information

...
(b) The commissioner by rule shall:

...
(C) ~~including~~ information necessary to evidence that the computation of the rate does not include disallowed expenses for personal lines; and

(D) ~~(C)~~ information concerning policy fees, service fees, and other fees that are charged or collected by the insurer under Section 550.001 or 4005.003; and

...
§ 1501.109. Refusal to Renew; Discontinuation of Coverage

(a) A small or large employer health benefit plan issuer may elect to refuse to renew all small or large employer health benefit plans delivered or issued for delivery by the issuer in this state or in a geographic service area ~~approved under Section 1501.101~~. The issuer shall notify:

...
(b) A small employer health benefit plan issuer that elects under this section to refuse to renew all small employer health benefit plans in this state or in a ~~an approved~~ geographic service area may not write a new small employer health benefit plan in this state or in the geographic service area, as applicable, before the fifth anniversary of the date notice is provided to the commissioner under Subsection (a).

(c) A large employer health benefit plan issuer that elects under this section to refuse to renew all large employer health benefit plans in this state or in a ~~an approved~~ geographic service area may not write a new large employer health benefit plan in this state or in the geographic service area, as applicable, before the fifth anniversary of the date notice is provided to the commissioner under Subsection (a).

...
§ 2206.002. Applicability of Other Laws

...
(b) The pool:

(1) ~~shall collect the necessary information and file with the department the reports required by Subchapter D, Chapter 38; and~~
(2) is subject to Chapter 541 and Section 543.001.

...
§ 2207.002. Pool Not Engaged in Business of Insurance

...
(b) A pool:

(1) ~~shall collect the necessary information and file with the department the reports required by Subchapter D, Chapter 38; and~~
(2) is subject to Chapter 541 and Section 543.001.

...
§ 2208.002. Pool Not Engaged in Business of Insurance

...
(b) The pool is subject to Chapter 541 ~~and Subchapter D, Chapter 38~~.

...
§ 2212.053. Filing Requirements

(a) A trust shall file with the department:

- (1) all rates and forms, for informational purposes only; and
- (2) ~~all liability claims reports required under Subchapter D, Chapter 38; and~~
- (3) the trust's independently audited annual financial statement.

...
In addition, **SB 784** includes the following language:

(a) Sections 2206.002(b), 2207.002(b), 2208.002(b), and 2212.053(a), Insurance Code, as amended by this Act, and the repeal by this Act of Subchapter D, Chapter 38, Insurance Code, apply only to a claim closed on or after January 1, 2016. A claim closed before January 1, 2016, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

(b) Section 2251.008, Insurance Code, as amended by this Act, applies with respect to reporting by insurers to, and reporting to the legislature by, the commissioner of insurance on or after January 1, 2016. Reporting by insurers and the commissioner before that date is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SB 901 was:

- Passed by the first chamber on April 9, 2015
- Included in NCCI's April 17, 2015 *Legislative Activity Report* (RLA-2015-15)
- Passed by the second chamber on May 5, 2015

SB 901 amends *section 408.103. Amount of Temporary Income Benefits* of the Texas Statutes as follows:

§ 408.103. Amount of Temporary Income Benefits

(a) Subject to Sections 408.061 and 408.062, the amount of a temporary income benefit is equal to:

(1) 70 percent of the amount computed by subtracting the employee's weekly earnings after the injury from the employee's average weekly wage; or

(2) for the first 26 weeks, 75 percent of the amount computed by subtracting the employee's weekly earnings after the injury from the employee's average weekly wage if the employee earns less than \$10 ~~\$8.50~~ an hour.

...

SB 901 also includes the following language:

The change in law made by this Act applies to a claim for temporary income benefits based on a compensable injury that occurs on or after the effective date of this Act. A claim based on a compensable injury that occurs before the effective date of this Act is governed by the law in effect on the date the compensable injury occurred, and the former law is continued in effect for that purpose.

BILLS PASSING FIRST CHAMBER

The following bills passed the first chamber within the one-week period ending May 8, 2015.

Louisiana

HB 256 amends *sections 1342. Definitions; terms defined, 1343. Authority of governmental subdivisions to form, join, and participate in interlocal risk management agency; employer contributions toward premiums; ownership of record* and *1344 Governance of interlocal risk management agencies* of *Title 33* of the Louisiana Revised Statutes as follows:

§ 1342. Definitions; terms defined

The following words and terms shall have the meaning indicated unless the context shall clearly indicate a different meaning.

(1) "Local governmental subdivision" means any parish or municipality, other governing or administrative body created under the charter of, or by the governing body of, such parish or municipality to serve a public purpose, or other local governing or administrative body created by or pursuant to law or the Constitution of Louisiana to serve a public purpose. For purposes of this Subpart only, this term also means the offices of the various clerks of court and district public defender offices established in accordance with R.S. 15:141 et seq., ~~and~~ the members of a trust established by a statewide hospital association for the purposes of providing employers' liability or workers' compensation coverage for its members, provided the majority of the members of such trust consists of governmental subdivisions, and any city, parish, or other local public school system.

...

§ 1343. Authority of governmental subdivisions to form, join, and participate in interlocal risk management agency; employer contributions toward premiums; ownership of record

B. Each group self insurance fund shall be separate as to risk, and maintained as a separate pool, but one or more of the funds may be administered by a single interlocal risk management agency. Local governmental subdivisions concluding an agreement under the provisions hereof may by resolution duly adopted by the governing body thereof designate the Louisiana Municipal Association for the municipalities, ~~and~~ the Police Jury Association of Louisiana for the parishes, and the Louisiana School Board Association for the local public school systems to administer the interlocal risk management agency and any group self insurance fund established by said agency, and to further administer the terms and conditions of the intergovernmental agreement by which the agency and the group self insurance fund has been created.

...

F. In addition to local governmental subdivisions, statewide organizations composed of local governmental subdivisions and their wholly owned subsidiaries may become members of an interlocal risk management agency for purposes of providing accident and health protection to their employees and for purposes of providing coverage for those risks defined in R.S. 22:47(3), (6), ~~(7)~~, and (10), and public liability and worker's compensation coverage upon approval of the governing body of the association and the governing body of the interlocal risk management agency. For purposes of this Subsection, the Police Jury Association of Louisiana, ~~and~~ the Louisiana Municipal Association, and the Louisiana School Board Association shall be considered statewide organizations composed of local governmental subdivisions.

§ 1344. Governance of interlocal risk management agencies

~~In the event~~ If the Louisiana Municipal Association of Louisiana, ~~and/or~~ the Police Jury Association of Louisiana, ~~or the Louisiana School Board Association~~ is ~~be~~ designated to administer an interlocal risk management agency, the executive boards of the Louisiana Municipal Association and of the Police Jury Association of Louisiana, as the case may be, and the board of directors of the Louisiana School Board Association shall constitute the board of trustees of each such agency established as provided in ~~Section 1340(B)~~ R.S. 33:1343, and shall be authorized as such to adopt bylaws for the administration of their respective agencies.

SB 144, in part, amends *section 1267. Commercial insurance; cancellation and renewal* of *Title 22* of the Louisiana Revised Statutes as follows:

§ 1267. Commercial insurance; cancellation and renewal

...

C. ...

(3) ~~Nothing in this Section shall require an~~ An insurer to shall provide a notice of cancellation or a statement of reasons for cancellation where cancellation for nonpayment of premium is effected by a premium finance ~~agency-company~~ or other entity pursuant to a power of attorney or other agreement executed by or on behalf of the insured.

...
G.(1) An insurance premium finance company that finances any part of an insurance policy governed by this Section shall cooperate with the department in any investigation regarding such insurance policy.

(2) Upon request by the department, the insurance premium finance company shall make available to the department all documents, correspondence, and cancellation notices related to the insurance policy that have been received or sent by the insurance premium finance company.

(3) An insurance premium finance company that violates any provision of this Section shall be subject to the monetary penalties provided for in R.S. 22:13(A).

North Carolina

HB 760 amends various sections of the North Carolina General Statutes including, but not limited to, the following amendments to the Workers' Compensation Act:

§ 97-2. Definitions.

...
~~Every~~Except as otherwise provided herein, every executive officer elected or appointed and empowered in accordance with the charter and bylaws of a corporation shall be considered as an employee of such corporation under this Article.

...
“Employee” shall not include any person performing voluntary service for a nonprofit corporation subject to Chapters 47A, 47C, 47F, 55A, or 59B of the General Statutes, or any organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, provided that the person receives no remuneration for the voluntary service other than reasonable reimbursement for expenses incurred in connection with the voluntary service. A person performing such voluntary service is not an “employee” even if the individual was elected or appointed and empowered as an executive officer, director, or committee member under the charter, articles, or bylaws of a nonprofit corporation subject to Chapters 47A, 47C, 47F, 55A, or 59B of the General Statutes, or any organization exempt from federal tax under section 501(c)(3) of the Internal Revenue Code.

...
~~Employee”~~“Employee” shall include an authorized pickup firefighter of the North Carolina Forest Service of the Department of Agriculture and Consumer Services when that individual is engaged in emergency fire suppression activities for the North Carolina Forest Service. As used in this section, “authorized pickup firefighter” means an individual who has completed required fire suppression training as a wildland firefighter and who is available as needed by the North Carolina Forest Service for emergency fire suppression activities, including immediate dispatch to wildfires and standby for initial attack on fires during periods of high fire danger.

Oregon

HB 2764 amends various sections of the Oregon Revised Statutes related to workers compensation attorney fees, as follows:

Section 1.

656.012 Findings and policy.

...
(2) In consequence of these findings, the objectives of the Workers' Compensation Law are declared to be as follows:

...
(c) To ensure that injured workers have access to adequate representation to assist them in obtaining the full benefits allowed by the Workers' Compensation Law;

~~(d)~~ (d) To restore the injured worker physically and economically to a self-sufficient status in an expeditious manner and to the greatest extent practicable;

~~(e)~~ (e) To encourage maximum employer implementation of accident study, analysis and prevention programs to reduce the economic loss and human suffering caused by industrial accidents; and ~~(f)~~ (f) To provide the sole and exclusive source and means by which subject workers, their beneficiaries and anyone otherwise entitled to receive benefits on account of injuries or diseases arising out of and in the course of employment shall seek and qualify for remedies for such conditions.

...
(4) In recognition of the exclusivity of the remedies granted under this chapter, it is declared that the provisions of the Workers' Compensation Law shall be interpreted to allow benefits if a reasonable reading of the law so allows.

Section 2.

656.262 Processing of claims and payment of compensation; payment by employer; acceptance and denial of claim; penalties and attorney fees; cooperation by worker and attorney in claim investigation; rules.

...
(11)(a) If the insurer or self-insured employer unreasonably delays or unreasonably refuses to pay compensation, penalties, attorney fees or costs, or unreasonably delays acceptance or denial of a claim, the insurer or self-insured employer shall be liable for an additional amount up to 25 percent of the amounts then due plus any attorney fees assessed under this section. The fees assessed by the director, an Administrative Law Judge, the board or the court under this section shall be ~~proportionate to the benefit to the injured~~

~~worker reasonable attorney fees.~~ The board shall adopt rules for establishing the amount of the attorney fee, giving primary consideration to the results achieved and to the time devoted to the case. ~~An attorney fee awarded pursuant to this subsection may not exceed \$3,000 absent a showing of extraordinary circumstances. The maximum attorney fee awarded under this paragraph shall be adjusted annually on July 1 by the same percentage increase as made to the average weekly wage defined in ORS 656.211, if any.~~ Notwithstanding any other provision of this chapter, the director shall have exclusive jurisdiction over proceedings regarding solely the assessment and payment of the additional amount and attorney fees described in this subsection. The action of the director and the review of the action taken by the director shall be subject to review under ORS 656.704.

...

(14)(a) Injured workers have the duty to cooperate and assist the insurer or self-insured employer in the investigation of claims for compensation. Injured workers shall submit to and shall fully cooperate with personal and telephonic interviews and other formal or informal information gathering techniques. Injured workers who are represented by an attorney shall have the right to have the attorney present during any personal or telephonic interview or deposition. If the injured worker is represented by an attorney, the insurer or self-insured employer shall pay the attorney a reasonable attorney fee based upon an hourly rate for all efforts related to the personal or telephonic interviews or depositions process under this subsection. After consultation with the Board of Governors of the Oregon State Bar, the Workers' Compensation Board shall adopt rules for the establishment, assessment and enforcement of the hourly attorney fee rate specified in this paragraph.

(b) ~~However,~~ If the attorney is not willing or available to participate in an interview at a time reasonably chosen by the insurer or self-insured employer within 14 days of the request for interview and the insurer or self-insured employer has cause to believe that the attorney's unwillingness or unavailability is unreasonable and is preventing the worker from complying within 14 days of the request for interview, the insurer or self-insured employer shall notify the director. If the director determines that the attorney's unwillingness or unavailability is unreasonable, the director shall assess a civil penalty against the attorney of not more than \$1,000.

...

Section 3.

656.277 Request for reclassification of nondisabling claim; nondisabling claim procedure.

(1)(a) A request for reclassification by the worker of an accepted nondisabling injury that the worker believes was or has become disabling must be submitted to the insurer or self-insured employer. The insurer or self-insured employer shall classify the claim as disabling or nondisabling within 14 days of the request. A notice of such classification shall be mailed to the worker and the worker's attorney if the worker is represented. The worker may ask the Director of the Department of Consumer and Business Services to review the classification by the insurer or self-insured employer by submitting a request for review within 60 days of the mailing of the classification notice by the insurer or self-insured employer. If any party objects to the classification of the director, the party may request a hearing under ORS 656.283 within 30 days from the date of the director's order.

(b) If the worker is represented by an attorney and the attorney is instrumental in obtaining an order from the director that reclassifies the claim from nondisabling to disabling, the director shall award the attorney a reasonable assessed attorney fee.

...

Section 4.

656.313 Stay of compensation pending request for hearing or review; procedure for denial of claim for medical services; reimbursement.

...

(1)(b) If ultimately found payable under a final order, benefits withheld under this subsection, including attorney fees, penalties and costs, shall accrue interest at the rate provided in ORS 82.010 from the date of the order appealed from through the date of payment. The board shall expedite review of appeals in which payment of compensation has been stayed under this section.

...

Section 5.

656.382 Penalties and attorney fees payable by insurer or employer in processing claim.

(1) If an insurer or self-insured employer refuses to pay compensation, costs, attorney fees or penalties due under an order of an Administrative Law Judge, board or court, or otherwise unreasonably resists the payment of compensation, ~~except as provided in ORS 656.385 costs, attorney fees or penalties,~~ the employer or insurer shall pay to the attorney of the claimant a reasonable attorney fee as provided in subsection (2) of this section. To the extent an employer has caused the insurer to be charged such fees, such employer may be charged with those fees.

(2) If a request for hearing, request for review, appeal or cross-appeal to the Court of Appeals or petition for review to the Supreme Court is initiated by an employer or insurer, ~~and the Administrative Law Judge, board or court finds that the compensation awarded to a claimant should not be disallowed or reduced, or, through the assistance of an attorney, that an order rescinding a notice of closure should not be reversed or the compensation awarded by a reconsideration order issued under ORS 656.268 should not be reduced or disallowed,~~ the employer or insurer shall be required to pay to the attorney of the claimant a reasonable attorney fee in an amount set by the Administrative Law Judge, board or the court for legal representation by an attorney for the claimant at and prior to the hearing, review on appeal or cross-appeal. on any issue, including costs, attorney fees or penalties, the employer or insurer shall be required to pay to the attorney of the claimant a reasonable attorney fee to compensate for the efforts of the claimant's attorney in defending those issues on which the insurer or self-insured employer did not fully prevail, in an amount set by the

Administrative Law Judge, board or court for legal representation for the claimant at, and prior to, the hearing, review on appeal or cross-appeal if:

(a) The employer or insurer does not fully prevail on all issues raised, regardless of whether a decision on the merits occurs;

(b) An order rescinding a notice of closure is not reversed; or

(c) The compensation awarded by a reconsideration order issued under ORS 656.268 is not reduced or disallowed in all respects as requested by the employer or the insurer.

...

Section 6.

656.385 Attorney fees in cases regarding certain medical service or vocational rehabilitation matters; rules; limitation; penalties.

(1) In all cases involving a dispute over compensation benefits pursuant to, or costs, attorney fees or penalties related to, ORS 656.245, 656.247, ~~656.248,~~ 656.260, 656.327 or 656.340, where a claimant finally prevails after a proceeding has commenced, the Director of the Department of Consumer and Business Services, ~~or the Administrative Law Judge or the court~~ shall require the insurer or self-insured employer to pay a reasonable attorney fee to the claimant's attorney for all work performed at the level of the proceeding and for any other work performed on the claim prior to commencement of the proceeding. In such cases, where an attorney is instrumental in obtaining a settlement of the dispute prior to a decision by the director, ~~or an Administrative Law Judge or the court,~~ the director, ~~or Administrative Law Judge or court~~ shall require the insurer or self-insured employer to pay a reasonable attorney fee to the claimant's attorney. The attorney fee must be based on all work the claimant's attorney has done relative to the proceeding at all levels before the department and for any other work performed on the claim prior to commencement of the proceeding.

The attorney fee assessed under this section must be proportionate to the benefit to the injured worker. The director shall adopt rules for establishing the amount of the attorney fee, giving primary consideration to the results achieved and to the time devoted to the case. ~~An attorney fee awarded pursuant to this subsection may not exceed \$3,000 absent a showing of extraordinary circumstances. The maximum attorney fee awarded under this subsection shall be adjusted annually on July 1 by the same percentage increase as made to the average weekly wage defined in ORS 656.211, if any.~~

(2) If an insurer or self-insured employer refuses to pay compensation due under, or costs, attorney fees or penalties related to, ORS 656.245, 656.247, ~~656.248,~~ 656.260, 656.327 or 656.340 pursuant to an order of the director, an Administrative Law Judge or the court or otherwise unreasonably resists the payment of such compensation, or costs, attorney fees or penalties, the insurer or self-insured employer shall pay to the attorney of the claimant a reasonable attorney fee as provided in subsection (3) of this section. To the extent an employer has caused the insurer to be charged such fees, such employer may be charged with those fees.

(3) If a request for a contested case hearing, review on appeal or cross-appeal to the Court of Appeals or petition for review to the Supreme Court is initiated by an insurer or self-insured employer, and the director, Administrative Law Judge or court finds that the compensation awarded under ORS 656.245, 656.247, ~~656.248,~~ 656.260, 656.327 or 656.340 to a claimant should not be disallowed or reduced, the insurer or self-insured employer shall be required to pay to the attorney of the claimant a reasonable attorney fee in an amount set by the director, the Administrative Law Judge or the court for legal representation by an attorney for the claimant at the contested case hearing, review on appeal or cross-appeal.

(4) If upon reaching a final contested case decision where such contested case was initiated by an insurer or self-insured employer it is found that the insurer or self-insured employer initiated the contested case hearing for the purpose of delay or other vexatious reason or without reasonable ground, the director, ~~or Administrative Law Judge or court~~ may order the insurer or self-insured employer to pay to the claimant such penalty not exceeding \$750 and not less than \$100 as may be reasonable in the circumstances.

...

Section 7.

656.386 Recovery of attorney fees, expenses and costs in appeal on denied claim; attorney fees in other cases.

...

(3) If a claimant requests claim reclassification as provided in ORS 656.277 and the insurer or self-insured employer does not respond within 14 days of the request, or if the claimant, insurer or self-insured employer requests a hearing, review, appeal or cross-appeal to the Court of Appeals or petition for review to the Supreme Court and the Director of the Department of Consumer and Business Services, Administrative Law Judge, board or ~~the~~ court finally determines that the claim should be classified as disabling, the director, Administrative Law Judge, board or ~~the~~ court may shall assess a reasonable attorney fee.

(4) In cases involving a claim for penalties or costs, if the claimant prevails on the claim for any increase of costs or penalties, the Administrative Law Judge, board, Court of Appeals or Supreme Court shall award a reasonable assessed attorney fee to the claimant's attorney.

~~(4)~~ (5) In all other cases, attorney fees shall be paid from the increase in the claimant's compensation, if any, except as otherwise expressly provided in this chapter.

Section 8.

656.388 Approval of attorney fees required; lien for fees; fee schedule; report of legal service costs.

(1) No claim or payment for legal services by an attorney representing the worker or for any other services rendered before an Administrative Law Judge or the Workers' Compensation Board, as the case may be, in respect to any claim or award for

compensation to or on account of any person, shall be valid unless approved by the Administrative Law Judge or board, or if proceedings on appeal from the order of the board with respect to such claim or award are had before any court, unless approved by such court. In cases in which a claimant finally prevails after remand from the Supreme Court, Court of Appeals or board, then the Administrative Law Judge, board or appellate court shall approve or allow a reasonable attorney fee for services before every prior forum as authorized under ORS 656.307 (5), 656.308 (2), 656.382 or 656.386. ~~No attorney fees shall be approved or allowed for representation of the claimant before the managed care organization or Director of the Department of Consumer and Business Services except for representation at the contested case hearing.~~

...

(4) The board shall, after consultation with the Board of Governors of the Oregon State Bar, establish a schedule of fees for attorneys representing a worker and representing an insurer or self-insured employer, under this chapter. The board shall review all attorney fee schedules biennially for adjustment.

~~(5)~~ (5) In establishing attorney fees, the board shall consider, among other factors, the contingent nature of the practice, allowing the broadest access to attorneys by injured workers regardless of the amount at issue and the attorney fees earned by attorneys representing insurers and employers.

~~(6)~~ (6) The board shall approve no claim for legal services by an attorney representing a claimant to be paid by the claimant if fees have been awarded to the claimant or the attorney of the claimant in connection with the same proceeding under ORS 656.268.

~~(7)~~ (7) Insurers and self-insured employers shall make an annual report to the Director of the Department of Consumer and Business Services reporting attorney salaries and other costs of legal services incurred pursuant to this chapter. The report shall be in such form and shall contain such information as the director prescribes.

HB 2764 also includes the following clauses:

Section 9. Section 10 of this 2015 Act is added to and made a part of ORS chapter 656.

Section 10. The claimant's attorney shall be allowed a reasonable assessed attorney fee if:

(1) The claimant's attorney is instrumental in obtaining temporary disability compensation benefits pursuant to ORS 656.210, 656.212, 656.262, 656.268 or 656.325 prior to a decision by an Administrative Law Judge; or

(2) The claimant finally prevails in a dispute over temporary disability compensation benefits pursuant to ORS 656.210, 656.212, 656.262, 656.268 or 656.325 after a request for hearing has been filed.

Section 11. Section 10 of this 2015 Act and the amendments to ORS 656.012, 656.262, 656.277, 656.313, 656.382, 656.385, 656.386 and 656.388 by sections 1 to 8 of this 2015 Act apply to claims for which an order has not become final, regardless of the date on which the claim was filed.

Section 12. This 2015 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2015 Act takes effect on its passage.

Texas

HB 1094, in part, amends *section 408.183. Duration of Death Benefits* of the Texas Statutes as follows:

§ 408.183. Duration of Death Benefits

...

(b) An eligible spouse is entitled to receive death benefits for life or until remarriage. On remarriage, the eligible spouse is entitled to receive 104 weeks of death benefits, commuted as provided by commissioner rule.

(b-1) Notwithstanding Subsection (b), an eligible spouse who remarried is eligible for death benefits for life if the employee was a first responder, as defined by Section 504.055, who suffered death in the course and scope of employment or while providing services as a volunteer.

...

HB 1094 also includes the following clause:

The change in law made by this Act to Section 408.183, Labor Code, applies only to a claim for workers' compensation benefits based on a compensable injury that occurs on or after the effective date of this Act. A claim based on a compensable injury that occurs before that date is governed by the law as it existed on the date the compensable injury occurred, and the former law is continued in effect for that purpose.

HB 1170 adds new *section 12.1058. Applicability of Other Laws* to Subchapter D, Chapter 12, Education Code of the Texas Statutes as follows:

Sec. 12.1058. Applicability of Other Laws.

(a) An open-enrollment charter school is considered to be:

(1) a local government for purposes of Chapter 791, Government Code;

(2) a local government for purposes of Chapter 2259, Government Code, except that an open-enrollment charter school may not issue public securities as provided by Section 2259.031(b), Government Code; and

(3) a political subdivision for purposes of Chapter 172, Local Government Code.

(b) An open-enrollment charter school may elect to extend workers' compensation benefits to employees of the school through any method available to a political subdivision under Chapter 504, Labor Code. An open-enrollment charter school that elects to extend workers' compensation benefits as permitted under this subsection is considered to be a political subdivision for all purposes under

Chapter 504, Labor Code. An open-enrollment charter school that self-insures either individually or collectively under Chapter 504, Labor Code, is considered to be an insurance carrier for purposes of Subtitle A, Title 5, Labor Code.

HB 2466 adds new *section 411.1031. Safety Reimbursement Program* to the Texas Statutes as follows:

Sec. 411.1031. Safety Reimbursement Program.

(a) In this section:

(1) "Eligible employer" means an employer, other than this state or a political subdivision of this state subject to Subtitle C, that has workers' compensation insurance coverage and that:

(A) employed at least two but not more than 50 employees on each business day during the preceding calendar year; or

(B) is a type of employer designated as eligible to participate in the program by the commissioner.

(2) "Program" means the workers' compensation safety reimbursement program established under this section.

(b) The commissioner shall adopt rules establishing a safety reimbursement program designed to assist eligible employers in the creation of safe and healthy workplaces for employees of this state. The rules must include requirements for eligible employer applications and appropriate use of allocated funds.

(c) The program shall reimburse an eligible employer for expenses incurred by the employer to facilitate a safe and healthy workplace for employees of the employer. Reimbursement under this section to an eligible employer may not exceed \$5,000 per calendar year. Allowable expenses may include:

(1) physical modifications to the worksite;

(2) safety equipment, devices, and tools;

(3) safety training for employees; and

(4) other measures or equipment necessary to correct identified safety hazards and protect employees from unsafe working conditions.

(d) The commissioner by rule shall establish an optional preauthorization plan for eligible employers that participate in the program. The plan must require that an eligible employer submit to the division a proposal in compliance with division rules that describes the workplace modifications and other changes that the employer proposes to make to facilitate a safe and healthy workplace for employees of the employer.

(e) If the division approves an eligible employer's proposal submitted under Subsection (d), the division shall guarantee reimbursement of the expenses incurred by the employer in implementing the modifications and changes approved by the division unless the division determines that the modifications and changes differ materially from the employer's proposal. Reimbursement under this subsection is subject to the limit imposed under Subsection (c).

(f) From administrative penalties collected by the division, the commissioner shall annually deposit the first \$100,000 into the general revenue fund of the state treasury to the credit of the Texas Department of Insurance operating account for the purposes of funding the program. Money for the program may be spent by the division, on appropriation by the legislature, only for the purposes of implementing this section.

(g) An insurance company shall notify eligible employers of the availability of the program as provided by commissioner rule.

(h) Notwithstanding Subsections (a)–(g), this section may be implemented only to the extent funds are available.

(i) Not later than December 1, 2018, the commissioner shall report to the governor, the lieutenant governor, the speaker of the house of representatives, and the members of the legislature regarding:

(1) the implementation of the program;

(2) the results of the program; and

(3) recommendations regarding the continuation of the program, including any changes necessary to enhance the effectiveness of the program.

(j) This section expires September 1, 2019.

HB 2466 also includes the following language:

(a) As soon as practicable after the effective date of this Act, the commissioner of workers' compensation shall adopt rules necessary to implement the workers' compensation safety reimbursement program established under Section 411.1031, Labor Code, as added by this Act.

(b) The division of workers' compensation of the Texas Department of Insurance shall implement the workers' compensation safety reimbursement program established under Section 411.1031, Labor Code, as added by this Act, beginning January 1, 2016.

(c) An eligible employer may not receive reimbursement under Section 411.1031, Labor Code, as added by this Act, for costs incurred before January 1, 2016.

Contact Information

If you have any questions about the legislation or proposals mentioned, please contact the appropriate NCCI state relations executive (listed below) or a representative of your local insurance trade association.

State	State Relations Executive	Phone Number
CT, ME, NH, RI ,VT	Laura Backus Hall	802-454-1800
FL, IA	Chris Bailey	850-322-4047
AL, GA, KY, LA, MS	Cathy Booth	205-655-2699
AZ, CO, NM, NV, UT	Maggie Karpuk	818-707-8374
DC, MD, VA, WV	David Benedict	804-380-3005
AK, HI	Carolyn Pearl	808-524-6239
IN, NC, SC, TN	Amy Quinn	803-356-0851
AR, IL, KS, TX	Terri Robinson	501-333-2835
ID, MT, OR	Mike Taylor	503-892-1858
MO, NE, OK, SD	Carla Townsend	314-843-4001
Federal Issues	Tim Tucker	202-403-8526

This report is informational and is not intended to provide an interpretation of state and federal legislation.