Legislative Activity Report

National Council on Compensation Insurance

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LEGISLATIVE ACTIVITY—LEGISLATIVE SESSION UPDATES

This report contains descriptions and/or excerpts of relevant bills that passed the first chamber, passed the second chamber, or were 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 workers compensation-related bills were enacted within the one-week period ending April 1, 2016.

Florida

SB 828 was:

- Passed by the first chamber on February 23, 2016
- Included in NCCI's March 4, 2016 ***Legislative Activity Report*** (RLA-2016-08)
- Passed by the second chamber on March 8, 2016
- Included in NCCI's March 18, 2016 ***Legislative Activity Report*** (RLA-2016-10)
- Enacted on April 1, 2016, with an effective date of July 1, 2016

SB 828 amends ***section 631.914 Assessments*** of the Florida Statutes as follows:

631.914 Assessments

(1)(a) To the extent necessary to secure the funds for the payment of covered claims, and also to pay the reasonable costs to administer the same, the Office of Insurance Regulation ~~department~~, upon certification by the board, shall levy assessments on each insurer initially estimated in the proportion that the insurer's net direct written premiums in this state bears to the total of said net direct written premiums received in this state by all such workers' compensation insurers for the preceding calendar year. Assessments levied against insurers and self-insurance funds pursuant to this paragraph must be computed and levied on the basis of the full policy premium value on the net direct written premium amount as set forth in the state for workers' compensation insurance without consideration of any applicable discount or credit for deductibles. Insurers and self-insurance funds must report premiums in compliance with this paragraph. Assessments shall be remitted to and administered by the board of directors in the manner specified by the approved plan of operation and paragraph (d). ~~The board shall give each insurer so assessed at least 30 days' written notice of the date the assessment is due and payable.~~ Each assessment shall be a uniform percentage applicable to the net direct written premiums of each insurer writing workers' compensation insurance.

~~1. Beginning July 1, 1997,~~ Assessments levied against insurers and ~~, other than~~ self-insurance funds~~,~~ shall not exceed in any calendar year more than 2 percent of that insurer's net direct written premiums in this state for workers' compensation insurance ~~during the calendar year next preceding the date of such assessments~~.

(b) Member insurers shall collect surcharges at a uniform percentage rate on new and renewal policies issued and effective during the period of 12 months beginning on January 1, April 1, July 1, or October 1, whichever is the first day of the following calendar quarter as specified in an order issued by the office directing insurers to pay an assessment to the association. The surcharge may not begin until 90 days after the board of directors certifies the assessment.

~~2. Beginning July 1, 1997, assessments levied against self-insurance funds shall not exceed in any calendar year more than 1.50 percent of that self-insurance fund's net direct written premiums in this state for workers' compensation insurance during the calendar year next preceding the date of such assessments.~~

~~3. Beginning July 1, 2003, assessments levied against insurers and self-insurance funds pursuant to this paragraph are computed and levied on the basis of the full policy premium value on the net direct premiums written in the state for workers' compensation insurance during the calendar year next preceding the date of the assessment without taking into account any applicable discount or~~

~~credit for deductibles. Insurers and self-insurance funds must report premiums in compliance with this subparagraph.~~
~~(b) Assessments shall be included as an appropriate factor in the making of rates.~~
(c)~~1. Effective July 1, 1999,~~ If assessments otherwise authorized in paragraph (a) are insufficient to make all payments on reimbursements then owing to claimants in a calendar year, then upon certification by the board, the office ~~department~~ shall levy additional assessments of up to 1.5 percent of the insurer's net direct written premiums in this state ~~during the calendar year next preceding the date of such assessments against insurers to secure the necessary funds~~.
(d) The association may use an installment method to require the insurer to remit the assessment as premium is written or may require the insurer to remit the assessment to the association before collecting the policyholder surcharge. If the assessment is remitted before the surcharge is collected, the assessment remitted must be based on an estimate of the assessment due based on the proportion of each insurer's net direct written premium in this state for the preceding calendar year as described in paragraph (a) and adjusted following the end of the 12-month period during which the assessment is levied.
1. If the association elects to use the installment method, the office may, in the order levying the assessment on insurers, specify that the assessment is due and payable quarterly as premium is written throughout the assessment year. Insurers shall collect surcharges at a uniform percentage rate specified by order as described in paragraph (b). Insurers are not required to advance funds if the association and the office elect to use the installment option. Assessments levied under this subparagraph are paid after policy surcharges are collected, and the recognition of assets is based on actual premium written offset by the obligation to the association.
2. If the association elects to require insurers to remit the assessment before surcharging the policyholder, the following shall apply:
a. The levy order shall provide each insurer so assessed at least 30 days written notice of the date the initial assessment payment is due and payable by the insurer.
b. Insurers shall collect surcharges at a uniform percentage rate specified by the order, as described in paragraph (b).
c. Assessments levied under this subparagraph are paid before policy surcharges are billed and result in a receivable for policy surcharges to be billed in the future. The amount of billed surcharges, to the extent it is likely that it will be realized, meets the definition of an admissible asset as specified in the National Association of Insurance Commissioners' Statement of Statutory Accounting Principles No. 4. The asset shall be established and recorded separately from the liability. If an insurer is unable to fully recoup the amount of the assessment, the amount recorded as an asset shall be reduced to the amount reasonably expected to be recouped.
3. Insurers must submit a reconciliation report to the association within 120 days after the end of the 12-month assessment period and annually thereafter for a period of three years. The report must indicate the amount of the initial payment or installment payments made to the association and the amount of written premium pursuant to paragraph (a) for the assessment year. If the insurer's reconciled assessment obligation is more than the amount paid to the association, the insurer shall pay the excess surcharges collected to the association. If the insurer's reconciled assessment obligation is less than the initial amount paid to the association, the association shall return the overpayment to the insurer.
(2) Assessments levied under this section are not premium and are not subject to any premium tax, fees, or commissions. Insurers shall treat the failure of an insured to pay assessment-related surcharges as a failure to pay premium. An insurer is not liable for any uncollectible assessment-related surcharges.
(3) Assessments levied under this section may be levied only upon insurers. This section does not create a cause of action by a policyholder with respect to the levying of an assessment or a policyholder's duty to pay assessment-related surcharges.
~~2. To assure that insurers paying assessments levied under this paragraph continue to charge rates that are neither inadequate nor excessive, each insurer that is to be assessed pursuant to this paragraph, or a licensed rating organization to which the insurer subscribes, may make, within 90 days after being notified of such assessments, a rate filing for workers' compensation coverage pursuant to ss. 627.072 and 627.091. If the filing reflects a percentage rate change equal to the difference between the rate of such assessment and the rate of the previous year's assessment under this paragraph, the filing shall consist of a certification so stating and shall be deemed approved when made. Any rate change of a different percentage shall be subject to the standards and procedures of ss. 627.072 and 627.091.~~
(4) ~~(2)~~(a) The board may exempt any insurer from an assessment if, in the opinion of the office ~~department~~, an assessment would result in such insurer's financial statement reflecting an amount of capital or surplus less than the minimum amount required by any jurisdiction in which the insurer is authorized to transact insurance.
(b) The board may temporarily defer, in whole or in part, assessments against an insurer if, in the opinion of the office ~~department~~, payment of the assessment would endanger the ability of the insurer to fulfill its contractual obligations. In the case of a self-insurance fund, the trustees of the fund determined to be endangered must immediately levy an assessment upon the members of that self-insurance fund in an amount sufficient to pay the assessments to the corporation.
(c) The board may allow an insurer to pay an assessment on a quarterly basis.

Idaho

HB 501 was:

- Passed by the first chamber on March 2, 2016
- Included in NCCI's March 11, 2016 ***Legislative Activity Report*** (RLA-2016-09)
- Passed by the second chamber on March 16, 2016
- Included in NCCI's March 25, 2016 ***Legislative Activity Report*** (RLA-2016-11)
- Enacted and effective on March 30, 2016

HB 501 amends ***section 72-301. Security for payment of compensation*** of the Idaho Code as follows:
§ 72-301. Security for payment of compensation
…
(2) No insurer shall be permitted to transact worker's compensation insurance covering the liability of employers under this law unless it shall have been authorized to do business under the laws of this state and until it shall have received the approval of the commission. To the end that the workers secured under this law shall be adequately protected, the commission shall require such insurer to deposit and maintain in a custodial account with the state treasurer money or acceptable security instruments ~~of the United States~~ in an amount equal to the total amounts of all outstanding and unpaid compensation awards against such insurer. Acceptable security instruments are bonds, treasury bills, interest-bearing notes or other obligations of the United States for which the full faith and credit of the United States is pledged for the payment of principal and interest. Acceptable security instruments also include municipal bonds issued by the state of Idaho, its subdivisions, counties, cities, towns, villages and school districts. The insurer shall have the responsibility to monitor the ratings for its bonds. Bonds held by worker's compensation insurers in support of insurance obligations must have been assigned a credit rating grade not less than "single A minus" by one (1) or more credit rating providers registered with the United States securities and exchange commission as a nationally recognized statistical rating organization (NRSRO) . If the credit rating assigned to the bond by the NRSRO is downgraded below "single A minus," the worker's compensation insurer shall within thirty (30) days of the downgrade replace the bond with one (1) that meets the credit quality requirement specified in this section. In lieu of such money or security instruments, the commission may allow or require such insurer to file or maintain with the state treasurer a surety bond of some company or companies authorized to do business in this state for and in the amounts equaling the total unpaid compensation awards against such insurer.
…

HB 554 was:

- Passed by the first chamber on March 11, 2016
- Included in NCCI's March 18, 2016 ***Legislative Activity Report*** (RLA-2016-10)
- Passed by the second chamber on March 17, 2016
- Included in NCCI's March 25, 2016 ***Legislative Activity Report*** (RLA-2016-11)
- Enacted on March 30, 2016, with an effective date of July 1, 2016

HB 554 amends ***sections 72-102. Definitions*** and ***72-438. Occupational Diseases*** of the Idaho Code as follows:
72-102. Definitions. Words and terms used in the worker's compensation law, unless the context otherwise requires, are defined in the subsections which follow:
…
(12) "Employee" is synonymous with "workman" and means any person who has entered into the employment of, or who works under contract of service or apprenticeship with, an employer. It does not include any person engaged in any of the excepted employments enumerated in section 72-212, Idaho Code, unless an election as provided in section 72-213, Idaho Code, has been filed. It does, however, include a volunteer firefighter for purposes of section 72-438 (12) and (14), Idaho Code. Any reference to an employee who has been injured shall, where the employee is dead, include a reference to his dependents as herein defined, if the context so requires, or, where the employee is a minor or incompetent, to his committee or guardian or next friend.
(13) (a) "Employer" means any person who has expressly or impliedly hired or contracted the services of another. It includes contractors and subcontractors. It includes the owner or lessee of premises, or other person who is virtually the proprietor or operator of the business there carried on, but who, by reason of there being an independent contractor or for any other reason, is not the direct employer of the workers there employed. It also includes, for purposes of section 72-438(12) and (14), Idaho Code, a municipality, village, county or fire district that utilizes the services of volunteer firefighters. If the employer is secured, it means his surety so far as applicable.
(b) "Professional employer" means a professional employer as defined in chapter 24, title 44, Idaho Code.
(c) "Temporary employer" means the employer of temporary employees as defined in section 44-2403(7), Idaho Code.
(d) "Work site employer" means the client of the temporary or professional employer with whom a worker has been placed.
(14) "Farm labor contractor" means any person or his agent or subcontractor who, for a fee, recruits and employs ~~farm workers~~ farmworkers and performs any farm labor contracting activity.
…
(31) "United States," when used in a geographic sense, means the several states, the District of Columbia, the Commonwealth of Puerto Rico~~, the Canal Zone~~ and the territories of the United States.
(32) "Volunteer emergency responder" means a firefighter or peace officer, or publicly employed certified personnel ~~as that term is defined in section 56-1012, Idaho Code,~~ who is a bona fide member of a legally organized law enforcement agency, a legally organized fire department or a licensed emergency medical service provider organization who contributes services.
…

72-438. Occupational diseases. Compensation shall be payable for disability or death of an employee resulting from the following occupational diseases:
…
(2) Carbon monoxide poisoning or chlorine poisoning in any process or occupation involving direct exposure to carbon monoxide or chlorine in buildings, sheds, or ~~inclosed~~ enclosed places.

…
(6) Radium poisoning by or disability due to radioactive properties of substances or to ~~Roentgenray~~ roentgen ray (X-ray) in any occupation involving direct contact therewith, handling thereof, or exposure thereto.
…
(12) Cardiovascular or pulmonary or respiratory diseases of a ~~paid fireman~~ firefighter, employed by or volunteering for a municipality, village or fire district as a regular member of a lawfully established fire department, caused by overexertion in times of stress or danger or by proximate exposure or by cumulative exposure over a period of four (4) years or more to heat, smoke, chemical fumes or other toxic gases arising directly out of, and in the course of, his employment.
…
(14) Firefighter occupational diseases:
(a) As used in this subsection, "firefighter" means an employee whose primary duty is that of extinguishing or investigating fires as part of a fire district, fire department or fire brigade.
(b) If a firefighter is diagnosed with one (1) or more of the following diseases after the period of employment indicated in subparagraphs (i) through (xi) of this paragraph, and the disease was not revealed during an initial employment medical screening examination that was performed according to such standards and conditions as may be established at the sole discretion of the governing board having authority over a given fire district, fire department, or fire brigade, then the disease shall be presumed to be proximately caused by the firefighter's employment as a firefighter:
(i) Brain cancer after ten (10) years;
(ii) Bladder cancer after twelve (12) years;
(iii) Kidney cancer after fifteen (15) years;
(iv) Colorectal cancer after ten (10) years;
(v) Non-Hodgkin's lymphoma after fifteen (15) years;
(vi) Leukemia after five (5) years;
(vii) Mesothelioma after ten (10) years;
(viii) Testicular cancer after five (5) years if diagnosed before the age of forty (40) years with no evidence of anabolic steroids or human growth hormone use;
(ix) Breast cancer after five (5) years if diagnosed before the age of forty (40) years without a breast cancer 1 or breast cancer 2 genetic predisposition to breast cancer;
(x) Esophageal cancer after ten (10) years; and
(xi) Multiple myeloma after fifteen (15) years.
(c) The presumption created in this subsection may be overcome by substantial evidence to the contrary. If the presumption is overcome by substantial evidence, then the firefighter or the beneficiaries must prove that the firefighter's disease was caused by his or her duties of employment.
(d) The presumption created in this subsection shall not preclude a firefighter from demonstrating a causal connection between employment and disease or injury by a preponderance of evidence before the Idaho industrial commission.
(e) The presumption created in this subsection shall not apply to any specified disease diagnosed more than ten (10) years following the last date on which the firefighter actually worked as a firefighter as defined in paragraph (a) of this subsection. Nor shall the presumption apply if a firefighter or a firefighter's cohabitant has regularly and habitually used tobacco products for ten (10) or more years prior to the diagnosis.
(f) The periods of employment described in paragraph (b) of this subsection refer to periods of employment within the state of Idaho.
Recognizing that additional toxic or harmful substances or matter are continually being discovered and used or misused, the above enumerated occupational diseases are not intended to be exclusive, but such additional diseases shall not include hazards ~~which~~ that are common to the public in general and ~~which~~ that are not within the meaning of section 72-102 (22) (a), Idaho Code, and the diseases enumerated in subsection (12) of this section pertaining to ~~paid firemen~~ firefighters shall not be subject to the limitations prescribed in section 72-439, Idaho Code.

HB 554 also includes the following language:
The provisions of this act shall be null, void and of no force and effect on and after July 1, 2021.

Utah

HB 116 was:

- Passed by the first chamber on February 8, 2016
- Included in NCCI's February 19, 2016 ***Legislative Activity Report*** (RLA-2016-06)
- Amended and passed by the second chamber on March 3, 2016
- Included in NCCI's March 11, 2016 ***Legislative Activity Report*** (RLA-2016-09)
- Enacted on March 29, 2016, with an effective date of May 9, 2016

HB 116, in part, amends section ***34A-2-103. Employers enumerated and defined—Regularly employed—Statutory employers—Exceptions.*** of the Utah Code Annotated as follows:
34A-2-103. Employers enumerated and defined—Regularly employed—Statutory employers—Exceptions.
…

(10) (a) For purposes of this Subsection (10), "federal executive agency" means an executive agency, as defined in 5 U.S.C. Sec. 105, of the federal government.
(b) For purposes of determining whether two or more persons are considered joint employers under this chapter or Chapter 3, Utah Occupational Disease Act, an administrative ruling of a federal executive agency may not be considered a generally applicable law unless that administrative ruling is determined to be generally applicable by a court of law, or adopted by statute or rule.
(11) (a) As used in this Subsection (11):
(i) "Franchise" means the same as that term is defined in 16 C.F.R. Sec. 436.1.
(ii) "Franchisee" means the same as that term is defined in 16 C.F.R. Sec. 436.1.
(iii) "Franchisor" means the same as that term is defined in 16 C.F.R. Sec. 436.1.
(b) For purposes of this chapter, a franchisor is not considered to be an employer of:
(i) a franchisee; or
(ii) a franchisee's employee.
(c) With respect to a specific claim for relief under this chapter made by a franchisee or a franchisee's employee, this Subsection (11) does not apply to a franchisor under a franchise that exercises a type or degree of control over the franchisee or the franchisee's employee not customarily exercised by a franchisor for the purpose of protecting the franchisor's trademarks and brand.
…

SB 76 was:

- Passed by the first chamber on February 16, 2016
- Included in NCCI's February 26, 2016 ***Legislative Activity Report*** (RLA-2016-07)
- Amended and passed by the second chamber on February 25, 2016
- Included in NCCI's March 4, 2016 ***Legislative Activity Report*** (RLA-2016-08)
- Enacted on March 29, 2016, with an effective date of May 9, 2016

SB 76 adds new ***section 34A-2-104.5. Nongovernment entity volunteers*** to the Utah Code Annotated to read as follows:

34A-2-104.5. Nongovernment entity volunteers.

(1) As used in this section:
(a) (i) "Intern" means a student or trainee who works without pay at a trade or occupation in order to gain work experience.
(ii) Notwithstanding Subsection (1)(a)(i), "intern" does not include an intern described in Section 53A-29-103 or 53B-16-403.
(b) "Nongovernment entity" means an entity or individual that:
(i) is an employer as provided in Section 34A-2-103; and
(ii) is not a government entity.
(c) "Utah minimum wage" means the highest wage designated as Utah's minimum wage under Title 34, Chapter 40, Utah Minimum Wage Act.
(d) (i) "Volunteer" means an individual who donates service without pay or other compensation except expenses actually and reasonably incurred as approved by the supervising nongovernment entity.
(ii) "Volunteer" includes an intern of a nongovernment entity.
(iii) "Volunteer" does not include an individual participating in human subjects research to the extent that the participation is governed by federal law or regulation inconsistent with this chapter.
(2) A volunteer for a nongovernment entity is not an employee of the nongovernment entity for purposes of this chapter and Chapter 3, Utah Occupational Disease Act, unless the nongovernment entity elects in accordance with this section to provide coverage under this chapter and Chapter 3, Utah Occupational Disease Act.
(3) (a) A nongovernment entity may elect to secure coverage for all of the nongovernment entity's volunteers by obtaining coverage for the volunteers in accordance with Section 34A-2-201 under the same policy it uses to cover the nongovernment entity's employees.
(b) If a nongovernment entity obtains coverage under Section 34A-2-201 for the nongovernment entity's volunteers, for purposes of receiving benefits under this chapter and Chapter 3, Utah Occupational Disease Act:
(i) a volunteer is considered an employee of the nongovernment entity; and
(ii) these benefits are the exclusive remedy of the volunteer in accordance with Section 34A-2-105 for an industrial injury or disease covered by this chapter and Chapter 3, Utah Occupational Disease Act.
(4) A nongovernment entity shall keep sufficient records of the nongovernment entity's volunteers and the volunteers' duties to determine compliance with this section.
(5) To compute the disability compensation benefits under Subsection (3), the disability compensation shall be calculated in accordance with Part 4, Compensation and Benefits, with the average weekly wage of the nongovernment volunteer assumed to be the Utah minimum wage at the time of the industrial accident or occupational disease that is the basis for the volunteer's workers' compensation claim.
(6) A workers' compensation insurer shall calculate the premium for a nongovernment entity's volunteer on the basis of the Utah minimum wage on the actual hours the volunteer provides service to the nongovernment entity, except that a workers' compensation insurer may assume 30 hours worked per week if the nongovernment entity does not provide a record of actual hours worked. The imputed wages shall be assigned to the class code on the policy that best describes the volunteer's duties.
(7) The failure or refusal of a nongovernment entity to make an election under this section in regard to volunteers does not alter, have an effect on, or give rise to any implication or presumption regarding:

(a) the nongovernment entity's duties or liabilities with respect to volunteers; or
(b) the rights of volunteers.
(8) Subject to Subsection (3)(b)(ii), nothing in this section affects a volunteer's right to seek remedies available to the volunteer through a personal insurance policy that the volunteer obtains for the volunteer in addition to any workers' compensation benefits obtained under this section
~~(8)~~ (9) A nongovernment entity shall notify a volunteer of an election under Subsection (3)(a) by posting:
(a) printed notices where volunteers are likely to see the notices in conspicuous places about the nongovernment entity's place of business; and
(b) notices on a website that the nongovernment entity uses to recruit or provide information to volunteers.

West Virginia

SB 621 was:

- Passed by the first chamber on February 24, 2016
- Included in NCCI's March 4, 2016 ***Legislative Activity Report*** (RLA-2016-08)
- Amended and passed by the second chamber on March 11, 2016
- Included in NCCI's March 18, 2016 ***Legislative Activity Report*** (RLA-2016-10)
- Enacted on March 29, 2016, with an effective date of June 27, 2016

SB 621 amends ***section 23-2-1. Employers subject to chapter; elections not to provide certain coverages; notices; filing of business registration certificates*** of the Code of West Virginia as follows:

§23-2-1. Employers subject to chapter; elections not to provide certain coverages; notices; filing of business registration certificates.

(a) The State of West Virginia and all governmental agencies or departments created by it, including county boards of education, political subdivisions of the state, any volunteer fire department or company and other emergency service organizations as defined by article five, chapter fifteen of this code, and all persons, firms, associations and corporations regularly employing another person or persons for the purpose of carrying on any form of industry, service or business in this state, are employers within the meaning of this chapter and are required to subscribe to and pay premium taxes into the Workers' Compensation Fund for the protection of their employees and are subject to all requirements of this chapter and all rules prescribed by the Workers' Compensation Commission with reference to rate, classification and premium payment*: Provided*, That rates will be adjusted by the commission to reflect the demand on the compensation fund by the covered employer.
(b) The following employers are not required to subscribe to the fund, but may elect to do so:
…
(8) Taxicab drivers of taxicab companies operating under article two, chapter twenty-four-a of this code, who provide taxicab service pursuant to a written or electronic agreement that identifies the taxicab driver as an independent contractor consistent with the United States Internal Revenue code requirements for persons acting as independent contractors: Provided, That any such taxicab driver identified as an independent contractor shall not be eligible for workers' compensation benefits under this chapter as an employee of the taxicab company.;
~~(8)~~ (9) Any employer whose employees are eligible to receive benefits under the federal Longshore and Harbor Workers' Compensation Act, 33 U.S.C. §901, *et seq*., but only for those employees eligible for those benefits.
…

BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending April 1, 2016.

Arizona

HB 2114 was:

- Passed by the first chamber on February 4, 2016
- Included in NCCI's February 12, 2016 ***Legislative Activity Report*** (RLA-2016-05)
- Amended and passed by the second chamber on March 29, 2016

HB 2114 adds ***sections 23-1601. Declaration of independent business status*** and ***23-1602. Determination of employment relationship; prohibition*** to the Arizona Revised Statutes as follows:

23-1601. Declaration of independent business status

A. Compliance with this chapter and the execution of a declaration of independent business status in compliance with this section are not mandatory in order to establish the existence of an independent contractor relationship between an employing unit and an independent contractor. The failure of a party to execute a declaration in compliance with this section does not create any presumptions and is not admissible to deny the existence of an independent contractor relationship.
B. Any employing unit contracting with an independent contractor may prove the existence of an independent contractor relationship for the purposes of this title by the independent contractor executing a declaration of independent business status, as provided by this section, and by the employing unit acting in a manner substantially consistent with the declaration. Compliance with this section creates a rebuttable presumption of an independent contractor relationship between the independent contractor and the employing

unit with whom the independent contractor contracts. Any declaration of independent business status shall be signed by the independent contractor, be dated and substantially comply with the following form:
This declaration of independent business status is made by (contractor) in relation to services performed by the contractor for or in connection with (contracting party). The contractor states and declares the following:
1. The contractor acknowledges that the contractor operates the contractor's own independent business and is providing services for or in connection with the contracting party as an independent contractor.
2. The contractor acknowledges that the contractor is not an employee of the contracting party and the services rendered for or in connection with the contracting party do not establish any right to unemployment benefits or any other right arising from an employment relationship.
3. The contractor is responsible for all tax liability associated with payments received from or through the contracting party and the contracting party will not withhold any taxes from payments to the contractor.
4. The contractor is responsible for obtaining and maintaining any required registration, licenses or other authorization necessary for the services rendered by the contractor.
5. The contractor acknowledges at least six of the following:
(a) that the contractor is not insured under the contracting party's health insurance coverage or workers' compensation insurance coverage.
(b) That the contracting party does not restrict the contractor's ability to perform services for or through other parties and the contractor is authorized to accept work from and perform work for other businesses and individuals besides the contracting party.
(c) That the contractor has the right to accept or decline requests for services by or through the contracting party.
(d) That the contracting party expects that the contractor provides services for other parties.
(e) That the contractor is not economically dependent on the services performed for or in connection with the contracting party.
(f) That the contracting party does not dictate the performance, methods or process the contractor uses to perform services.
(g) That the contracting party has the right to impose quality standards or a deadline for completion of services performed, or both, but the contractor is authorized to determine the days worked and the time periods of work.
(h) That the contractor will be paid by or through the contracting party based on the work the contractor is contracted to perform and that the contracting party is not providing the contractor with a regular salary or any minimum, regular payment.
(i) That the contractor is responsible for providing and maintaining all tools and equipment required to perform the services performed.
(j) That the contractor is responsible for all expenses incurred by the contractor in performing the services.
6. The contractor acknowledges that the terms set forth in this declaration apply to the contractor, the contractor's employees and the contractor's independent contractors.
C. Subsections A and B of this section do not apply to any employing unit that is licensed or is required to be licensed pursuant to title 32, chapter 10 unless the employing unit is contracting with an independent contractor to perform services that do not require a license pursuant to title 32, chapter 10 for or in connection with the employing unit.
D. Execution of a declaration of independent business status under this section is optional and this section does not require an independent contractor to execute a declaration of independent business status to be considered an independent contractor. Any employing unit or independent contractor may rely on any provision in this title for the purposes of establishing an employment or independent contractor relationship.
E. The execution of a declaration of independent business status and substantial compliance with the declaration pursuant to this section does not operate to the same effect as or otherwise act as a substitute for a written agreement executed pursuant to section 23-902, subsection D.

23-1602. Determination of employment relationship; prohibition
Except for the enforcement of chapter 2, article 10 of this title, any supervision or control exercised by an employing unit to comply with any statute, rule or code adopted by the federal government, this state or a political subdivision of this state or any requirement of licensing, professional or ethical standards may not be considered for the purposes of determining the independent contractor or employment status of any relationship or individual for the purposes of this title. This section does not otherwise affect any investigatory or enforcement authority related to the determination of the independent contractor or employment status of any relationship as provided by this title or federal law.

HB 2114 also includes the following clauses:
Severability
If any provision of this act or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of this act that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

Applicability
This act does not annul, alter, affect or exempt any employing unit or individual subject to title 23, Arizona Revised Statutes, from complying with the laws of this state, except to the extent that the laws of this state are inconsistent with any provision of this act, and then only to the extent of the inconsistency.

HB 2240 was:

- Passed by the first chamber on February 18, 2016
- Included in NCCI's February 26, 2016 ***Legislative Activity Report*** (RLA-2016-07)
- Amended and passed by the second chamber on March 28, 2016

HB 2240 amends ***sections 23-941. Hearing rights and procedure***, ***23-1044. Compensation for partial disability; computation***, ***23-1062. Medical, surgical, hospital benefits; translation services; commencement of compensation; method of compensation***, and ***23-1070.01. Request for early hearing; stipulation; action of commission***, and adds ***section 23-954. Payment of interest on awards*** to the Arizona Revised Statutes, as follows:

23-941. Hearing rights and procedure

A. Subject to ~~the provisions of~~ section 23-947, any interested party may file a request for a hearing concerning a claim.

B. A request for a hearing shall be made in writing, be signed by or on behalf of the interested party and ~~including his~~ include the interested party's address, ~~stating~~ state that a hearing is desired, and be filed with the commission.

C. The commission shall refer the request for the hearing to the administrative law judge division for determination as expeditiously as possible. The presiding administrative law judge may dismiss a request for hearing ~~when~~ if it appears to ~~his~~ the presiding administrative law judge's satisfaction that the disputed issue or issues have been resolved by the parties. Any interested party who objects to such dismissal may request a review pursuant to section 23-943.

D. At least twenty days' prior notice of the time and place of the hearing shall be given to all parties in interest by mail at their last known address. In the case of a hearing concerning suspension of benefits, pursuant to section 23-1026, 23-1027 or 23-1071, only ten days' prior notice ~~need be given~~ is required. Hearings shall be held in the county where the workman resided at the time of the injury or ~~such other~~ another place selected by the administrative law judge.

E. A record of all proceedings at the hearing shall be made but need not be transcribed unless a party applies to the court of appeals for a writ of certiorari pursuant to section 23-951. The record of the proceedings if not transcribed, shall be kept for at least two years but may be destroyed after ~~such~~ that time if a transcription is not requested.

F. Except as otherwise provided in this section and rules ~~or~~ of procedure established by the commission, the administrative law judge is not bound by common law or statutory rules of evidence or by technical or formal rules of procedure and may conduct the hearing in any manner that will achieve substantial justice.

G. Any party shall be entitled to issuance and service of subpoenas under ~~the provisions~~ of section 23-921. Any party or ~~his~~ the party's representative may serve such subpoenas.

H. Any interested party or ~~his~~ the interested party's authorized agent shall be entitled to inspect any claims file of the commission, provided that such authorization is filed in writing with the commission.

I. Any interested party is entitled to one change of administrative law judge as a matter of right. To exercise the right to a change of administrative law judge, the interested party shall file a notice of change of administrative law judge. The notice of change of administrative law judge shall:

1. Be signed by the interested party or the interested party's authorized agent.
2. State the name of the administrative law judge to be changed.
3. Certify that the interested party or the interested party's authorized agent has timely filed the notice of change of administrative law judge. A notice of change of administrative law judge as a matter of right is timely if filed not more than thirty days after the date of the notice of hearing or not more than thirty days after a new administrative law judge is assigned to the claim if another interested party or the interested party's authorized agent has filed a notice of change of administrative law judge as a matter of right.
4. Certify that the interested party or the interested party's authorized agent has not previously been granted a change of administrative law judge as a matter of right for the claim.

~~I.~~ J. ~~Within thirty days after the date of notice of hearing~~ Any interested party to a hearing before the commission or the interested party's authorized agent may file an affidavit for change of administrative law judge for cause against ~~any hearing officer of the commission hearing such matters or commencing to hear such matter, setting~~ a presiding administrative law judge that sets forth any of the grounds as provided in subsection ~~J~~ K of this section. ~~, and~~ The chief administrative law judge shall immediately transfer the matter to another ~~officer of the commission who shall preside therein. Not more than one change of administrative law judge shall be granted to any one party.~~ administrative law judge. An affidavit for change of administrative law judge for cause shall be filed within the time frames provided in subsection I of this section.

~~J.~~ K. Grounds ~~which~~ that may be alleged as provided in subsection ~~I~~ J of this section for change of administrative law judge for cause are:

1. That the administrative law judge has been engaged as counsel in the hearing ~~prior to~~ before appointment as administrative law judge.
2. That the administrative law judge is otherwise interested in the hearing.
3. That the administrative law judge is of kin or otherwise related to a party to the hearing.
4. That the administrative law judge is a material witness in the hearing.
5. That the party filing the affidavit has cause to believe and does believe that on account of the bias, prejudice, or interest of the administrative law judge ~~he~~ the administrative law judge cannot obtain a fair and impartial hearing.

L. For the purposes of subsections I and J of this section, the employer and the employer's insurance carrier are considered a single party unless the employer's and the employer's insurance company's interests are in conflict.

~~K.~~ M. After final disposition of the proceedings in which they are used, exhibits marked for identification or introduced as evidence

at hearings or proceedings ~~which~~ that cannot be readily copied, photocopied, mechanically reproduced or otherwise preserved as a document for inclusion in the record of the proceedings may be disposed of in the following manner:
1. By written notice, the attorneys of record, or if none, the parties, shall be notified that the counsel or the party introducing ~~such~~ the exhibit may claim it at the industrial commission within sixty days.
2. After sixty days following notification, any such exhibit remaining in the custody of the industrial commission shall be disposed of as state surplus property pursuant to the direction of the department of administration~~, surplus property division~~. A written description of ~~any such~~ the exhibit shall be included in the record to preserve ~~its~~ the exhibit's identity.

23-954. Payment of interest on awards
Interest on the payment of benefits shall be paid at a rate of interest at the lesser of ten percent per annum or a rate per annum that is equal to one percent plus the prime rate as published by the board of governors of the federal reserve system in statistical release H.15 or any publication that may supersede it on the date benefits are paid. Interest shall be paid only in the following instances:
1. On an award entered by the commission or by notice of claim status awarding permanent partial disability benefits pursuant to section 23-1044, subsection B or C or permanent total disability benefits pursuant to section 23-1045, subsection B or C, if benefits are not paid within ten days after the date the award or notice becomes final.
2. On a claim for dependent benefits, if the claim is denied and subsequently accepted or found compensable by award of the commission, from the date the claim for benefits was filed.

23-1044. Compensation for partial disability; computation
A. For temporary partial disability there shall be paid during the period thereof sixty-six and two-thirds ~~per cent~~ percent of the difference between the wages earned before the injury and the wages ~~which~~ that the injured person is able to earn thereafter. Unemployment benefits received during the period of temporary partial disability ~~and fifty per cent of retirement and pension benefits received from the insured or self-insured employer during the period of temporary partial disability~~ shall be considered wages able to be earned.
B. Disability shall be deemed permanent partial disability if caused by any of the following specified injuries, and compensation of fifty-five ~~per cent~~ percent of the average monthly wage of the injured employee, in addition to the compensation for temporary total disability, shall be paid for the period given in the following schedule:
1. For the loss of a thumb, fifteen months.
2. For the loss of a first finger, commonly called the index finger, nine months.
3. For the loss of a second finger, seven months.
4. For the loss of a third finger, five months.
5. For the loss of the fourth finger, commonly called the little finger, four months.
6. The loss of a distal or second phalange of the thumb or the distal or third phalange of the first, second, third or fourth finger, shall be considered equal to the loss of one-half of the thumb or finger, and compensation shall be one-half of the amount specified for the loss of the entire thumb or finger.
7. The loss of more than one phalange of the thumb or finger shall be considered as the loss of the entire finger or thumb, but in no event shall the amount received for more than one finger exceed the amount provided for the loss of a hand.
8. For the loss of a great toe, seven months.
9. For the loss of a toe other than the great toe, two and one-half months.
10. The loss of the first phalange of any toe shall be considered equal to the loss of one-half of the toe and compensation shall be one-half of the amount for one toe.
11. The loss of more than one phalange shall be considered as the loss of the entire toe.
12. For the loss of a major hand, fifty months, or of a minor hand, forty months.
13. For the loss of a major arm, sixty months, or of a minor arm, fifty months.
14. For the loss of a foot, forty months.
15. For the loss of a leg, fifty months.
16. For the loss of an eye by enucleation, thirty months.
17. For the permanent and complete loss of sight in one eye without enucleation, twenty-five months.
18. For permanent and complete loss of hearing in one ear, twenty months.
19. For permanent and complete loss of hearing in both ears, sixty months.
20. The permanent and complete loss of the use of a finger, toe, arm, hand, foot or leg may be deemed the same as the loss of any such member by separation.
21. For the partial loss of use of a finger, toe, arm, hand, foot or leg, or partial loss of sight or hearing, fifty ~~per cent~~ percent of the average monthly wage during that proportion of the number of months in the foregoing schedule provided for the complete loss of use of such member, or complete loss of sight or hearing, which the partial loss of use thereof bears to the total loss of use of such member or total loss of sight or hearing. ~~In~~ For the purposes of this paragraph, "loss of use" means a loss of physical function of the affected member, sight or hearing. The effect on an employee's ability to return to the employee's occupation at the time of the injury shall not be considered in establishing the percentage of loss under this section, except that if the employee is unable to return to the work the employee was performing at the time the employee was injured due to the total or partial loss of use, compensation pursuant to this section shall be calculated based on seventy-five ~~per cent~~ percent of the average monthly wage.

22. For permanent disfigurement about the head or face, ~~which shall include~~ including injury to or loss of teeth, the commission ~~may~~, ~~in accordance with the provisions of~~ pursuant to section 23-1047, may allow such sum for compensation thereof as it deems just, in accordance with the proof submitted, for a period of not ~~to exceed~~ more than eighteen months.
C. In cases not enumerated in subsection B of this section, if the injury causes permanent partial disability for work, the employee shall receive during such disability compensation equal to fifty-five ~~per cent~~ percent of the difference between the employee's average monthly wages before the accident and the amount ~~which~~ that represents the employee's reduced monthly earning capacity resulting from the disability, but the payment shall not continue after the disability ends, or the death of the injured employee, and in case the partial disability begins after a period of total disability, the period of total disability shall be deducted from the total period of compensation.
D. In determining the amount ~~which~~ that represents the reduced monthly earning capacity for the purposes of subsections A and C of this section, consideration shall be given, among other things, to any previous disability, the occupational history of the injured employee, the nature and extent of the physical disability, the type of work the injured employee is able to perform ~~subsequent to~~ after the injury, any wages received for work performed ~~subsequent to~~ after the injury and the age of the employee at the time of injury. If the employee is unable to return to work or continue working in any employment after the injury due to the employee's termination from employment for reasons that are unrelated to the industrial injury, the commission may consider the wages that the employee could have earned from that employment as representative of the employee's earning capacity. A determination of earning capacity that is based on wages that could have been earned from previously terminated employment is subject to change under subsection F of this section and an employee retains the right to later establish that the employee's reduced earning capacity is related in whole or in part to the industrial injury.
E. In case there is a previous disability, as the loss of one eye, one hand, one foot or otherwise, the percentage of disability for a subsequent injury shall be determined by computing the percentage of the entire disability and deducting therefrom the percentage of the previous disability as it existed at the time of the subsequent injury.
F. For the purposes of subsection C of this section, the commission, in accordance with the provisions of section 23-1047 when the physical condition of the injured employee becomes stationary, shall determine the amount ~~which~~ that represents the reduced monthly earning capacity and ~~upon~~ on such determination make an award of compensation ~~which shall be~~ that is subject to change in any of the following events:
1. ~~Upon~~ On a showing of a change in the physical condition of the employee ~~subsequent to~~ after such findings and award arising out of the injury resulting in the reduction or increase of the employee's earning capacity.
2. ~~Upon~~ On a showing of a reduction in the earning capacity of the employee arising out of such injury where there is no change in the employee's physical condition, ~~subsequent to~~ after the findings and award.
3~~. Upon~~ On a showing that the employee's earning capacity has increased ~~subsequent to~~ after such findings and award.
G. The commission may adopt a schedule for rating loss of earning capacity and reasonable and proper rules to carry out ~~the provisions of~~ this section. In all cases involving this section, except for cases under subsection B of this section, or in cases involving a request pursuant to section 23-1061, subsection J for disability compensation, if any issue is raised regarding whether the injured employee has suffered a loss of earning capacity because of an inability to obtain or retain suitable work, the following apply:
1. The employer or carrier may present evidence showing that the inability to obtain suitable work is due, in whole or in part, to economic or business conditions, or other factors unrelated to the industrial injury. The injured employee may present evidence showing that the inability to obtain suitable work is due, in whole or in part, to the industrial injury or limitations resulting from the injury. The administrative law judge shall consider all such evidence in determining whether and to what extent the injured employee has sustained any loss of earning capacity.
2. In cases involving loss of employment, the employer or carrier may present evidence showing that the injured employee was terminated from employment or has not obtained suitable work, or both, due, in whole or in part, to economic or business conditions, or other factors unrelated to the injury. The injured employee may present evidence showing that such termination or inability to obtain suitable work is due, in whole or in part, to the industrial injury or limitations resulting from the injury. The administrative law judge shall consider all such evidence in determining whether and to what extent the injured employee has sustained any loss or additional loss of earning capacity.
H. Any single injury or disability that is listed in subsection B of this section and that is not converted into an injury or disability compensated under subsection C of this section by operation of this section shall be treated as scheduled under subsection B of this section regardless of its actual effect on the injured employee's earning capacity.

23-1062. Medical, surgical, hospital benefits; translation services; commencement of compensation; method of compensation
A. Promptly, on notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed "medical, surgical and hospital benefits."
B. Medical, surgical and hospital benefits include translation services, if needed. A carrier, self-insurance pool or employer that does not direct care pursuant to section 23-1070 may choose the translator if the translator is certified by an outside agency and is not an employee of the carrier, self-insurance pool or employer. If the carrier, self-insurance pool or employer is unable to locate a certified translator for the particular language or dialect needed, the parties may agree on a translator who is not a certified translator.
~~B.~~ C. The first installment of compensation is to be paid no later than the twenty-first day after written notification by the commission to the carrier of the filing of a claim ~~except where~~ unless the right to compensation is denied. Thereafter, compensation

shall be paid at least once each two weeks during the period of temporary total disability and at least monthly thereafter. Compensation shall not be paid for the first seven days after the injury. If the incapacity extends beyond the period of seven days, compensation shall begin on the eighth day after the injury, but if the disability continues for one week beyond such seven days, compensation shall be computed from the date of the injury.
~~C.~~ D. Compensation shall be made by negotiable instrument, payable immediately on demand or, at the election of the employee and if offered by the employer or carrier, by another commonly accepted method for transferring money by banking institutions, including electronic fund transfers to the employee's account or a prepaid debit card account that is established for the purpose of making direct electronic payment to the employee.

23-1070.01. Request for early hearing; stipulation; action of commission
A. If a request for hearing filed in connection with a change of physician under section 23-1070 alleges, by affidavit, that immediate and irreparable injury, loss or damage will result if ~~such~~ the hearing is not held ~~prior to~~ before the times otherwise prescribed by article 3 of this chapter or if all interested parties, in person or by counsel, stipulate in ~~such~~ the request for hearing that ~~such~~ the hearing should be held ~~prior to~~ before the times otherwise prescribed by article 3 of this chapter, the commission shall:
1. Immediately issue a notice to all parties setting a hearing date not more than fifteen days later.
2. Require that the administrative law judge, who shall not be subject to the notice or affidavit for change prescribed by section 23-941, subsection I or J, determine the matter and make an award, if any, within five days after completion of the hearing.
B. All other procedures prescribed for subsequent actions with regard to ~~such~~ the hearing or award shall be as otherwise prescribed by law.

HB 2240 also includes the following language:
Industrial commission of Arizona; workers' compensation fraud; self-insured employers; recommendations
A. The industrial commission of Arizona shall research and make recommendations on ways to allow for investigations into the act or practice of workers' compensation fraud impacting self-insured employers in a manner consistent with section 20-466, Arizona Revised Statutes, as applicable, but not duplicative of the functions of another state agency, including the department of insurance.
B. The industrial commission of Arizona shall make recommendations on or before December 31, 2016, to the governor, the speaker of the house of representatives, the president of the senate and chairpersons of the senate commerce and workforce development committee and the house of representatives insurance committee.

Maryland

HB 631 was:
- Passed by the first chamber on March 3, 2016
- Included in NCCI's March 11, 2016 ***Legislative Activity Report*** (RLA-2016-09)
- Passed by the second chamber on April 1, 2016

HB 631 amends ***section 9-628. Compensation for less than 75 weeks*** of the Labor and Employment Annotated Code of Maryland by expanding the circumstances under which a Howard County deputy sheriff is considered a public safety employee, thereby making the deputy sheriff eligible for enhanced workers compensation benefits. Specifically, the bill repeals a provision that only considers a deputy sheriff a public safety employee when he or she is performing law enforcement duties expressly requested, defined, and authorized in accordance with a written memorandum of understanding executed between the Howard County Sheriff and other law enforcement agencies.

HB 1408 was:
- Passed by the first chamber on March 17, 2016
- Included in NCCI's March 25, 2016 ***Legislative Activity Report*** (RLA-2016-11)
- Passed by the second chamber on March 30, 2016

HB 1408 amends ***section 27-608 Premium increase for commercial insurance—Notice required*** of the Maryland Insurance Code by:
- Exempting a commercial or workers compensation insurer from being required to send notice to the named insured and insurance producer, if any, when the insurer intends to increase a renewal policy premium, if the renewal policy premium is increasing by 15% or less
- Repealing an exemption from the notice requirement for insurers if the renewal policy premium is greater than $1,000 and increasing by 3% or $300, whichever is less
- Specifying that an insurer may not be required to comply with the notice requirement if a separate notice containing specified information is sent
- Repealing a provision that considers the notice requirement to have been met when an insurer sends this separate notice

The proposed amendments apply to all policies of commercial insurance and workers compensation insurance issued, delivered, or renewed in the state on or after October 1, 2016.

SB 851 was:

- Passed by the first chamber on March 1, 2016
- Included in NCCI's March 11, 2016 ***Legislative Activity Report*** (RLA-2016-09)
- Passed by the second chamber on March 31, 2016

SB 851 amends ***section 27-608. Premium increase for commercial insurance—Notice required*** of the Annotated Code of Maryland as follows:

§ 27-608. Premium increase for commercial insurance—Notice required

(a) (1) This section applies to:
(i) policies of commercial insurance; and
(ii) policies of workers' compensation insurance.
(2) This section does not apply to policies:
(i) issued to exempt commercial policyholders, as defined in § 11-206(j) of this article; or
(ii) for which the renewal policy premium is ~~:~~
~~1. in excess of $1,000; and~~
~~2.~~ an increase over the expiring policy premium of ~~the lesser of 3% or $300~~ 15% or less.
(b) Unless an insurer has given notice of its intention not to renew a policy subject to this section, if the insurer seeks to increase the renewal policy premium, the insurer shall send a notice to the named insured and insurance producer, if any, not less than 45 days prior to the renewal date of the policy.
(c) Subject to subsection (d) of this section, a notice under this section shall include:
(1) both the expiring policy premium and the renewal policy premium; and
(2) the telephone number for the insurer or insurance producer, if any, together with a statement that the insured may call to request additional information about the premium increase.
(d) (1) If an insurer seeks to increase the renewal policy premium and the insurer's rating methodology requires the insured to provide information to calculate the renewal policy premium, an insurer shall provide a reasonable estimate of the renewal policy premium if:
(i) the insurer has requested the required information from the insured; and
(ii) the insurer has not received the requested information.
(2) A reasonable estimate under this subsection shall be based upon the information available to the insurer at the time the notice is sent.
(e) The requirements of this section do not apply to the extent that the premium increase results from:
(1) an increase in the units of exposure;
(2) the application of an experience rating plan;
(3) the application of a retrospective rating plan;
(4) a change made by the insured that increases the insurer's exposure; or
(5) an audit of the insured.
(f) A notice required by this section shall be sent by first-class mail and may be sent together with the renewal policy.
(g) An insurer ~~shall be considered to have met the~~ may not be required to comply with any notice requirement of this section if, not less than 45 days before the effective date of the renewal policy, the insurer has sent:
(1) (i) to the named insured, a renewal policy that includes the renewal policy premium; and
(ii) to the independent insurance producer, if any:
1. a copy of the renewal policy that includes the renewal policy premium through postal or electronic mail; or
2. at the same time as the insurer sends the renewal policy to the insured, a notice of the availability of the renewal policy through the insurer's online electronic system;
(2) to the named insured and insurance producer, if any, a written notice of renewal or continuation of coverage that includes the renewal or continuation premium; or
(3) to the named insured and insurance producer, if any, a renewal offer that includes a reasonable estimate of the renewal policy premium.

SB 851 also contains the following language:
And be it further enacted, That this Act shall apply to all policies of commercial insurance and all policies of workers' compensation insurance issued, delivered, or renewed in the State on or after October 1, 2016.

Tennessee

SB 2563 was passed by the first and second chamber on March 31, 2016.

SB 2563 amends various sections of the Tennessee Workers' Compensation Law to:

- Add members of limited liability companies to the definition of employee for the purposes of workers compensation law
- Require workers compensation settlement agreements to be reduced to writing and approved by the Court of Workers' Compensation Claims
- Clarify the procedures for approval of settlements by the court of workers compensation claims

- Provide that the Court of Workers' Compensation Claims will determine the right of an employee to receive compensation from the Second Injury Fund
- Require a lump sum settlement under Tenn. Code Ann. § 50-6-229 to be approved by the Court of Workers Compensation Claims and not chancery, circuit, or criminal courts
- Provide that any current or retired Tennessee judge or chancellor, workers compensation judge, or the governor of Tennessee may swear in judges of the Court of Workers' Compensation Claims
- Require costs of administering claims for benefits under Tenn. Code Ann. § 50-6-801 to be paid from the Uninsured Employers Fund

Note: SB 2563 was not included in any previous version of NCCI's ***Legislative Activity Report***.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bill passed the first chamber within the one-week period ending April 1, 2016.

Missouri

HB 1936 amends ***section 57.111 May act in adjoining county, when*** of the Missouri Annotated Statutes as follows:

57.111 May act in adjoining county, when

Whenever any sheriff or deputy sheriff of any county in this state is expressly requested, in each instance, by a sheriff ~~of an adjoining county~~ of this state to render assistance, such sheriff or deputy shall have the same powers of arrest in such county as he or she has in his or her own jurisdiction. Any sheriff, or deputy sheriff that a responding sheriff sends, of a county responding to a request for assistance in another county of the state shall be deemed an employee of his or her sheriff's office and shall be subject to the workers' compensation, overtime, and expense reimbursement provisions provided to him or her as an employee of his or her sheriff's office.

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
HI	Carolyn Pearl	808-524-6239
IN, NC, SC, TN	Amy Quinn	803-356-0851
AR, IL, KS, TX	Terri Robinson	501-333-2835
AK, ID, MT, OR	Jessica Epley	503-892-8919
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.