



Legislative Activity Report

National Council on Compensation Insurance

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

Regulatory Services

July 17, 2015

RLA-2015-28

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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 July 10, 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
- Included in NCCI's May 22, 2015 *Legislative Activity Report* (RLA-2015-20)
- Enacted on July 10, 2015, with an effective date of January 1, 2016

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 (Section scheduled to be repealed on January 1, 2018) Discrimination prohibited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.

New Hampshire

SB 133 was:

- Passed by the first chamber on March 12, 2015
- Included in NCCI's March 20, 2015 *Legislative Activity Report* (RLA-2015-11)
- Amended and passed by the second chamber on June 3, 2015
- Included in NCCI's June 12, 2015 *Legislative Activity Report* (RLA-2015-23)

- Enacted on July 6, 2015, with an effective date of September 4, 2015

SB 133 amends *sections 281-A:24 Payment for Reasonable Value of Services.* and *420-G:11-a Development of a Comprehensive Health Care Information System.* of the New Hampshire Statutes as follows:

281-A:24 Payment for Reasonable Value of Services.

~~I. The employer or the employer's insurance carrier shall pay the full amount of the health care provider's bill unless the employer or employer's insurance carrier can show just cause as to why the total amount should not be paid. Effort shall be made to resolve any dispute as to the reasonable value of service prior to applying to the commissioner for resolution of such a dispute. Whenever an injured employee receives medical and hospital service or other remedial care under the provisions of this chapter and a dispute arises between the employer and the person, firm, or corporation rendering such service or care as to the reasonable value of the service or care, the commissioner shall have exclusive jurisdiction to determine the reasonable value of such service or care. Following the commissioner's determination, any interested party may petition for a hearing and all interested parties shall be entitled to notice and hearing if it is determined that all reasonable efforts to resolve the dispute have failed. The commissioner or the commissioner's authorized representative shall make a finding as to the reasonable value of such services or care rendered, and such findings shall be final.~~

~~II. If the commissioner finds that a health care provider, health care facility, or rehabilitation provider has required unnecessary treatment, hospitalization, rehabilitation services or office visits, or other excessive charges, the health care provider, health care facility, or rehabilitation provider shall not receive payment under this chapter from a carrier, employer, or employee for the excessive fees or unnecessary treatment, hospitalization, rehabilitation services, or visits. In addition, the health care provider, health care facility, or rehabilitation provider shall be required to return to the carrier, self insurer, employer or injured employee any such fees or charges already collected.~~

~~III, IV. [Repealed.]~~

~~V. The commissioner shall assess a civil penalty not to exceed \$2,500 for violations of this section which are willful or which demonstrate a pattern of improperly charging or overcharging employers or workers' compensation insurers.~~

I.(a) The employer or the employer's insurance carrier shall pay the reasonable value of medical services provided under this chapter.

(b) The health care provider shall have the burden of establishing that its bill for services is reasonable.

(c) Effort shall be made to resolve any dispute as to the reasonable value of service prior to applying to the commissioner for resolution of such a dispute.

(d) Whenever an injured employee receives medical or hospital service or other remedial care under the provisions of this chapter and a dispute arises between the employer or the employer's insurance carrier and the person, firm, or corporation rendering such service or care as to the reasonable value of the service or care, the commissioner shall have exclusive jurisdiction to determine the reasonable value of such service or care. Any interested party may petition for a hearing and all interested parties shall be entitled to notice and hearing if it is determined that all reasonable efforts to resolve the dispute have failed.

(e) The commissioner or the commissioner's authorized representative shall make a finding as to the reasonable value of such services or care rendered.

(f) Any party in interest aggrieved by such a finding may appeal to the compensation appeals board under RSA 281-A:43.

420-G:11-a Development of a Comprehensive Health Care Information System.

I. The department and the department of health and human services shall enter into a memorandum of understanding for collaboration in the development of a comprehensive health care information system. The memorandum of understanding shall include a description of the data sets that will be included in the comprehensive health care information system, the criteria and procedures for the development of limited use data sets, the criteria and procedures to ensure that Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant limited use data sets are accessible, and a proposed time frame for the creation of a comprehensive health care information system. To the extent allowed by HIPAA, the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices. In presenting data for public access, comparative considerations shall be made regarding geography, demographics, general economic factors, and institutional size. Notwithstanding HIPAA or any other provision of law, the comprehensive health care information system shall not include or disclose any data that contains direct personal identifiers. For the purposes of this section, "direct personal identifiers" include information relating to an individual that contains primary or obvious identifiers, such as the individual's name, street address, e-mail address, telephone number, and social security number.

II. The commissioner of the department of health and human services, with the approval of the commissioner of the insurance department, shall adopt rules, under RSA 541-A, as may be necessary to provide for the release of claims data from the comprehensive health care information system (CHIS).

III. The department shall make available to the public a public use data set for purposes of facilitating transparency in health care costs.

SB 133 also adds new *section 412:37-b Advisory Organizations; Required Activity.* as follows:

412:37-b Advisory Organizations; Required Activity.

The commissioner shall consult with workers' compensation advisory organizations, workers' compensation carriers, and third party

administrators or self-insureds regarding the most effective options for including workers' compensation medical claims data in the New Hampshire comprehensive health information system, as defined under RSA 420-G:11-a. The commissioner shall make a report with recommendations on options for including workers' compensation medical claims data in the New Hampshire comprehensive health information system on or before December 1, 2015 to the speaker of the house of representatives, the president of the senate, the governor, and the chairpersons of the house and senate committees having jurisdiction over health and human services.

BILLS PASSING SECOND CHAMBER

There were no bills that passed the second chamber within the one-week period ending July 10, 2015.

BILLS PASSING FIRST CHAMBER

There were no bills that passed the first chamber within the one-week period ending July 10, 2015.

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
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MO, NE, OK, SD	Carla Townsend	314-843-4001
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This report is informational and is not intended to provide an interpretation of state and federal legislation.