



Legislative Activity Report

National Council on Compensation Insurance

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Regulatory Services

June 10, 2016

RLA-2016-22

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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 June 3, 2016.

Connecticut

SB 101 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 3, 2016
- Included in NCCI's May 13, 2016 *Legislative Activity Report* (RLA-2016-18)
- Enacted on June 1, 2016, with an effective date of October 1, 2016

SB 101 amends *section 31-286a Insurance requirements for contractors on public works projects and renewals of state business licenses* of the Connecticut Workers Compensation Act as follows:

31-286a Insurance requirements for contractors on public works projects and renewals of state business licenses.

(a) Notwithstanding any provision of any general statute, special act, charter or ordinance, neither the state, or its agents, nor any political subdivision of the state, or its agents, may enter into any contract on or after October 1, 1986, for the construction, remodeling, refinishing, refurbishing, rehabilitation, alteration or repair of any public works project before receiving from each of the other parties to such contract (1) sufficient evidence of compliance with the workers' compensation insurance and self-insurance requirements of subsection (b) of section 31-284, and (2) a current statement from the State Treasurer that, to the best of his knowledge and belief, as of the date of the statement, the particular party was not liable to the state for any workers' compensation payments made pursuant to section 31-355, except that any sole proprietor who is a party to such contract shall not be subject to the provisions of this section, provided such sole proprietor (A) does not utilize any subcontractor in performing such contract, (B) is not acting as a principal employer, (C) has not accepted the provisions of chapter 568 in accordance with subdivision (10) of section 31-275, and (D) has liability insurance in lieu of workers' compensation insurance.

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South Carolina

SB 1064 was:

- Passed by the first chamber on April 12, 2016
- Included in NCCI's April 22, 2016 *Legislative Activity Report* (RLA-2016-15)
- Passed by the second chamber, enacted, and effective on June 2, 2016

SB 1064 amends *sections 38-73-525 Filing of multiplier for expenses by insurers writing workers' compensation and 38-73-1210 Members of rating organization not required to file individually; rates for members in first year; collection, compilation and dissemination of premium data* of the South Carolina Code of Laws as follows:

Section 38-73-525 Filing of multiplier for expenses by insurers writing workers' compensation

(A) Each insurer writing workers' compensation insurance shall adopt the most recent loss costs within sixty days after approval of

these loss costs. This loss costs adoption must become effective no later than one hundred twenty days after the effective date of the approved loss costs. An insurer must notify the department of its adoption of the most recently approved loss costs by filing a notification on a form and in a manner prescribed by the director or his designee. The notification filing required by this subsection does not constitute a rate filing and is not subject to prior approval.

(B)(1) At least ~~thirty~~ sixty days ~~prior to~~ before using a new ~~rates, every~~ multiplier for expenses, assessments, profits, and contingencies, each insurer writing workers' compensation ~~must~~ shall file its multiplier for expenses, assessments, profit, and contingencies and any information relied upon by the insurer to support the multiplier and any modifications to loss costs. A copy of the filing must be provided simultaneously to the consumer advocate.

(2) ~~The filing~~ Filings submitted pursuant to item (1) must be filed on a form and in the manner prescribed by the director or his designee and must contain, at a minimum, the following information: commission expense; other acquisition expense; general expense; expenses associated with recoveries from the Second Injury Fund; guaranty fund assessments; other assessments; premium taxes; miscellaneous taxes, licenses, or fees; ~~and a provision for profit and contingencies, and the date of approval of the loss costs to which the multiplier is applied, which must be the most recently approved loss costs.~~

(3) ~~Rate~~ Filings submitted pursuant to item (1) are subject to approval of the director or his designee and must be reviewed by an actuary employed or retained by the department who is a member of the American Academy of Actuaries or an associate or fellow of the Casualty Actuarial Society.

(4)(a) Within the ~~thirty-day~~ sixty-day period, if the director or his ~~or her~~ designee believes the information filed is not complete, the director or his ~~or her~~ designee ~~must~~ shall notify the insurer of additional information to be provided. Within fifteen days of receipt of the notification, the insurer ~~must~~ shall provide the requested information or file for a hearing challenging the reasonableness of the director's or his ~~or her~~ designee's request. The burden is on the insurer to justify the denial of the additional information.

(b) Unless a hearing ~~has been~~ is requested, upon expiration of the ~~thirty-day~~ sixty-day period or the fifteen-day period, whichever is later, the insurer may use the ~~rates developed using the multiplier of expenses, assessments, profit, and contingencies~~ multiplier for expenses, assessments, profit, and contingencies.

Section 38-73-1210 Members of rating organization not required to file individually; rates for members in first year; collection, compilation and dissemination of premium data

(A)(1) This item applies to property and casualty insurance but does not apply to workers' compensation insurance. An insurer may satisfy its obligation to make required filings by becoming a member of, or a subscriber to, a licensed rating organization which makes filings and by authorizing the director or his designee to accept the filings on its behalf. However, notwithstanding ~~any other provisions~~ another provision of this article, ~~no~~ a member or subscriber ~~may~~, within twelve months after its membership or subscribership, ~~may not~~ file to adopt ~~any~~ a rate approved for use for the rating organization if the rate is more than the rate in use by the member or subscriber ~~prior to~~ before its membership or subscribership in the rating organization. Further, notwithstanding the provisions of Sections 38-73-1300, and 38-73-1310, and ~~38-73-1320, no~~ a member or subscriber, within twelve months after its membership or subscribership, ~~may not~~ be granted an upward deviation from its rate in use when becoming a member or subscriber. However, if a rate increase for the rating organization is approved within twelve months after an insurer becomes a member or subscriber, the member or subscriber may increase its rates by the same percentage of increase granted the rating organization. Nothing contained in this chapter may be construed as ~~requiring any~~ to require an insurer to become a member of or a subscriber to ~~any~~ a rating organization.

(2) This item applies to workers' compensation insurance. An insurer may satisfy its obligation to make required filings by becoming a member of, or a subscriber to, a licensed rating organization that makes filings and by authorizing the director or his designee to accept the filings on its behalf. However, a licensed rating organization may not satisfy the insurer's obligation to make filings required pursuant to Section 38-73-525.

(B) In addition to other activities not prohibited by this chapter, a rating organization may collect, compile, and disseminate to insurers compilations of past and current premiums of insurers.

Vermont

HB 872 was:

- Passed by the first chamber on March 24, 2016
- Included in NCCI's April 1, 2016 *Legislative Activity Report* (RLA-2016-12)
- Amended and passed by the second chamber on April 26, 2016*
- Amended by Conference Committee—amendments adopted by the House and Senate on May 6, 2016
- Enacted on May 31, 2016, with an effective date of July 1, 2016 for the language included below

HB 872 adjusts certain Executive Branch fees regarding the Workers' Compensation Fund including, but not limited to, the following:

Workers' Compensation Rate of Contribution

For fiscal year 2017, after consideration of the formula in 21 V.S.A. § 711(b) and historical rate trends, the General Assembly has established that the rate of contribution for the direct calendar year premium for workers' compensation insurance shall be set at the rate of 1.45 percent established in 2015 Acts and Resolves No. 57, Sec. 25, notwithstanding 21 V.S.A. § 711(a). The contribution rate for self-insured workers' compensation losses and workers' compensation losses of corporations approved under 21 V.S.A. chapter 9 shall remain at one percent.

* The amended version of **HB 872** that was passed by the second chamber did not contain any relevant workers compensation-related language, therefore, it was not included in the *Legislative Activity Report* when it passed the second chamber.

BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending June 3, 2016.

Illinois

HB 6225 was:

- Passed by the first chamber on April 15, 2016
- Included in NCCI's April 22, 2016 *Legislative Activity Report* (RLA-2016-15)
- Passed by the second chamber on May 30, 2016

HB 6225 amends *sections 215 ILCS 113/25 Record keeping and reporting requirement* and *215 ILCS 113/30 Responsibility for policy issuance and continuance* of the Illinois Compiled Statutes Annotated as follows:

215 ILCS 113/25 Record keeping and reporting requirement

- (a) A lessor shall maintain accounting and employment records relating to all employee leasing arrangements for a minimum of 4 calendar years. A lessor shall maintain the address of each office it maintains in this State, at its principal place of business.
- (b) A lessor shall maintain sufficient information in a manner consistent with a licensed rating organization's data submission requirements to permit the rating organization licensed under Section 459 of the Illinois Insurance Code to calculate an experience modification factor for the lessee.
- (c) Upon written request of a lessee with an annual payroll attributed to it in excess of \$200,000, the lessor shall provide the lessee's experience modification factor to the lessee within 30 days of the request.
- (d) Upon request of a lessee with an annual payroll attributed to it of less than \$200,000, the lessor shall provide the loss information required to be maintained by this Section to the lessee within 30 days of the request.
- (e) Nothing in this Section shall preclude a licensed rating organization from calculating the experience modification factor for each lessee nor an insurer from maintaining and furnishing on behalf of the lessor, such information as required by this Section.
- (f) In the event that a lessee's experience modification factor exceeds the lessor's experience modification factor by 50% at the inception of the employee leasing arrangement, the lessee's experience modification factor shall be utilized to calculate the premium or costs charged to the lessee for workers' compensation coverage for a period of 2 years. Thereafter, the premium charged by the insurer for inclusion of a lessee under a lessor's policy may be calculated on the basis of the lessor's experience modification factor.
- (g) A lessor that does not provide workers' compensation insurance coverage for leased employees of a lessee under an employee leasing arrangement shall not be subject to compliance with subsections (b) through (f) of this Section.

215 ILCS 113/30 Responsibility for policy issuance and continuance

- (a) Either a lessor or lessee may provide workers' compensation insurance coverage for leased employees under an employee leasing arrangement. When a workers' compensation policy written to cover leased employees is issued to the lessor as the named insured, the lessee shall be identified thereon by the attachment of an appropriate endorsement indicating that the policy provides coverage for leased employees. The endorsement shall, at a minimum, provide for the following:
- (1) Coverage under the endorsement shall be limited to the named insured's employees leased to the lessees.
 - (2) The experience of the employees leased to the particular lessee shall be separately maintained by the lessor as provided in Section 25.
- ...
- (f) When the lessee provides workers' compensation coverage for leased employees under an employee leasing arrangement, the lessor shall notify the Department in a manner specified by the Department to ensure proper and timely notification of coverage to the Department.

Louisiana

SB 44 was:

- Passed by the first chamber on May 4, 2016
- Included in NCCI's May 13, 2016 *Legislative Activity Report* (RLA-2016-18)
- Passed by the second chamber on May 31, 2016

SB 44 amends *section 23:1103. Damages; apportionment of between employer and employee in suits against third persons; compromise of claims; credit* of the Louisiana Revised Statutes as follows:

§1103. Damages; apportionment of between employer and employee in suits against third persons; compromise of claims; credit

- ...
- D. An insurer shall grant its insured a dollar-for-dollar credit for any amount on any claim paid pursuant to this Chapter on the employer's behalf and recovered in the current year, less any reasonable expenses incurred in the recovery by the insurer, in an action or compromise pursuant to this Section and R.S. 23:1102. The credit shall be used by the insurer in the calculation, ~~including~~

but not limited to loss experience ratios, of the loss experience modifier promulgated by and in accordance with the rules of the National Council on Compensation Insurance, to be applied in determining the annual premium paid by the employer for workers' compensation insurance under this Chapter. The group self-insurance fund shall apply the loss experience modifier authorized by R.S. 23:1196.

HB 280 was:

- Passed by the first chamber on May 4, 2016
- Included in NCCI's May 13, 2016 *Legislative Activity Report* (RLA-2016-18)
- Amended and passed by the second chamber on June 3, 2016

HB 280 amends *sections 23:1191. Definitions, 23:1197. Authority of Department of Insurance, and 23:1200.5. Insolvencies*; and creates *section 1200.18 Dissolution* of the Louisiana Revised Statutes as follows:

§1191. Definitions

For the purposes of this Subpart, the following terms have the following meaning:

...

(3) "Hazardous financial condition" means that, based upon its present or reasonably anticipated financial condition, a fund, although not yet financially impaired or insolvent, is unlikely to be able to:

- (a) Meet obligations with respect to known claims and reasonably anticipated claims.
- (b) Pay other obligations in the normal course of business.

...

§1197. Authority of Department of Insurance

...

D. The department shall have authority to issue cease and desist orders and suspend or revoke the certificate of authority of any fund which the department determines is not in compliance with this Subpart or with any rules and regulations issued by the department or orders and directives issued by the commissioner. Without limiting the generality of the provisions of this Subsection, a cease and desist order may include a prohibition on writing or incurring any new or renewal business by the fund.

E. Upon the determination by the commissioner that a fund or any trustee, member, officer, director, or employee of a fund failed to comply with the provisions of this Subpart, any applicable laws relating to the fund or any rules and regulations promulgated by the department or orders and directives issued by the commissioner, the department may levy a fine not to exceed two thousand dollars for each violation. If the conduct for which a previous fine was levied by the department is committed again, the department may levy a fine not to exceed four thousand dollars. The enforcement of any fine and any appeal from a fine shall be conducted in accordance with the Administrative Procedure Act.

...

H.(1) The commissioner is authorized to order a group self-insurance fund to submit a corrective action plan to the commissioner for his approval to remediate any noncompliance or financial issues affecting the fund. This authority is in addition to any other authority the commissioner holds.

(2) The corrective action plan shall be submitted by the fund to the commissioner for his approval and include standards, time frames, and other parameters acceptable to the commissioner. Any corrective action plan that is submitted to the commissioner by a fund is confidential and not subject to the Public Records Law, R.S. 44:1 et seq.

(3) Without limiting the discretion of the commissioner, the corrective action plan may include any of the following:

- (a) Mandatory training.
- (b) On-or off-site monitoring and supervision of the activities of the fund for a specified period of time to determine progress regarding correction of deficiencies.
- (c) The submission of written progress reports.
- (d) The institution of measures to conserve or generate additional funding for the fund.
- (e) The imposition of fines and penalties for any misconduct which contributed to the need for the imposition of the corrective action plan.

(4) Failure by the group self-insurance fund to comply with a corrective action plan approved by the commissioner may result in any of the following:

- (a) The imposition of fines and penalties.
- (b) Revocation of the fund's certificate of authority.
- (c) Placement of the fund into confidential administrative supervision.
- (d) Placement of the fund into conservation, rehabilitation, or liquidation.

§1200.5. Insolvencies

D.(1) In addition to any other powers of the commissioner, in the event that a group self-insurance fund is insolvent, operating in a hazardous financial condition, or operating in violation of the requirements of this Subpart, the commissioner is hereby expressly authorized to institute delinquency proceedings against the fund, including entering an order for injunctive relief or placing the fund into confidential administrative supervision, conservation, rehabilitation, or liquidation.

(2)(a) The Nineteenth Judicial District Court shall have exclusive jurisdiction to hear any delinquency proceeding instituted by the

commissioner for the failure of a fund to comply with the approved corrective action plan.

(b) The court may issue an injunction to restrain the fund and its officers, agents, directors, or employees from transacting any insurance business or disposing of property until further action by the court. The court may issue any other such injunction as it deems necessary to prevent interference with the proceedings or with the ability of the commissioner to conduct business, as well as any injunction sought to protect any assets that are in the control of the commissioner.

(3) The commissioner and the executive director of the Louisiana Workforce Commission shall jointly promulgate rules and regulations in accordance with the Administrative Procedure Act for the grounds, conduct, and procedures applicable to the delinquency proceedings. For the purposes of oversight in accordance with the Administrative Procedure Act, the legislative committees that shall review such proposed rules and regulations shall be the House Committee on Labor and Industrial Relations and the Senate Committee on Labor and Industrial Relations.

E. The distribution of general assets from the estate of a fund shall be prioritized as follows:

(1) The commissioner's costs and expenses of administration.

(2) Any amounts payable to the Louisiana Workers' Compensation Second Injury Fund, when the commissioner makes a determination that the payment is in the best interest of the estate of the fund.

(3) Payment of claims by injured workers, beneficiaries, and insureds arising from and within the coverage of agreements or evidences of coverage issued by the fund, up to the policy limits.

(4) Payment of claims by the federal government other than those claims otherwise prioritized within this Subsection.

(5)(a) Payment of compensation owed to employees of the fund, excluding officers, for services rendered within three months prior to the commencement of a proceeding against the fund, up to two thousand five hundred dollars for each employee.

(b) Payment to employees shall occur as soon as practicable after the proceeding has commenced provided that the commissioner has reserved the funds sufficient for the payment of claims as prioritized pursuant to this Subsection.

(6) Payment of claims for unearned premiums or other premium refunds and claims of general creditors, including claims of any ceding and assuming company in their capacity as such.

(7) Payment of all other claims.

§1200.18. Dissolution

A. A fund wishing to dissolve shall apply to the commissioner for authority to dissolve. An application to dissolve shall be on a form prescribed by the commissioner and shall be approved or disapproved by the commissioner within sixty days of receipt.

B. Dissolution of a fund without authorization is prohibited and shall not absolve or release a fund, a member, or any person or entity which has executed an indemnity agreement from the fund's or person's obligations incurred or entered into prior to the dissolution of the fund.

C. An application to dissolve shall be granted if either of the following conditions is met:

(1) The fund has no outstanding liabilities including incurred but not reported liabilities.

(2) The fund is covered by an irrevocable commitment from a licensed insurer which provides for payment of all outstanding liabilities and for providing all related services, including payment of claims, preparation of reports, and administration of transactions associated with the period during which the plan provided coverage.

D. Upon dissolution of any fund and after payment of all outstanding liabilities and indebtedness, the assets of the fund shall be distributed to all employers participating in the fund pursuant to a distribution plan submitted by the fund to the department and approved by the commissioner.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bill passed the first chamber within the one-week period ending June 3, 2016.

Rhode Island

SB 2945 Substitute A amends *sections 28-30-22. Medical advisory board, 28-33-18.3 Continuation of benefits—Partial incapacity, 28-33-39. Transportation costs for medical examination, 28-33-41. Rehabilitation of injured persons, and 28-53-7. Payments to employees of uninsured employers*; and creates *section 42-16.1-19. Cost of legal and audit fees* of the Rhode Island General Laws as follows:

§ 28-30-22. Medical advisory board.

(a) The chief judge of the workers' compensation court, in consultation with the appropriate medical or professional association, shall appoint a medical advisory board that shall serve at the chief judge's pleasure and consist of eleven (11) members in the following specialties: one orthopedic surgeon; one neurologist; one physiatrist; one chiropractor; one physical therapist; one internist; one psychiatrist or psychologist; and four (4) ad hoc physician members appointed at the discretion of the chief judge. Members of the board shall be reimbursed ~~three hundred dollars (\$300)~~ five hundred dollars (\$500) per day served in the discharge of the board's duties, not to exceed six thousand dollars (\$6,000) per member in any year. The chief judge shall designate the chairperson of the board.

...

§ 28-33-18.3. Continuation of benefits—Partial incapacity.

(a) (1) For all injuries occurring on or after September 1, 1990, in those cases where the employee has received a notice of intention to terminate partial incapacity benefits pursuant to § 28-33-18, the employee, or his or her duly authorized representative, may file

with the workers' compensation court a petition for continuation of benefits on forms prescribed by the workers' compensation court. In any proceeding before the workers' compensation court on a petition for continuation of partial incapacity benefits, where the employee demonstrates by a fair preponderance of the evidence that his or her partial incapacity poses a material hindrance to obtaining employment suitable to his or her limitation, partial incapacity benefits shall continue. For injuries on and after July 1, 2021 2023, "material hindrance" is defined to include only compensable injuries causing a greater than sixty-five percent (65%) degree of functional impairment and/or disability. Any period of time for which the employee has received benefits for total incapacity shall not be included in the calculation of the three hundred and twelve-week (312) period.

(2) The provisions of this subsection apply to all injuries from Sept. 1, 1990, to July 1, 2021 2023.

(b) (1) Where any employee's incapacity is partial and has extended for more than three hundred and twelve (312) weeks and the employee has proved an entitlement to continued benefits under subsection (a) of this section, payments made to these incapacitated employees shall be increased annually on the tenth (10th) day of May thereafter so long as the employee remains incapacitated. The increase shall be by an amount equal to the total percentage increase in the annual Consumer Price Index, United States City Average for Urban Wage Earners and Clerical Workers, as formulated and computed by the Bureau of Labor Statistics of the United States Department of Labor for the period of March 1 to February 28 each year.

(2) "Index", as used in this section, refers to the Consumer Price Index, United States City Average for Urban Wage Earners and Clerical Workers, as that index was formulated and computed by the Bureau of Labor Statistics of the United States Department of Labor.

(3) The annual increase shall be based upon the percentage increase, if any, in the Consumer Price Index for the month of a given year, over the index for February, the previous year. Thereafter, increases shall be made on May 10 annually, based upon the percentage increase, if any, in the Consumer Price Index for the period of March 1 to February 28.

(4) The computations in this section shall be made by the director of labor and training and promulgated to insurers and employers making payments required by this section. Increases shall be paid by insurers and employers without further order of the court. If payment payable under this section is not mailed within fourteen (14) days after the employer or insurer has been notified by publication in a newspaper of general circulation in the state it becomes due, there shall be added to the unpaid payment an amount equal to twenty percent (20%) of it, to be paid at the same time as, but in addition to, the payment.

(5) This section applies only to payment of weekly indemnity benefits to employees as described in subdivision (1) of this subsection and does not apply to specific compensation payments for loss of use or disfigurement or payment of dependency benefits or any other benefits payable under the workers' compensation act.

(c) No petitions for commutation shall be allowed or entertained in those cases where an employee is receiving benefits pursuant to this section.

§ 28-33-39. Transportation costs for medical examination.

The reasonable costs of transportation to and from the office of any examiner requested by the employer or of any impartial examiner appointed as provided in § 28-33-35 shall be charged to the employer and, if paid for by the employee, he or she shall be reimbursed in full for this expenditure by his or her employer, upon presentation of a receipt or other evidence of expenditure. The reasonable cost of transportation that occurs on or after July 1, 2016, is the rate equal to the per-mile rate allowed by the Internal Revenue Service for use of a privately owned automobile for business miles driven, as from time to time amended, for a private motor vehicle or the reasonable cost incurred for transportation, from the employee's point of departure, whether from the employee's home or place of employment, and return.

§ 28-33-41. Rehabilitation of injured persons.

...

(d) The employer shall bear the expense of rehabilitative services agreed to or ordered pursuant to this section. If those rehabilitative services require residence at or near or travel to a rehabilitative facility, the employer shall pay the employee's reasonable expense for board, lodging, and/or travel. The reasonable cost of transportation on or after July 1, 2016, is the rate equal to the per-mile rate allowed by the Internal Revenue Service for use of a privately owned automobile for business miles driven, as from time to time amended, for a private motor vehicle or the reasonable cost incurred for transportation, from the employee's point of departure, whether from the employee's home or place of employment, and return.

...

§ 28-53-7. Payments to employees of uninsured employers.

(a) Where it is determined that the employee was injured in the course of employment while working for an employer who fails to maintain a policy of workers' compensation insurance as required by § 28-36-1 et seq., the uninsured employers fund shall pay the benefits to which the injured employee would be entitled pursuant to chapters 29 to 38 of this title subject to the limitations set forth herein.

(b) The workers' compensation court shall hear all petitions for payment from the fund pursuant to § 28-30-1 et seq., provided, however, that the uninsured employers fund and the employer shall be named as parties to any petition seeking payment of benefits from the fund.

(c) Where an employee is deemed to be entitled to benefits from the uninsured employers fund, the fund shall pay benefits for disability and medical expenses as provided pursuant to chapters 29 to 38 of this title except that the employee shall not be entitled to receive benefits for loss of function and disfigurement pursuant to the provisions of § 28-33-19.

(d) The fund shall pay cost, counsel and witness fees, as provided in § 28-35-32, to any employee who successfully prosecutes any petitions for compensation; petitions for medical expenses; petitions to amend a pretrial order or memorandum of agreement; and all other employee petitions; and to employees who successfully defend, in whole or in part, proceedings seeking to reduce or terminate any and all workers' compensation benefits; provided, however, that the attorney's fees awarded to counsel who represent the employee in petitions for lump sum commutation filed pursuant to § 28-33-25, or in the settlement of disputed cases pursuant to § 28-33-25.1, shall be limited to the maximum amount paid to counsel who serve as court-appointed attorneys in workers' compensation proceedings as established by rule or order of the Rhode Island supreme court.

(e) In the event that the uninsured employer makes payment of any monies to the employee to compensate the employee for lost wages or medical expenses, the fund shall be entitled to a credit for all such monies received by or on behalf of the employee against any future benefits payable directly to the employee.

(f) This section shall apply to injuries that occur on or after ~~January~~ July 1, 2017.

§ 42-16.1-19. Cost of legal and audit fees.

The director is hereby authorized and may in their discretion recover the reasonable cost of legal services and audit fees for services provided by in-house attorneys and/or other personnel of the department of labor and training or outside auditors and incurred by the department in matters pertaining to fraud investigations and examinations. Nothing in this section shall limit the power of the director to retain legal counsel to recover the costs of such legal counsel and auditors pursuant to other provisions of the general laws.

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.