



Legislative Activity Report

National Council on Compensation Insurance

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Regulatory Services

May 22, 2015

RLA-2015-20

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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 15, 2015.

Maryland

SB 135 was:

- Passed by the first chamber on February 26, 2015
- Included in NCCI's March 6, 2015 *Legislative Activity Report* (RLA-2015-09)
- Passed by the second chamber on April 2, 2015
- Included in NCCI's April 10, 2015 *Legislative Activity Report* (RLA-2015-14)
- Enacted on May 12, 2015, with an effective date of October 1, 2015

SB 135 amends *sections 9-503. Occupational disease—Presumption—Firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and police officers (Abrogation of amendment effective September 30, 2015.)* and *9-628. Compensation for less than 75 weeks* of the Annotated Code of Maryland to extend to all Anne Arundel County correctional officers an occupational disease presumption for heart disease or hypertension that is more severe than the individual's prior condition and that results in partial or total disability or death. The bill also alters the definition of "public safety employee" to include Anne Arundel County correctional officers, making these officers eligible for enhanced workers compensation benefits.

SB 331 was:

- Passed by the first chamber on March 24, 2015
- Included in NCCI's April 3, 2015 *Legislative Activity Report* (RLA-2015-13)
- Passed by the second chamber on April 13, 2015
- Included in NCCI's April 24, 2015 *Legislative Activity Report* (RLA-2015-16)
- Enacted on May 12, 2015 with an effective date of October 1, 2015

SB 331, in part, adds new *subsection 9-628(a)(9)* to the Labor and Employment Code of the Annotated Code of Maryland, related to permanent partial disability benefits, as follows:

§ 9-628. Compensation for less than 75 weeks.

(a) In this section, "public safety employee" means:

...

(9) a Baltimore County deputy sheriff, but only when the deputy sheriff sustains an accidental personal injury that arises out of and in the course and scope of performing duties directly related to:

(i) courthouse security;

(ii) prisoner transportation;

(iii) service of warrants;

(iv) personnel management; or

(v) other administrative duties.

...

BILLS PASSING SECOND CHAMBER

The following bills passed the second chamber within the one-week period ending May 15, 2015.

Illinois

SB 1571 was:

- Passed by the first chamber on April 15, 2015
- Included in NCCI's April 24, 2015 *Legislative Activity Report* (RLA-2015-16)
- Passed by the second chamber on May 15, 2015

SB 1571 amends *section 410 ILCS 130/40* of the Illinois Compiled Statutes Annotated as follows:

§ 410 ILCS 130/40. (Section scheduled to be repealed on January 1, 2018) Discrimination prohibited

Sec. 40. (a)(1) No school, employer, or landlord may refuse to enroll or lease to, or otherwise penalize, a person solely for his or her status as a registered qualifying patient or a registered designated caregiver, unless failing to do so would put the school, employer, or landlord in violation of federal law or unless failing to do so would cause it to lose a monetary or licensing-related benefit under federal law or rules. This does not prevent a landlord from prohibiting the smoking of cannabis on the premises.

(2) For the purposes of medical care, including organ transplants, a registered qualifying patient's authorized use of cannabis in accordance with this Act is considered the equivalent of the authorized use of any other medication used at the direction of a physician, and may not constitute the use of an illicit substance or otherwise disqualify a qualifying patient from needed medical care.

(b) A person otherwise entitled to custody of or visitation or parenting time with a minor may not be denied that right, and there is no presumption of neglect or child endangerment, for conduct allowed under this Act, unless the person's actions in relation to cannabis were such that they created an unreasonable danger to the safety of the minor as established by clear and convincing evidence.

(c) No school, landlord, or employer may be penalized or denied any benefit under State law for enrolling, leasing to, or employing a cardholder.

(d) Nothing in this Act may be construed to require a government medical assistance program, employer, property and casualty insurer, or private health insurer to reimburse a person for costs associated with the medical use of cannabis.

(e) Nothing in this Act may be construed to require any person or establishment in lawful possession of property to allow a guest, client, customer, or visitor who is a registered qualifying patient to use cannabis on or in that property.

Oklahoma

SB 767 was:

- Passed by the first chamber on March 11, 2015
- Included in NCCI's March 20, 2015 *Legislative Activity Report* (RLA-2015-11)
- Passed by the second chamber on April 22, 2015

SB 767 amends various sections of *Title 85A* of the Oklahoma Statutes including, but not limited to, the following:

§ 6. Fraud

A. 1. a. Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of:

(1) obtaining any benefit or payment,

(2) increasing any claim for benefit or payment, or

(3) obtaining workers' compensation coverage under this act, shall be guilty of a felony punishable pursuant to Section 1663 of Title 21 of the Oklahoma Statutes.

...

4. c. (1) Upon application by the ~~commissioner~~ Commission or the Director of the Unit, the district court located in the county where a subpoena was served may issue an order compelling an individual to comply with the subpoena to testify.

...

6. a. Every carrier or employer who has reason to suspect that a violation of division (1) of subparagraph a of paragraph 1 of subsection A of this section has occurred shall be required to report all pertinent matters to the ~~unit~~ Unit.

...

K. Any person or entity who, in good faith and exercising due care, reports suspected workers' compensation fraud or insurance fraud, or who allows access to medical records or other information pertaining to suspected workers' compensation or insurance fraud by persons authorized to investigate a report concerning the workers' compensation and insurance fraud, shall have immunity from any civil or criminal liability for such report or access. Any such person or entity shall have the same immunity with respect to participation in any judicial proceeding resulting from such reports. For purposes of any civil or criminal proceeding there shall be a presumption of good faith of any person making a report, providing medical records or providing information pertaining to a workers' compensation or insurance fraud investigation by the Attorney General, and participating in a judicial proceeding resulting from a subpoena or a report.

§ 40. Failure to secure compensation—Summary hearing—Penalties

...
B. 4. Hearings under this section shall be procedurally conducted as provided in Sections 69 through 78 of this ~~aet~~ title. In lieu of a hearing, the Commission may utilize informal disposition in any individual proceeding under this section by consent agreement.
...

§ 45. Temporary total disability—Temporary partial disability—Permanent partial disability—Permanent total disability
...

B. Temporary Partial Disability.

1. If the injured employee is temporarily unable to perform his or her job, but may perform alternative work offered by the employer, he or she shall be entitled to receive compensation equal to the greater of seventy percent (70%) of the difference between the injured employee's average weekly wage before the injury and his or her weekly wage for performing alternative work after the injury, but only if his or her weekly wage for performing the alternative work is less than the temporary total disability rate. The injured employee's actual earnings plus temporary total disability shall not exceed the temporary total disability rate.
...

C. Permanent Partial Disability.
...

5. b. If, for any reason other than misconduct as defined in Section 2 of this ~~aet~~ title, the employer terminates the employee or the position offered is not the pre-injury or equivalent job, the remaining permanent partial disability award shall be paid in a lump sum. If the employee is discharged for misconduct, the employer shall have the burden to prove that the employee engaged in misconduct.
...

e. Assessments pursuant to Sections 31, 98, ~~442 205~~ and ~~465 122~~ of this ~~aet~~ title shall be calculated based upon the amount of the permanent partial disability award and shall be paid at the time of the deferral.
...

9. The permanent partial disability rate of compensation for amputation or permanent total loss of use of a scheduled member specified in Section 46 of this ~~aet~~ title shall be seventy percent (70%) of the employee's average weekly wage, not to exceed Three Hundred Twenty-three Dollars (\$323.00), multiplied by the number of weeks set forth for the member in Section 46 of this ~~aet~~ title, regardless of whether the injured employee is able to return to his or her pre-injury or equivalent job.
...

§ 63. Reports

A. Within ten (10) days after the date of receipt of notice or of knowledge of injury that results in absence from work for more than three (3) days or death, the employer shall send to the Commission a report setting forth:
...

G. Hearings conducted under this section shall proceed as provided in Sections 69 through 78 of this ~~aet~~ title.
...

§ 65. Occupational disease
...

D. 2. No compensation shall be payable for any contagious or infectious disease unless contracted in the course and scope of employment ~~in or immediately connected with a hospital or sanatorium in which persons suffering from that disease are cared for or treated.~~
...

F. 1. An employer shall not be liable for any compensation for an occupational disease unless:

a. the disease is due to the nature of an employment in which the hazards of the disease actually exist and ~~are characteristic thereof and peculiar to the trade, occupation, process, or employment and~~ is actually incurred in the course and scope of his or her employment. This includes any disease due to or attributable to exposure to or contact with any radioactive material by an employee in the course and scope of his or her employment,
...

§ 82. Claims for legal service
...

A. 1. c. A "controverted claim" means that there has been a contested hearing before the Commission over whether there has been a compensable injury or whether the employee is entitled to temporary total disability, temporary partial disability, permanent partial disability, permanent total disability, or death compensation. A request for a change in physician shall not trigger a controverted claim for purposes of recovering any attorney fees except the fees under division 3 of subparagraph b of this paragraph. A controverted claim shall not exist if the employee or his or her representative has withheld pertinent information in his or her possession related to the claim from the employer or has violated the provisions of Section 6 of this ~~aet~~ title.
...

§ 202. Voluntary election—Qualified employer status
...

2. Has established a written benefit plan as described in Section 110 203 of this ~~act~~ title.

B. An employer that has elected to become a qualified employer by satisfying the requirements of this section shall notify the Insurance Commissioner in writing of the election and the date that the election is to become effective, which may not be sooner than the date that the qualified employer satisfies the employee notice requirements in this section. Such qualified employer shall pay to the Commissioner an annual nonrefundable fee of ~~One Thousand Five Hundred Dollars (\$1,500.00)~~ One Thousand Dollars (\$1,000.00) on the date of filing written notice and every year thereafter.

...

§ 211. Denial of claim—Appeal rights

...

B. The benefit plan shall provide the following minimum appeal rights:

...

6. The Commission ~~shall rely on the record established by the internal appeal process and use an objective standard of review that is not arbitrary or capricious sitting en banc may reverse or modify the decision only if it determines the decision was against the clear weight of the evidence or contrary to law. The Commission, as a body, shall act as the court of competent jurisdiction under 29 U.S.C.A. Section 1132(e)(1), and shall possess adjudicative authority to render decisions in individual proceedings by a claimant to recover benefits due to the claimant under the terms of the claimant's plan, to enforce the claimant's rights under the terms of the plan, or to clarify the claimant's rights to future benefits under the terms of the plan.~~ Any award by the administrative law judge or Commission ~~en banc~~ shall be limited to benefits payable under the terms of the benefit plan and, to the extent provided herein, attorney fees and costs; and

...

Oregon

SB 371 was:

- Passed by the first chamber on March 24, 2015
- Included in NCCI's April 3, 2015 *Legislative Activity Report* (RLA-2015-13)
- Passed by the second chamber on May 13, 2015

SB 371 amends *sections 656.268* and *656.218* of the Oregon Revised Statutes, in part, as follows:

656.268 Claim closure; termination of temporary total disability benefits; reconsideration of closure; medical arbiter to make findings of impairment for reconsideration; credit or offset for fraudulently obtained or overpaid benefits; rules.

...

(5)(b) The insurer or self-insured employer shall issue a notice of closure of ~~such a~~ the claim to the worker, to the worker's attorney if the worker is represented, and to the director. If the worker is deceased at the time the notice of closure is issued, the insurer or self-insured employer shall mail the worker's copy of the notice of closure, addressed to the estate of the worker, to the worker's last known address and may mail copies of the notice of closure to any known or potential beneficiaries to the estate of the deceased worker.

(c) The notice of closure must inform:

(A) The parties, in boldfaced type, of the proper manner in which to proceed if they are dissatisfied with the terms of the notice of closure;

(B) The worker of;

(i) The amount of any further compensation, including permanent disability compensation to be awarded;

(ii) ~~of~~ The duration of temporary total or temporary partial disability compensation;

(iii) ~~of~~ The right of the worker or beneficiaries of the worker who were mailed a copy of the notice of closure under paragraph (b) of this subsection to request reconsideration by the director under this section within 60 days of the date of the notice of ~~claim~~ closure;

(iv) The right of beneficiaries who were not mailed a copy of the notice of closure under paragraph (b) of this subsection to request reconsideration by the director under this section within one year of the date the notice of closure was mailed to the estate of the worker under paragraph (b) of this subsection;

(v) ~~of~~ The right of the insurer or self-insured employer to request reconsideration by the director under this section within seven days of the date of the notice of ~~claim~~ closure;

(vi) ~~of~~ The aggravation rights; and

(vii) ~~of such~~ Any other information as the director may require; and (C) Any beneficiaries of death benefits to which they may be entitled pursuant to ORS 656.204 and 656.208.

(~~b~~) (d) If the insurer or self-insured employer has not issued a notice of closure, the worker may request closure. Within 10 days of receipt of a written request from the worker, the insurer or self-insured employer shall issue a notice of closure if the requirements of this section have been met or a notice of refusal to close if the requirements of this section have not been met. A notice of refusal to close shall advise the worker of;

(A) The decision not to close; ~~of~~

(B) The right of the worker to request a hearing pursuant to ORS 656.283 within 60 days of the date of the notice of refusal to close ~~the claim;~~

(C) ~~of~~ The right to be represented by an attorney; and

~~(D) of such~~ Any other information as the director may require.

~~(e)~~ (e) If a worker, a worker's beneficiary, an insurer or a self-insured employer objects to the notice of closure, the objecting party first must request reconsideration by the director under this section. A worker's request for reconsideration must be made within 60 days of the date of the notice of closure. If the worker is deceased at the time the notice of closure is issued, a request for reconsideration by a beneficiary of the worker who was mailed a copy of the notice of closure under paragraph (b) of this subsection must be made within 60 days of the date of the notice of closure. A request for reconsideration by a beneficiary to the estate of a deceased worker who was not mailed a copy of the notice of closure under paragraph (b) of this subsection must be made within one year of the date the notice of closure was mailed to the estate of the worker under paragraph (b) of this subsection. A request for reconsideration by an insurer or self-insured employer may be based only on disagreement with the findings used to rate impairment and must be made within seven days of the date of the notice of closure.

...

(6)(a) Notwithstanding any other provision of law, only one reconsideration proceeding may be held on each notice of closure. At the reconsideration proceeding:

(A) A deposition arranged by the worker, limited to the testimony and cross-examination of the worker about the worker's condition at the time of claim closure, shall become part of the reconsideration record. The deposition must be conducted subject to the opportunity for cross-examination by the insurer or self-insured employer and in accordance with rules adopted by the director. The cost of the court reporter, interpreter services, if necessary, and one original of the transcript of the deposition for the Department of Consumer and Business Services and one copy of the transcript of the deposition for each party shall be paid by the insurer or self-insured employer. The reconsideration proceeding may not be postponed to receive a deposition taken under this subparagraph. A deposition taken in accordance with this subparagraph may be received as evidence at a hearing even if the deposition is not prepared in time for use in the reconsideration proceeding.

...

(e) The period for completing the reconsideration proceeding described in paragraph (d) of this subsection begins upon receipt by the director of a worker's or a beneficiary's request for reconsideration pursuant to subsection ~~(5)(e)~~ (5)(e) of this section. If the insurer or self-insured employer requests reconsideration, the period for reconsideration begins upon the earlier of the date of the request for reconsideration by the worker; or beneficiary, the date of receipt of a waiver from the worker or beneficiary of the right to request reconsideration or the date of expiration of the right of the worker or beneficiary to request reconsideration. If a party elects not to file a separate request for reconsideration, the party does not waive the right to fully participate in the reconsideration proceeding, including the right to proceed with the reconsideration if the initiating party withdraws the request for reconsideration.

...

656.218 Continuance of permanent partial disability payments to survivors; effect of death prior to final claim disposition.

...

(3) If the worker has filed a request for a hearing pursuant to ORS 656.283 or a request for reconsideration pursuant to ORS 656.268 and death occurs prior to the final disposition of the request, the persons described in subsection (5) of this section shall be entitled to pursue the matter to final determination of all issues presented by the request ~~for hearing.~~

(4) If the worker dies before filing a request for hearing or a request for reconsideration, the persons described in subsection (5) of this section shall be entitled to file a request for hearing or a request for reconsideration and to pursue the matter to final determination as to all issues presented by the request ~~for hearing.~~

...

BILLS PASSING FIRST CHAMBER

The following bills passed the first chamber within the one-week period ending May 15, 2015.

Connecticut

HB 6868, in part, amends various sections of the Connecticut General Statutes governing the Connecticut Insurance Guaranty Association (CIGA) to:

- Expand the claims CIGA must cover to include claims from policies that an insurer, who subsequently becomes insolvent, acquired through a merger or acquisition. Covered claims are those that the insurer assumed as a direct obligation by one of the following:
 - By acquiring another insurer's assets and assuming its liabilities
 - Through an assumption reinsurance transaction (i.e., where one insurer assumes liability for another insurer's obligations)
- Specify that the residence of claimants or insureds other than individuals (e.g., businesses) is the state where their principal place of business is located at the time of the insured event.
- Change the point at which CIGA payments are triggered from a determination of insolvency to a final order of liquidation.
- Specify that CIGA is not responsible for:
 - Claims arising from policies originally issued by a surplus lines carrier or risk retention group (i.e., a type of captive insurer or self-insured group organized under state and federal laws)
 - Obligations assumed by an insolvent insurer after a delinquency proceeding starts, unless the claim would have been covered regardless of the insolvent insurer assuming it
 - Obligations assumed by an insolvent insurer in a transaction in which the original insurer remains separately liable

Louisiana

HB 393 amends *section 23:1196.1. Investments* of the Louisiana Revised Statutes, relegated to group self-insurance funds for workers compensation, as follows:

§ 23:1196.1. Investments

...

B. Amounts not needed for current obligations may be invested by the board of trustees as provided in this Section, and not otherwise, in any or all of the following:

...

(4) Obligations of the state of Louisiana or its subdivisions having a minimum rating of "A" by Moody's, Standard & Poor's, or Fitch. No more than five percent of the fund's assets may be invested in any one issue nor can this type of investment exceed fifteen percent of the fund's assets in aggregate.

(5) Obligations of any state or its subdivisions having a minimum rating of "A" by Moody's, Standard & Poor's, or Fitch. No more than five percent of the fund's assets may be invested in any one issue nor can this type of investment exceed fifteen percent of the fund's assets in aggregate.

(6) Commercial mortgage-backed securities with purchases having a minimum rating of "AAA" by Moody's, Standard & Poor's, or Fitch. No more than two percent of the fund's assets may be invested in one issue, nor can this type of investment exceed ten percent of the fund's assets in aggregate.

(7) Asset-backed securities with purchases having a minimum rating of "AA" by Moody's, Standard & Poor's, or Fitch. No more than five percent of the fund's assets may be invested in one issue, nor can this type of investment exceed ten percent of the fund's assets in aggregate.

(8) Repurchase agreements, without limitation, when the collateral for the agreement is a direct obligation of the United States government, provided that the repurchase agreement shall:

(a) Be in writing.

(b) Have a specific maturity date.

(c) Adequately identify each security to which the agreement applies.

(d) State that in the event of default by the party agreeing to repurchase the securities described in the agreement at the term contained in the agreement, title to the described securities shall pass immediately to the fund without recourse.

~~(6)~~ (9) Corporate bonds, subject to the following limitations:

(a) The bonds must have a minimum rating of "A" ~~"A"~~ "BBB" by Moody's, Standard & Poor's, or Fitch.

(b) Except as provided in Subparagraph ~~(6)~~(4) (d) of this Paragraph, not more than five percent of a fund's assets may be invested in corporate bonds of any one issue or issuer.

(c) Except as provided in Subparagraph ~~(6)~~(4) (d) of this Paragraph, not more than fifty percent of a fund's assets may be invested in corporate bonds of all types.

(d) The five percent and fifty percent limitations specified in Subparagraphs ~~(6)~~(b) and (e) (b) and (c) of this Paragraph, respectively, may be exceeded up to an additional ten percent of a fund's assets in the event, and only in the event, of financial circumstances acceptable to the Department of Insurance, such as an increase in market value after initial purchase of a corporate bond, provided that:

~~(4)~~ (i) The initial purchase of corporate bonds was within the limitations specified in Subparagraphs ~~(6)~~(b) and (e); and (b) and (c) of this Paragraph.

(ii) For the purpose of determining the financial condition of a fund, the Louisiana Department of Insurance will not include as assets of a fund corporate bonds which exceed fifty percent of a fund's total assets.

(10) Mutual or trust fund institutions which are registered with the Securities and Exchange Commission under the Securities Act of 1933 and the Investment Act of 1940, and which have underlying investments consisting solely of and limited to securities approved for investment as set forth in this Subsection. This type of investment shall not exceed fifty percent of the fund's assets in aggregate.

(11)(a) Equities subject to the following limitations:

(i) The equity sector shall not exceed fifteen percent of the overall investment fund.

(ii) A minimum of five different issues shall be held in the equity sector to provide for diversification.

(iii) No single issue may represent more than five percent, at cost, of the overall investment fund.

(iv) Market capitalization of each issue shall be at least one billion dollars.

(v) Each eligible issue shall be paying a cash dividend.

(vi) Equity holdings shall be restricted to high quality, readily marketable securities corporations that are domiciled in the United States and that are actively traded on the major United States exchanges including the New York Stock Exchange and the National Association of Securities Dealers Automated Quotation Stock Market, LLC (NASDAQ).

(b) Foreign domiciled corporations are eligible if they trade American Depository Receipts on the major United States exchanges.

(c) In lieu of individual securities, a mutual fund or exchange traded fund which pays a dividend and consists of securities which have an average market capitalization of at least one billion dollars shall be acceptable. The same general quality constraints shall be met and the aggregate total of the funds, plus any individual securities, may not exceed fifteen percent of the overall investment fund.

...

SB 107 amends *section 1378. Determination of liability of fund* of the Louisiana Revised Statutes relative to the Second Injury Fund. Present law provides a reimbursement schedule which, for second injuries occurring between July 1, 2010, and July 1, 2015,

excludes the first 104 weeks of indemnity benefits and the first \$25,000 of medical benefits from reimbursement. **SB 107** eliminates the end date (July 1, 2015) contained in that section of the reimbursement schedule.

Maine

LD 125 amends **39-A MRSA, §328-B. Cancer suffered by a firefighter** of the Maine Revised Statutes as follows:

§328-B. Cancer suffered by a firefighter

...

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

...

B. “Employed” means to be employed as an active duty firefighter or by the Office of the State Fire Marshal or to be an active member of a volunteer fire association with no compensation other than injury and death benefits.

C. “Firefighter” means a member of a municipal fire department or volunteer fire association whose duties include the extinguishment of fires or an investigator or sergeant in the Office of the State Fire Marshal.

2. Presumption. If a firefighter who contracts cancer has met the requirements of subsections 3, 6 and 7, there is a rebuttable presumption that the firefighter contracted the cancer in the course of employment as a firefighter and as a result of that employment, that sufficient notice of the cancer has been given and that the disease was not occasioned by any willful act of the firefighter to cause the disease

....

6. Length of service. In order to qualify for the presumption under subsection 2, the firefighter must have been employed as a firefighter for 5 years and, except for an investigator or sergeant in the Office of the State Fire Marshal, regularly responded to firefighting or emergency calls.

...

Texas

HB 1390 adds new *section 451.004. Waiver Of Immunity For State And Local Governmental Entities.* to the Texas Statutes to:

- Allow a public employee who alleged a violation of discrimination related to a workers compensation claim to sue the state or local governmental entity for relief. The bill would waive and abolish sovereign and governmental immunity to the extent of liability for the relief allowed, which is defined as reasonable damages under Labor Code, sec. 451.002.
- Specify that the amount of damages awarded would be subject to limitations defined in Civil Practice Code, ch. 101.023, and would specify that a public employee could not recover exemplary damages.
- Take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2015, and would apply only to a cause of action filed or pending on or after that date, regardless of when the cause of action accrued.

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

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