



Legislative Activity Report

National Council on Compensation Insurance

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Regulatory Services

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RLA-2016-20

Report Contact: Legislative_Activity@ncci.com

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

LEGISLATIVE ACTIVITY—LEGISLATIVE SESSION UPDATES

This report contains descriptions and/or excerpts of relevant bills that 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 May 20, 2016.

Kansas

HB 2617 was:

- Passed by the first chamber on March 14, 2016
- Amended and passed by the second chamber on March 22, 2016
- Included in NCCI's March 25, 2016 *Legislative Activity Report* (RLA-2016-11)
- Amended by Conference Committee—amendments adopted by the Senate on April 29, 2016, and House on April 30, 2016
- Enacted on May 17, 2016, with an effective date of July 1, 2016

HB 2617 amends several sections of the Kansas workers compensation law as follows:

44-510i—Medical benefits; appointment of medical administrator; maximum medical fee schedule; advisory panel.

(a) ~~Subject to the approval of the secretary, the director shall contract with or appoint, subject to the approval of the secretary,~~ a specialist in health services delivery, who shall be referred to as the medical administrator. The medical administrator shall be a person licensed to practice medicine and surgery in this state and, if appointed, shall be in the unclassified service under the Kansas civil service act.

...

44-534. Proceedings; time limitations.

(a) Whenever the employer, worker, Kansas workers compensation fund or insurance carrier cannot agree upon the worker's right to compensation under the workers compensation act or upon any issue in regard to workers compensation benefits due the injured worker thereunder, the employer, worker, Kansas worker's compensation fund or insurance carrier may apply in writing to the director for a determination of the benefits or compensation due or claimed to be due. The application shall be filed in the form prescribed by the rules and regulations of the director, including requirements for electronic filing, and the application shall set forth the substantial and material facts in relation to the claim. Whenever an application is filed under this section, the matter shall be assigned to an administrative law judge. The director shall forthwith mail a certified copy of the application to the adverse party. The administrative law judge shall proceed, upon due and reasonable notice to the parties, which shall not be less than 20 days, to hear all evidence in relation thereto and to make findings concerning the amount of compensation, if any due to the worker.

...

(c) After implementation of rules and regulations by the director, if the workers compensation electronic filing system is inaccessible on the last day for filing, then the time for filing shall be extended to the first accessible day that is not a Saturday, Sunday or legal holiday. As used in this subsection:

(1) "Last day" means:

(A) For electronic or facsimile filing, at midnight in the division's time zone on the final day for filing; and

(B) for filing by other means, at 5 p.m. in the division's time zone on the final day for filing; and

(2) "legal holiday" means any day declared a holiday by the president of the United States, the congress of the United States or the legislature of this state, or any day observed as a holiday by order of the governor. A half holiday shall be treated as other days and not as a holiday.

44-536a. Signing of pleadings, motions and other papers; liability for frivolous filings.

(a) Every pleading, motion and other ~~paper~~ document provided for by the workers compensation act of any party, who is represented by an attorney, shall be signed by at least one attorney of record in the attorney's individual name, and the attorney's address ~~and~~, telephone number, ~~fax number, email address and supreme court registration number~~ shall be stated. Signature by electronic means, when utilizing the workers compensation electronic filing system, satisfies the requirements for signing. A pleading, motion or other ~~paper~~ document provided for by the workers compensation act of any party who is not represented by an attorney shall be signed by the party in writing or electronically, when utilizing the workers compensation electronic filing system, and shall state the party's name, address, telephone number, fax number and email address, if applicable.

(b) Except when otherwise specifically provided by rule and regulation of the director, pleadings need not be verified or accompanied by an affidavit. The signature of a person constitutes a certificate by the person; (1) That the person has read the pleading; (2) that to the best of the person's knowledge, information and belief formed after reasonable inquiry, the pleading is well grounded in fact and is warranted by existing law or a good faith argument for the extension, modification or reversal of existing law; and (3) that the pleading is not imposed for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of resolving disputed claims for benefits.

(c) If any pleading, motion or other ~~paper~~ document provided for by the workers compensation act is not signed, such pleading, motion or other ~~paper~~ document shall not be accepted and shall be void unless it is signed promptly after the omission is called to the attention of the pleader or movant.

(d) If a pleading, motion or other ~~paper~~ document provided for by the workers compensation act is signed in violation of this section, the administrative law judge, director or board, upon motion or upon its own initiative upon notice and after opportunity to be heard, shall impose upon the person who signed such pleading or a represented party, or both, an appropriate sanction, which may include an order to pay to the other party or parties the amount of the reasonable expenses incurred because of the filing of the pleading, motion or other ~~paper~~ document, including reasonable attorney fees.

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44-550b. Records open to public inspection, exceptions.

(a) All records provided to be maintained under K.S.A. 44-550, and amendments thereto, and notwithstanding the provisions of K.S.A. 45-215 et seq., and amendments thereto, shall be open to public inspection, except:

...

(4) medical records, forms collected pursuant to ~~subsection (b) of K.S.A. 44-567(b),~~ and amendments thereto, accident reports maintained under K.S.A. 44-550, and amendments thereto, and social security numbers pertaining to an individual which shall not be disclosed except:

...

(D) to federal or state governmental agencies for purposes of fraud and abuse investigations and child support enforcement, except that such disclosure shall not then be open to public inspection;

...

New Hampshire

HB 1459 was:

- Passed by the first chamber on March 9, 2016
- Included in NCCI's March 18, 2016 *Legislative Activity Report* (RLA-2015-10)
- Passed by the second chamber on April 21, 2016
- Included in NCCI's April 29, 2016 *Legislative Activity Report* (RLA-2015-16)
- Enacted on May 20, 2016, with an effective date of July 19, 2016

HB 1459 amends *sections 412:3. Definitions, 412:15. Rate Standards,* and *412:16. Rate Filings* of the New Hampshire Statutes as follows:

412:3. Definitions

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XI. "Large commercial policyholder" means an insurance contract holder that is a corporation, partnership, trust, sole proprietorship, or other business or public entity and that has certified that it meets:

(a) At least ~~2~~ one of the following ~~3~~ 4 criteria:

(1) A net worth of \$10,000,000 as certified by a certified public accountant or public accountant authorized to do business in this state;

(2) Net revenue or sales of \$5,000,000 as certified by a certified public account or public accountant authorized to do business in this state; or

(3) A total of more than 25 employees per individual company or more than 50 employees per holding company; ~~and~~

(4) Aggregate property and casualty insurance premiums, excluding workers' compensation, medical malpractice, life, health, and

disability insurance premiums of \$50,000 or more.

(b) The following criteria

(1) The use of an employed or retained risk manager to procure insurance. For the purposes of this section, “risk manager” means a chartered property and casualty underwriter, a certified insurance counselor, an associate in risk management, a certified risk manager or a licensed insurance consultant; and

(2) Aggregate property and casualty insurance premiums, excluding workers’ compensation, medical malpractice, life, health, and disability insurance premiums of \$30,000 or more.

(c) “Large commercial policyholder” also includes a nonprofit or public entity with an annual budget or assets of \$25,000,000 or more that meets the criteria listed in subparagraph (b)(a)(4), and a municipality with a population of 20,000 or more that meets the premium criteria listed in subparagraph (b)(2)(a)(4).

(d) A commercial policyholder that meets the premium criteria listed in subparagraph (b)(2), but that does not meet 3 of the qualifying criteria listed in either subparagraph (a) or subparagraph (b)(1) may petition the commissioner for a waiver of the remaining criteria. The commissioner may grant a waiver if the commissioner determines that the applicant for a waiver is sufficiently qualified to act as a large commercial policyholder.

(c) In this section, “risk manager” means a chartered property and casualty underwriter, certified insurance counselor, an associate in risk management, certified risk manager or a licensed insurance consultant.

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412:15. Rate Standards

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IV. The commissioner may permit insurers to use appropriate systems of schedule rating filed by any insurer or rating bureau approved by the commissioner, subject to rules adopted under RSA 541-A, to assure the uniform and impartial application of such rating. Such ratings shall be:

(a) Based on an insured’s management, safety, and loss control policies and record;

(b) No greater than plus or minus 40 percent of the insurer’s base rates.

V. In order to further uniform administration of rate regulatory laws, the commissioner and every insurer, advisory organization and statistical agent may exchange information and experience data with insurance supervisory officials, insurers and advisory organizations in other states and may consult with them with respect to the application of rating systems and the collection of statistical data.

412:16. Rate Filings

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II. Every insurer shall file with the commissioner, except as to inland marine risks which are not written according to manual rates or rating plans, every manual, predictive models or telematics models or other models that pertain to the formulation of rates and/or premiums, minimum premium, class rate, rating schedule or rating plan and every other rating rule, and every modification of any of the foregoing which it proposes to use. Personal lines filings shall include underwriting rules used by insurers or a group of affiliated insurers to the extent necessary to determine the applicable rate and/or policy premium for an individual insured or applicant. An insurer may file its rates by either filing its final rates or by filing a multiplier and, if applicable, an expense constant adjustment to be applied to prospective loss costs that have been filed by an advisory organization on behalf of the insurer as permitted by RSA 412:23. Every such filing shall state the effective date, and shall indicate the character and extent of the coverage contemplated. Information contained in the underwriting rules that does not pertain to the formulation of rates and/or premiums shall be identified by the filer as proprietary and shall be kept confidential by the department and shall not be subject to the provisions of RSA 91-A.

...

VII(b) For all commercial risk policies, except policies issued to a large commercial policyholder, and except as provided in this chapter, the rates and supplementary rating information that will be used in this state shall be filed for informational purposes only within 30 days of the effective date.

...

VIII. In a noncompetitive market, subject to the exceptions specified in RSA 412:16, IX and X, and RSA 412:28, each filing shall be on file for a waiting period of 30 days before it becomes effective, which period may be extended by the commissioner for an additional period not to exceed ~~30~~ 60 days if written notice is given within such waiting period to the insurer or advisory organization which made the filing that additional time is needed for the consideration of the filing. Upon written application by the insurer, the commissioner may authorize a filing that has been reviewed to become effective before the expiration of the waiting period or any extension thereof. A filing shall be deemed to meet the requirements of this chapter unless disapproved by the commissioner within the waiting period or any extension thereof. Failure of the insurer or advisory organization to provide the requested information within the waiting period or the extension thereof shall be deemed a request to withdraw the filing from further consideration. Failure of the commissioner to act within the waiting period or the extension thereof shall result in the filing being deemed to meet the requirements of this chapter. Neither the insurer nor the commissioner may waive the timeliness requirements of the provisions in this section.

...

BILLS PASSING SECOND CHAMBER

There were no relevant workers compensation-related bills that passed the second chamber within the one-week period ending May 20, 2016.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bills passed the first chamber within the one-week period ending May 20, 2016.

Arkansas

HB 1010/SB 13 amend various sections of the Arkansas workers compensation law as follows:

11-9-303. Payment of tax by carrier.

(a)(1) In addition to the premium taxes collected from carriers, the carriers shall pay annually to the Workers' Compensation Commission a tax, at the rate to be determined as provided in § 11-9-306 but not to exceed three percent (3%), on all written manual premiums resulting from the writing of workers' compensation insurance on risks within the state.

(2) Upon the final payment of the liabilities of the Death and Permanent Total Disability Trust Fund under § 11-9-502, the tax rate under this section shall not exceed one and five-tenths percent (1.5%).

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11-9-304. Payment of tax by self-insurer.

(a)(1) ~~It shall be the duty of the~~ The Workers' Compensation Commission ~~to~~ shall collect a tax from every self-insured employer at a rate to be determined as provided by § 11-9-306 but not to exceed three percent (3%) of the written manual premium which would have to be paid under § 11-9-303 by a carrier if the self-insured employer were insured by a carrier.

(2) Upon the final payment of the liabilities of the Death and Permanent Total Disability Trust Fund pursuant to § 11-9-502, the tax rate under this section shall not exceed one and five-tenths percent (1.5%).

...

11-9-305. Payment of tax by public employer.

(a)(1)(A) ~~It shall be the duty of the~~ The Workers' Compensation Commission ~~to~~ shall collect a tax from every public employer providing workers' compensation coverage to its employees at a rate to be determined as provided by § 11-9-306 but not to exceed three percent (3%) of the written manual premium which an insurance carrier would have to pay under § 11-9-303 if the public employer were insured by a carrier.

(B) Upon the final payment of the liabilities of the Death and Permanent Total Disability Trust Fund under § 11-9-502, the tax rate under this section shall not exceed one and five-tenths percent (1.5%).

...

11-9-306. Determination of surplus and rate of taxation.

(a) (1) The Workers' Compensation Commission, on or before December 31 of each year, shall determine the surplus, if any, in the Workers' Compensation Fund, together with the additional amounts necessary to properly administer this chapter for the ensuing year.

(2) The commission shall determine the rate of taxation for collections for that year on or before March 1 of the following year.

(b) (1) The commission, on or before December 31 of each year, shall determine the surplus, if any, in the Second Injury Trust Fund, together with the additional amounts necessary to properly administer this chapter for the ensuing year.

(2) The commission shall determine the rate of taxation for collections for that year on or before March 1 of the following year.

(c) (1) The commission, on or before December 31 of each year, shall determine the surplus, if any, in the Death and Permanent Total Disability Trust Fund, together with the additional amounts necessary to properly administer this chapter for the ensuing year.

(2) The commission shall determine the rate of taxation for collections for that year on or before March 1 of the following year.

(d)(1) The total rate of taxation for all three (3) funds when added together shall not exceed three percent (3%).

(2) Upon the final payment of the liabilities of the Death and Permanent Total Disability Trust Fund under § 11-9-502, the tax rate under this section shall not exceed one and five-tenths percent (1.5%).

...

11-9-502. Limitations on compensation—Exceptions.

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(b)(1)(A) For injuries occurring on or after March 1, 1981, but on or before December 31, 2007, and a claim for death or permanent total disability benefits filed on or before June 30, 2019, the first seventy-five thousand dollars (\$75,000) of weekly benefits for death or permanent total disability shall be paid by the employer or its insurance carrier in the manner provided in this chapter.

(B) For injuries occurring on or after January 1, 2008, and a claim for death or permanent total disability benefits filed on or before June 30, 2019, the employer or its insurance carrier shall pay weekly benefits for death or permanent total disability not to exceed three hundred twenty-five (325) times the maximum total disability rate established for the date of the injury under this chapter.

(2)(A) An employee or a dependent of an employee who has filed a claim for death or permanent total disability benefits on or before

June 30, 2019, and who receives a total of seventy-five thousand dollars (\$75,000) in weekly benefits for injuries sustained on or before December 31, 2007, shall be eligible to continue to draw benefits at the rates prescribed in this chapter, but all benefits in excess of seventy-five thousand dollars (\$75,000) shall be payable from the Death and Permanent Total Disability Trust Fund.
(B) An employee or a dependent of an employee who has filed a claim for death or permanent total disability benefits on or before June 30, 2019, and who receives the maximum amount specified in subdivision (b)(1)(B) of this section shall be eligible to continue to draw benefits at the rates prescribed by this chapter payable from the trust fund.

...

(c)(1) A claim against the Death and Permanent Total Disability Trust Fund shall not be filed later than June 30, 2019, regardless of the date of injury or death, or otherwise.

(2) The Death and Permanent Disability Trust Fund is not liable for a claim for permanent total disability or death filed after June 30, 2019.

(3) For a claim for permanent total disability or death filed after June 30, 2019, the employer at the time of the employee's compensable injury is liable for permanent total disability or death benefits under this chapter, excluding this section and any claim pending under § 11-9-525 on June 30, 2019.

(4) Upon satisfaction of the liabilities of the Death and Permanent Total Disability Trust Fund, the Death and Permanent Total Disability Trust Fund shall be terminated.

VETOED BILLS

The following workers compensation-related bill was vetoed within the one-week period ending May 20, 2016.

Missouri

HB 1763 was

- Passed by the first chamber on February 11, 2016
- Included in NCCI's February 19, 2016 *Legislative Activity Report* (RLA-2016-06)
- Passed by the second chamber on April 26, 2016
- Included in NCCI's May 6, 2016 *Legislative Activity Report* (RLA-2016-17)
- Vetoed by the governor on May 17, 2016

HB 1763 adds new *section 375.1605* to the Missouri Annotated Statutes to read as follows:

375.1605

1. The provisions of this section shall apply to workers' compensation large deductible policies issued by an insurer subject to delinquency proceedings under this chapter. This section shall not apply to first party claims or to claims funded by a guaranty association net of the deductible unless subsection 3 of this section applies. Large deductible policies shall be administered in accordance with their terms, except to the extent such terms conflict with the provisions of this section.

2. For purposes of this section, the following terms mean:

(1) "Collateral", any cash, letters of credit, surety bond, or any other form of security posted by the insured or by a captive insurer or reinsurer to secure the insured's obligation under the large deductible policy to pay deductible claims or to reimburse the insurer for deductible claim payments. Collateral may also secure an insured's obligation to reimburse or pay the insurer as may be required for other secured obligations;

(2) "Commercially reasonable", to act in good faith using prevailing industry practices and making all reasonable efforts considering the facts and circumstances of the matter;

(3) "Deductible claim", any claim, including a claim for loss and defense and cost containment expense, unless such expenses are excluded, under a large deductible policy that is within the deductible;

(4) "Delinquency proceeding", shall have the same meaning ascribed to it in section 375.1152;

(5) "Guaranty association", the Missouri property and casualty insurance guaranty association created by sections 375.771 to 375.779, as amended, and any other similar entities created by the laws of any other state for the payment of claims of insolvent insurers;

(6) "Large deductible policy", any combination of one or more workers' compensation policies and endorsements issued to an insured and contracts or security agreements entered into between an insured and the insurer in which the insured has agreed with the insurer to:

(a) Pay directly the initial portion of any claim under the policy up to a specified dollar amount or the expenses related to any claim; or

(b) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible.

The term "large deductible policy" also includes policies that contain an aggregate limit on the insured's liability for all deductible claims in addition to a per-claim deductible limit. The primary purpose and distinguishing characteristic of a large deductible policy is the shifting of a portion of the ultimate financial responsibility under the large deductible policy to pay claims from the insurer to the insured, even though the obligation to initially pay claims may remain with the insurer. Large deductible policies do not include policies, endorsements, or agreements which provide that the initial portion of any covered claim shall be self-insured and further that the insured shall have no payment obligation within the self-insured retention. Large deductible policies also do not include policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except

to the extent such arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations;

(7) "Other secured obligations", obligations of an insured to an insurer other than those under a large deductible policy, such as those under a reinsurance agreement or other agreement involving retrospective premium obligations, the performance of which is secured by collateral that also secures an insured's obligations under a large deductible policy;

(8) "Receiver", shall have the same meaning ascribed to it in section 375.1152.

3. Unless otherwise agreed by the responsible guaranty association, all large deductible claims which are also "covered claims", as defined by the applicable guaranty association law, including those that may have been funded by an insured before liquidation, shall be turned over to the guaranty association for handling. To the extent the insured funds or pays the deductible claim pursuant to an agreement by the guaranty fund or otherwise, the insured's funding or payment of a deductible claim will extinguish the obligations, if any, of the receiver or any guaranty association to pay such claim. No charge of any kind shall be made against the receiver or a guaranty association on the basis of an insured's funding or payment of a deductible claim.

4. To the extent a guaranty association pays any deductible claim for which the insurer would have been entitled to reimbursement from the insured, a guaranty association shall be entitled to the full amount of the reimbursement and available collateral as provided for under this section to the extent necessary to reimburse the guaranty association. Such reimbursements and collateral shall be subject to any reasonable and actual expenses recovered by the receiver as provided for under subsection 7 of this section.

Reimbursements paid to the guaranty association under this subsection shall not be treated as distributions under section 375.1218 or as early access payments under section 375.1205. To the extent that a guaranty association pays a deductible claim that is not reimbursed either from collateral or by insured payments, or incurred expenses in connection with large deductible policies that are not reimbursed under this section, the guaranty association shall be entitled to assert a claim for those amounts in the delinquency proceeding. Nothing in this subsection limits any rights of the receiver or a guaranty association that may otherwise exist under applicable law to obtain reimbursement from insureds for claims payments made by the guaranty association under policies of the insurer or for the guaranty association's related expenses such as those affording the guaranty association the right to recover for claims payments made to or on behalf of high net worth insureds or claimants.

5. (1) The receiver shall have the obligation to collect reimbursements owed for deductible claims as provided for herein and shall take all commercially reasonable actions to collect such reimbursements. The receiver shall promptly bill insureds for reimbursement of deductible claims:

(a) Paid by the insurer prior to the commencement of delinquency proceedings;

(b) Paid by a guaranty association upon receipt by the receiver of notice from a guaranty association of reimbursable payments; or

(c) Paid or allowed by the receiver.

(2) If the insured does not make payment within the time specified in the large deductible policy, or within sixty days after the date of billing if no time is specified, the receiver shall take all commercially reasonable actions to collect any reimbursements owed.

(3) Neither the insolvency of the insurer, nor its inability to perform any of its obligations under the large deductible policy, shall be a defense to the insured's reimbursement obligation under the large deductible policy.

(4) Except for gross negligence, an allegation of improper handling or payment of a deductible claim by the insurer, the receiver, or any guaranty association shall not be a defense to the insured's reimbursement obligations under the large deductible policy.

6. (1) Subject to the provisions of this subsection, the receiver shall utilize collateral if available to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or other payment obligations. A guaranty association shall be entitled to collateral as provided for in this subsection to the extent needed to reimburse a guaranty association for the payments of a deductible claim. Any distributions made to a guaranty association under this subsection shall not be treated as distributions under section 375.1218 or as early access payments under section 375.1205.

(2) All claims against the collateral shall be paid in the order received and no claim of the receiver, including those described in this subsection, shall supersede any other claim against the collateral as described in subdivision (4) of this subsection.

(3) The receiver shall draw down collateral to the extent necessary in the event that the insured fails to:

(a) Perform its funding or payment obligations under any large deductible policy;

(b) Pay deductible claim reimbursements within the time specified in the large deductible policy or within sixty days after the date of the billing if no time is specified;

(c) Pay amounts due the estate for preliquidation obligations;

(d) Timely fund any other secured obligation; or

(e) Timely pay expenses.

(4) Claims that are validly asserted against the collateral shall be satisfied in the order in which such claims are received by the receiver; except that, if more than one creditor has a valid claim against the same collateral and the available collateral, along with billing collection efforts and to the extent that the collateral is subject to other known secured obligations, are together insufficient to pay each creditor in full, then the director as rehabilitator or liquidator shall prorate payments to each creditor based upon the relationship the amount of claims each creditor has paid bears to the total of all claims paid by all such creditors.

(5) Excess collateral may be returned to the insured as determined by the receiver after a periodic review of claims paid, outstanding case reserves, and a factor for incurred but not reported claims.

7. The receiver shall be entitled to deduct from the collateral or from the deductible reimbursements reasonable and actual expenses incurred in connection with the collection of the collateral and deductible reimbursements under the provisions of this section, subject to the review and approval by the court.

8. The court having jurisdiction over the delinquency proceedings under section 375.1154 shall have jurisdiction to resolve disputes arising under the provisions of this section.

9. The provisions of this section shall apply to all delinquency proceedings that either commence on or after the effective date of this section or are open and pending on the effective date of this section, provided that, the provisions of this section shall not affect any delinquency proceeding for which a final order of liquidation with a finding of insolvency has been entered by a court of competent jurisdiction prior to the effective date of this section.

10. Nothing in this section is intended to limit or adversely affect any rights or powers a guaranty association may have under applicable state law to obtain reimbursement from certain classes of policyholders for claims payments made by the guaranty association under policies of the insolvent insurer, or for related expenses the guaranty association incurs.

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.