



Legislative Activity Report

National Council on Compensation Insurance

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Regulatory Services

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

LEGISLATIVE ACTIVITY—LEGISLATIVE SESSION UPDATES

This report contains descriptions and/or excerpts of relevant bills that 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 27, 2016.

Arkansas

HB 1010/SB 13 were:

- Passed by the first chamber on May 20, 2016
- Included in NCCI's May 27, 2016 *Legislative Activity Report* (RLA-2016-20)
- Passed by the second chamber and enacted on May 23, 2016, with an effective date of August 22, 2016

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%).

...

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.

...

(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.

Louisiana

HB 476 was:

- Passed by the first chamber on April 27, 2016
- Included in NCCI's May 6, 2016 *Legislative Activity Report* (RLA-2016-17)
- Passed by the second chamber on May 10, 2016
- Included in NCCI's May 20, 2016 *Legislative Activity Report* (RLA-2016-19)
- Enacted on May 27, 2016, with an effective date of August 1, 2016

HB 476 amends *section 22:890 Certificates of insurance* of the Louisiana Revised Statutes, in part, as follows:

§890. Certificates of insurance

A. For the purposes of this Section:

(1) "Certificate" or "certificate of insurance" means any document, instrument, or record, including an electronic record, no matter how titled or described, which is prepared by an insurer or insurance producer and issued to a third person not a party to the subject insurance contract, as evidence of property and casualty insurance coverage. "Certificate" or "certificate of insurance" shall not mean an insurance binder.

(2) "Certificate holder" means any person, other than a policyholder, that is designated on a certificate of insurance as a "certificate holder" or any person, other than a policyholder, to whom a certificate of insurance has been issued by an insurer or insurance producer at the request of the policyholder.

(3) "Electronic record" shall have the meaning defined in R.S. 9:2602 (7).

(4) "Insurance" shall have the meaning defined in R.S. 22:46 (9).

(5) "Insurance producer" shall have the same definition as set forth in R.S. 22:1542.

(6) "Insurer" means an insurer as defined in R.S. 22:46 (10) and any other person engaged in the business of making property and casualty insurance contracts, including but not limited to self-insurers, syndicates, risk purchasing groups, and similar risk transfer entities. "Insurer" shall not mean any person self-insured for purposes of workers' compensation, including any group self-insurance fund authorized pursuant to R.S. 23:1195 et seq., any interlocal risk management agency authorized pursuant to R.S. 33:1341 et seq., or any self-insured employer authorized pursuant to R.S. 23:1168 et seq.

(7) "Lender" means an individual, partnership, corporation, limited liability company, association, federally insured depository institution, or other entity, agent, loan agent, servicing agent, or loan or mortgage broker, who makes, owns, or services a loan.

...

C. No person, other than a lender, wherever located, may prepare, issue, or request the issuance of a certificate of insurance for risks located in this state unless the form has been filed with and approved by the commissioner of insurance. ~~No person, wherever located, may alter or modify an approved certificate of insurance form unless the alteration or modification has been approved by the commissioner of insurance~~ certificate is issued on standard certificate of insurance forms promulgated by the insurer, the Association for Cooperative Operations Research and Development (ACORD), the American Association of Insurance Services (AAIS), or the Insurance Services Office (ISO).

D. The commissioner of insurance shall disapprove a form filed under this Section or withdraw approval of a form if that form:

(1) Is unfair, misleading, or deceptive, or violates public policy.

(2) Violates any state statute or regulation validly promulgated by the commissioner of insurance.

(3) Requires certification of insurance coverages that are not available.

E. ~~The commissioner may approve a certificate of insurance form that does not state that the form is provided for information only or similar language, provided that the form states that the certificate of insurance does not confer any rights or obligations other than those conveyed by the policy and that the terms of the policy control. Further, use of such a form shall not be, in and of itself, cause for disapproval by the commissioner under the provisions of Subsection D of this Section.~~

F. (1) ~~The commissioner of insurance shall approve or disapprove certificate of insurance forms filed pursuant to this Section in writing within forty five days of receipt of the form.~~

(2) ~~Standard certificate of insurance forms promulgated by the Association for Cooperative Operations Research and Development (ACORD), the American Association of Insurance Services (AAIS), or the Insurance Services Office (ISO) shall be filed, but are deemed approved by the commissioner of insurance, provided these forms comply with the provisions of this Section.~~

G. No person shall demand or request the issuance of a certificate of insurance from an insurer, insurance producer, or policyholder that contains any false or misleading information concerning the policy of insurance to which the certificate makes reference.

H. ~~E. (1)(a) No person may prepare, issue, or request an insurance producer prepare or issue, either in addition to or in lieu of a certificate of insurance, an opinion letter or other document or correspondence, instrument, or record, including an electronic record, that is inconsistent with this Section;~~

(b) The provisions of Subparagraph (a) of this Paragraph shall not apply to lenders, as defined in this Section, or to certificates of insurance required or requested by a lender from a policyholder.

(2)(a) however, A person may request that an insurer or insurance producer may prepare or issue an addendum that clarifies, explains, summarizes, or provides a statement of the coverages provided by a policy of insurance and otherwise complies with the requirements of this Section.

(b) Notwithstanding Subparagraph (a) of this Paragraph, a lender may request that an insurer or insurance producer prepare or issue an addendum that clarifies, explains, summarizes, or provides a statement of the coverages provided by a policy of insurance and otherwise complies with the requirements of this Section.

...

J. ~~G. A certificate of insurance form which has been approved by the commissioner issued in accordance with this Section and properly executed and issued by a property and casualty insurer or an insurance producer, shall constitute a confirmation that the referenced insurance policy has been issued or that coverage has been bound notwithstanding the inclusion of "for information purposes only" or similar language on the face of the certificate. A certificate of insurance is not a policy of insurance and does not affirmatively or negatively amend, extend, or alter the coverage afforded by the policy to which the certificate of insurance makes reference. A certificate of insurance shall not confer to a certificate holder new or additional rights beyond what the referenced policy or any validly executed endorsements of insurance provides.~~

~~H. No certificate of insurance shall contain references to legal or insurance requirements contained in any contracts other than the underlying contracts of insurance, including but not limited to construction or service contracts. The certificate of insurance may list only the specific forms or endorsements contained in the underlying contracts of insurance. No certificate holder or other interested party may require an interpretation of those forms or endorsements from the insurance agent. The provisions of this Subsection shall not apply to lenders, as defined in this Section, or to certificates of insurance required or requested by a lender from a policyholder.~~

BILLS PASSING SECOND CHAMBER

There were no relevant workers compensation-related bills that passed the second chamber within the one-week period ending May 27, 2016.

BILLS PASSING FIRST CHAMBER

There were no relevant workers compensation-related bills that passed the first chamber within the one-week period ending May 27, 2016.

BILLS VETOED BY GOVERNOR

The following workers compensation-related bill was vetoed by the governor within the one-week period ending May 27, 2016.

Maryland

SB 839 was:

- Passed by the first chamber on March 25, 2016
- Included in NCCI's April 1, 2016 *Legislative Activity Report* (RLA-2016-12)
- Passed by the second chamber on April 8, 2016
- Included in NCCI's April 15, 2016 *Legislative Activity Report* (RLA-2016-14)
- Vetoed by the governor on May 27, 2016*

SB 839 amends *section 11-307 Rate Filings* of the Maryland Insurance Code as follows:

11-307 Rate Filings

(a) Required.—

- (1) Except as otherwise provided in this subsection, each authorized insurer and each rating organization that has been designated by an insurer for the filing of rates under subsection (b) of this section shall file with the Commissioner all rates and supplementary rate information and all changes and amendments of rates and supplementary information made by it for use in the State on or before the date they become effective.
- (2) Rates and supplementary rate information need not be filed for inland marine risks that by general custom are not written according to manual rules or rating plans.

(b) Establishing rates and supplementary rate information.—

- (1) An insurer may itself establish rates and supplementary rate information based on the factors in § 11-306 of this subtitle.
- (2) Except for workers' compensation insurance rates, an insurer may use rates and supplementary rate information prepared and filed with the Commissioner by a rating organization of which it is a member or subscriber, with average loss factors or expense factors determined by the rating organization or with modification for its own expense and loss experience as the credibility of that experience allows.
- (3) If an insurer uses rates and supplementary rate information prepared by a rating organization:
 - (i) the insurer shall notify the Commissioner that it uses rates and supplementary rate information prepared and filed with the Commissioner by a designated rating organization of which it is a member or subscriber and shall provide the Commissioner with information about modifications of those rates and supplementary rate information that is necessary to inform the Commissioner fully; and
 - (ii) subject to modifications filed by the insurer, the insurer's rates and supplementary rate information shall be those filed periodically by the rating organization, including any amendments to those filings.

(c) Public inspection.—

(1) In this subsection, "proprietary rate-related information":

(i) means a rating model; and

(ii) includes the formulas, algorithms, analyses, and specific weights given to variables used in the model.

(2) (i) Each except as provided in paragraph (3) of this subsection, each filing and any supporting information filed under this subtitle shall be open to public inspection as soon as filed.

(2) (ii) On request and payment of a reasonable charge, a person may obtain copies of a filing and any supporting information.

(3) (i) information that an insurer files with the Commissioner and identifies as proprietary rate-related information:

1. Constitutes a trade secret and confidential commercial information;

2. Subject to subparagraph (ii) of this paragraph and except as provided in subparagraph (iii) of this paragraph, shall be kept confidential by the Commissioner; and

3. Is not subject to subpoena served on the Commissioner or any recipient of proprietary rate-related information under subparagraph (iii) of this paragraph.

(ii) 1. If except as provided in subparagraph 2 of this subparagraph, if the Commissioner determines that some or all of the material that an insurer files and identifies as proprietary rate-related information does not constitute proprietary rate-related information as defined in paragraph (1) of this subsection, the Commissioner shall:

A. Give the insurer written notice of that determination; and

B. Make the material open to public inspection 10 business days after the date the Commissioner gives notice of the determination to the insurer.

2. The Commissioner may not disclose the material if:

A. The insurer has not put the rate filing into effect; and

B. Within the time period described in subparagraph 1b of this subparagraph, the insurer withdraws the rate filing and notifies the Commissioner that the rate filing is withdrawn.

(iii) this paragraph does not prohibit the Commissioner from disclosing an insurer's proprietary rate-related information:

1. In furtherance of a regulatory or legal action that the Commissioner undertakes in performing the Commissioner's duties under this article;

2. If the recipient enters into a written agreement to maintain the confidentiality of the proprietary rate-related information, to:
A. An outside consultant that the Commissioner engages to assist the Commissioner in reviewing the insurer’s rate filing;
B. Another state’s insurance regulatory agency;
C. The National Association of Insurance Commissioners; or
D. A state or federal law enforcement authority, including the United States Department of Justice and the Maryland Attorney General, if acting in a law enforcement capacity; or
3. If the proprietary rate-related information is part of a homeowner’s insurance or medical malpractice insurance rate filing, to the People’s Insurance Counsel Division acting under § 6-306 of the state government article.
(iv) the People’s Insurance Counsel Division shall maintain the confidentiality of proprietary rate-related information disclosed to the division under item 3 of this subparagraph.
~~(iv)~~ (v) the Commissioner shall notify the insurer in writing at least 10 business days before the Commissioner discloses any of the insurer’s proprietary rate-related information under subparagraph (iii) of this paragraph.
~~(v)~~ (vi) in addition to any other rights an insurer may have under any other applicable law, the insurer may seek to have any disclosure of the insurer’s proprietary rate-related information under subparagraph (iii)1 of this paragraph be made under seal or other protection of confidentiality.
~~(vi)~~ (vii) there is no waiver of any applicable privilege or claim of confidentiality with regard to any proprietary rate-related information that is disclosed under subparagraph (iii) of this paragraph.
(4) This subsection may not be construed to:
(i) authorize an insurer to designate the rating factors used to calculate the premium as proprietary rate-related information; or
(ii) authorize the Commissioner to keep the rating factors confidential.

(d) Action by Commissioner.—
(1) The Commissioner may investigate and determine whether or not rates in the State are excessive, inadequate, or unfairly discriminatory.
(2) In an investigation and determination under this subsection, the Commissioner shall give due consideration to the factors specified in § 11-306 of this subtitle.

* **SB 839** was vetoed because it is a duplicate bill. Duplicate bill **HB 958** was enacted on May 10, 2016.

The following section contains monthly updates on significant legislative activity, judicial decisions, and regulatory committee activity that may impact the workers compensation system and will be included in the report the first week of every month throughout the year.

FEDERAL ISSUES

Issue	Update
Congress	Congress returned after the Memorial Day recess and continued to work on federal government appropriations bills. Legislation must be enacted or another mechanism (i.e., Continuing Resolution) needs to be in place prior to the end of the fiscal year on September 30, 2016. Two issues with workers compensation impact that could be addressed prior to summer recess are Medicare set-aside reform legislation and providing states with the authority to regulate air ambulances.
TRIPRA of 2015 Implementation	<p>The Federal Insurance Office (FIO) has completed its data collection effort under Section 111 of the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA or the Act) and is working on a report on the impact of the Act on insurance markets. NCCI provided a workers compensation data set to FIO to assist with its analysis. Workers compensation is the only covered line of insurance included in TRIPRA for specific impact evaluations. The Act requires FIO to provide the report to Congress by June 30, 2016, and every year thereafter.</p> <p>Federal focus continues on the implementation of several provisions of TRIPRA of 2015. The Advisory Committee on Risk Sharing Mechanisms (ACRSM) is continuing its discussions of potential approaches to the federal government’s role in terrorism risk. As required under TRIPRA, the ACRSM is working on proposals that would further reduce the federal government’s exposure under the Terrorism Risk Insurance Program.</p> <p>The General Accountability Office (GAO) is nearing completion on a study mandated under TRIPRA regarding possible alternative funding mechanisms Congress could consider during the next reauthorization debate. Specifically, the GAO examination must include the efficacy of the federal government charging carriers an upfront premium to participate in the program, the feasibility of creating a capital reserve fund, as well as a review of approaches to the terrorism risk funding taken by other countries. The GAO report is anticipated to be released in the fourth quarter of this year.</p>

STATE LEGISLATIVE ACTIVITY

State	Update
Rhode Island	<p>HB 8203/SB 2945 Substitute A are the Workers compensation Advisory Council's omnibus bills. Notable provisions include:</p> <ul style="list-style-type: none"> Increasing the mileage reimbursement rate for employees who attend medical examinations or rehabilitation Postponing the partial incapacity benefits deadline from 2021 to 2023 Increasing the daily reimbursement for members of the medical advisory board from \$300 to \$500 Extending the commencement date of the payments to employees of uninsured employers statute from January 1, 2017, to July 1, 2017 Authorizing the director of labor and training to recover the cost of legal services and fees incurred in fraud investigations and examinations

OTHER ITEMS OF INTEREST

State	Update
Connecticut	<p>In <i>David Petrini v. Marcus Dairy Inc. and Gallagher-Bassett Service</i>, the Workers' Compensation Commission (WCC) affirmed the decision of the Trial Commissioner that the claimant's use of medical marijuana for pain management constitutes reasonable and necessary medical treatment. In addition, the WCC affirmed the trier's order that the respondents pay for the cost of medical marijuana.</p>
Florida	<p>On April 28, the Florida Supreme Court issued an opinion in the case of <i>Castellanos v. Next Door Company, et al.</i>, declaring Section 440.34, Florida Statutes, unconstitutional. The anticipated impact of the decision is the elimination of the statutory caps on claimant attorney fees and a return to hourly fees. On May 27, 2016, NCCI submitted a law-only filing to the Florida Office of Insurance Regulation with a rate impact of +17.1% (\$623M), effective August 1, 2016. It includes components for two law changes:</p> <ul style="list-style-type: none"> First year impact for <i>Castellanos</i> of +15% Impact of +1.8% in response to SB 1402, which ratified updates to the <i>Florida Workers' Compensation Health Care Provider Reimbursement Manual</i> <p>A public rate hearing will be scheduled for July.</p>
Oklahoma	<p>On February 26, the Workers' Compensation Commission (WCC), in <i>Vasquez v. Dillard's, Inc.</i>, ruled the Oklahoma Employee Injury Benefit Act unconstitutional. On March 17, Dillard's appealed and argued that the WCC had no jurisdiction to assert a ruling. On April 19, the state's Supreme Court ruled that the WCC does in fact have authority to rule on such matters of constitutionality. Following both rulings in this matter, the Oklahoma attorney general requested a stay in the appeal on the basis that the state's legislature would propose changes to clarify the state's laws. The Supreme Court denied the attorney general's request and will proceed with hearing the case.</p>
Utah	<p>In <i>Injured Workers Association of Utah v. State of Utah</i>, the Utah Supreme Court recently held that the statute granting the Labor Commission the full power to regulate and fix attorney fees in workers compensation cases, along with the mandated claimant attorney fee schedule, is unconstitutional.</p> <p>The basis for the Supreme Court's decision was that the regulation of attorney fees by the Commission falls squarely within the practice of law and a 1985 Utah constitutional amendment vested the high court with the exclusive power to govern the practice of law. Consequently, separation of powers precludes the Utah Supreme Court from delegating its exclusive power to regulate attorney fees to the legislature or the Commission.</p> <p>The now invalidated claimant attorney fee schedule constituted the following:</p> <ul style="list-style-type: none"> 25% of first \$25,000 award, 20% next \$25,000 award, and 10% of award in excess of \$50,000 Cap of \$18,590 in attorney fees (save for additional fees if case is appealed) <p>Claimant attorney fees are now to be negotiated between the claimant and attorney. Relying upon the Utah Rules of Professional Conduct governing all Utah attorneys, the high court held such fees must be reasonable.</p>
Vermont	<p>The Vermont Department of Labor proposed amendments to Rule 20.0000. Costs and Attorney Fees; Attorney Liens. The proposed rule will increase the rate at which attorney fees and liens are awarded from \$145 per hour to \$225 per hour. The proposed rule will also add a provision setting the rate at which paralegal fees are awarded at \$75 per hour. Lastly, the proposed rule will establish a mechanism by which the rates will be reviewed and, if necessary, adjusted annually based on increases in the Consumer Price Index.</p>

NCCI estimates that the rule would likely result in a negligible increase in overall workers compensation system costs in Vermont.

The Vermont Department of Labor also proposed amendments to Rules 11.1400 and 12.1730. The amendments would establish a rebuttable presumption allowing a workers compensation insurance carrier to deny or discontinue payment for opioid medications prescribed to treat an injured worker's chronic pain if the prescribing provider failed to comply with best practices as described in the Vermont Department of Health Rule Governing the Prescribing of Opioids for Chronic Pain. In such cases, the injured worker will have the burden of proving that the prescribed medications constitute reasonable medical treatment notwithstanding the prescribing provider's failure to comply.

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.