



State or Federal 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

There were no relevant workers compensation-related bills enacted within the one-week period ending March 10, 2017.

### BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending March 10, 2017.

#### Arkansas

**HB 1249** was:

- Passed by the first chamber on February 2, 2017
- Amended and passed by the second chamber on March 9, 2017

**HB 1249** amends numerous sections of the Arkansas Code including, but not limited to, **section 5-73-322. Concealed handguns in a university, college, or community college building**, in part, as follows:

**5-73-322. Concealed handguns in a university, college, or community college building.**

...

(i)

...

(2) A licensee who possesses a concealed handgun in the buildings and on the grounds of a public university, public college, or community college at which the licensee is employed is not:

(A) Acting in the course of or scope of his or her employment when possessing or using a concealed handgun;

(B) Entitled to worker's compensation benefits for injuries arising from his or her own negligent acts in possessing or using a concealed handgun;

...

**Note:** The version of **HB 1249** passed by the first chamber did not contain any workers compensation-related language; therefore, it was not included in any previous version of NCCI's **Legislative Activity Report**.

#### Kentucky

**HB 306** was:

- Passed by the first chamber on February 27, 2017
- Included in NCCI's March 10, 2017 **Legislative Activity Report** (RLA-2017-09)
- Passed by the second chamber on March 8, 2017

**HB 306** amends **section 342.650 Exemptions of particular classes of employees from coverage** of the Kentucky Revised Statutes as follows:

**342.650 Exemptions of particular classes of employees from coverage.**

The following employees are exempt from the coverage of this chapter:

...

(9) Any licensed or unlicensed, commissioned, ordained or unordained, or lay minister of religion who has no set oral or written agreement with a church or religious organization to receive a fixed regular payment for services provided to the church or who works no more than ten (10) hours per week; and

(10) Any caretaker of a cemetery or property owned or operated by a church or religious organization who provides general cleanup services, including but not limited to mowing, raking, dusting, sweeping, and mopping which could be performed for other individuals or organizations, who works no more than ten (10) hours per week.

## Montana

**HB 346** was:

- Passed by the first chamber on February 22, 2017
- Included in NCCI's March 3, 2017 **Legislative Activity Report** (RLA-2017-08)
- Passed by the second chamber on March 10, 2017

**HB 346** amends **section 39-71-117. Employer defined** of the Montana Code Annotated 2015, in part, as follows:

**Section 39-71-117. Employer defined**

(1) "Employer" means:

...

(e) an approved and authorized fiduciary, agent, or other person acting as fiscal agent under section 3504 of the Internal Revenue Code, 26 U.S.C. 3504, and 26 CFR 31.3504-1.

...

(6) (A) A fiscal agent that qualifies under subsection (1)(e) and that is designated as a payor, using federal, state, or local government funds, under 26 CFR 31.3504-1 is considered to be the employer for the purposes of the workers' compensation act of those workers for whom the fiscal agent is making payments.

(B) The client of the fiscal agent, despite exercising control over the hiring, scheduling, and direction of the work tasks performed by the worker, is not the employer of that worker for the purposes of the workers' compensation act.

**SB 142** was:

- Passed by the first chamber on February 3, 2017
- Included in NCCI's February 10, 2017 **Legislative Activity Report** (RLA-2017-05)
- Passed by the second chamber on March 10, 2017

**SB 142** amends **sections 7-33-4510. Workers' compensation for volunteer firefighters—definitions, 7-34-103. Manner of providing ambulance service, and 39-71-118. Employee, worker, volunteer, volunteer firefighter, and volunteer emergency medical technician defined** of the Montana Code Annotated Statutes as follows:

**7-33-4510. Workers' compensation for volunteer firefighters—notification if coverage not provided—definitions.**

...

(4) If an employer does not provide workers' compensation coverage, the employer shall annually notify the employer's volunteer firefighters that coverage is not provided.

(4) (5) For the purposes of this section, the following definitions apply:

(a) (i) "Employer" means the governing body of a fire agency organized under Title 7, chapter 33, including a rural fire district, a fire service area, a volunteer fire department, a volunteer fire company, or a volunteer rural fire control crew.

...

**7-34-103. Manner of providing ambulance service.**

(1) If a county, city, or town establishes or maintains ambulance service, ~~it may,~~ acting through its governing board, it:

- (a) may operate the ambulance service itself or contract for ambulance service;
- (b) may buy, rent, lease, or otherwise contract for vehicles, equipment, facilities, operators, or attendants;
- (c) may sell ambulance service insurance or contract with a third-party entity to sell ambulance service insurance to persons who use the ambulance service that covers the cost of the ambulance service that is not otherwise covered;
- (d) may adopt rules and establish fees or charges for the furnishing of an ambulance service; and
- (e) shall, if the service does not provide workers' compensation coverage, annually notify the service's volunteer emergency medical technicians that coverage is not provided.

...

**39-71-118. Employee, worker, volunteer, volunteer firefighter, and volunteer emergency medical technician defined—election of coverage.**

...

(10) (a) An ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county may elect to include as an employee within the provisions of this chapter a volunteer emergency medical technician who serves public safety through the ambulance service not otherwise covered by subsection (1)(g) or the paid or volunteer nontransporting medical unit. The ambulance service or nontransporting medical unit may purchase workers' compensation coverage from any entity authorized to provide workers' compensation coverage under plan No. 1, 2, or 3 as provided in this chapter.

...

(e) An ambulance service not otherwise covered by subsection (1)(g) or a nontransporting medical unit, as defined in 50-6-302, that does not elect to purchase workers' compensation coverage for its volunteer emergency medical technicians under the provisions of this section shall annually notify its volunteer emergency medical technicians that coverage is not provided.

~~(f)~~ (i) The term "volunteer emergency medical technician" means a person who has received a certificate issued by the board of medical examiners as provided in Title 50, chapter 6, part 2, and who serves the public through an ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county.

(ii) The term does not include a volunteer emergency medical technician who serves an employer as defined in 7-33-4510.

~~(f)~~ (g) The term "volunteer hours" means the time spent by a volunteer emergency medical technician in the service of an employer or as a volunteer for a town, city, or county, including but not limited to training time, response time, and time spent at the employer's premises.

...

## BILLS PASSING FIRST CHAMBER

The following workers compensation-related bills passed the first chamber within the one-week period ending March 10, 2017.

### Arizona

**SB 1407** amends *sections 23-901. Definitions, 23-961.01. Self-insurance pools, 23-1061. Notice of accident; form of notice; claim for compensation; reopening; payment of compensation, and 23-1070. Medical, surgical and hospital benefits provided by employer*, and adds *sections 23-955. Public safety employees; request or stipulation for expedited hearing; notice; waiver of change of administrative law judge* and *23-1074. Government employers and self-insurance pools; directed medical care; requirements; alternative physicians; intergovernmental agreements; emergency care exception; definitions* of the Arizona Revised Statutes, in part, to:

- Allow the state, public entities, and self-insurance pools (employer) to direct care to a specific medical provider for workers compensation claims
- Require an employer directing care to establish a list of providers consisting of at least three occupational health physicians within 25 miles of an urban employee's workplace and 50 miles of a rural employee's workplace
- Allow rural employees to receive care in the nearest urban metropolitan area where the needed medical services can be provided
- Require that physicians be specialized in treating workplace illnesses and injuries and board certified or board eligible in their area of practice
- Require the list of providers to be:
  - Available to workers at all times
  - Provided to an employee within one business day of request
  - Updated every 90 days
  - Posted on the Industrial Commission of Arizona's (ICA) website
- Require the employer, upon notification of an injury, to:
  - Provide for the worker to be treated within three days
  - Deliver the list of providers within 24 hours
  - Provide workers with a list of their rights within 24 hours
- Allow an injured worker to receive emergency care without restrictions as to where and when the emergency care is provided
- Allow a worker to choose any physician from the list of providers if the employer has not provided for treatment within three days or the worker is not satisfied with the initial treating physician
- Allow a worker, whose request for an alternating physician is denied by the employer, to:
  - Appeal to the ICA
  - Seek treatment from any provider on or off the list
  - Receive compensation for treatment if the worker prevails on appeal
- Allow workers to use their own physician if none of the physicians on the list are available within proximity to the worker
- Expedite the appeals process for public safety employees

- Require the ICA chairman to convene a public panel to make recommendations regarding physicians, service areas, and appeals processes
- Require the panel to consist of:
  - The ICA chairman
  - One member who represents peace officers
  - One member who represents firefighters
  - One member who represents cities or towns
  - One member who represents counties
  - One member who has experience with insured entities that direct medical care
  - Two members who have expertise in adjudicating workers' compensation claims for injured workers in the public sector
  - Two members who represent school districts
- Delay implementation of directed care to December 1, 2017
- Require the ICA, upon notification of an injury, to email a claim form to the employee or mail a copy if the email is unknown
- Require a working member of a Limited Liability Corporation (LLC), who owns less than 50% of the membership interest in the LLC, to opt in to workers compensation to obtain coverage
- Require the basis for computing wages for premium payments and compensation benefits for the working member, subject to the discretionary approval of the insurance carrier, to be \$600 monthly but not more than the cap adopted by the ICA
- Require the basis for permanent disability compensation to be the original assumed monthly wage listed on the application or the worker's actual average monthly wage at the time of the injury, whichever is less
- Require insurance carriers and self-insurers to issue a notice of claim acceptance within 21 days after the carrier is notified of a claim
- Repeal the notice exemption for cases involving seven days or less of time lost from work
- Repeal an expired pilot program
- Define emergency care, governmental workplace, medical emergency, rural area, and service area

## Arkansas

**HB 1813** amends *section 11-9-508 Medical services and supplies—Liability of employer* of the Arkansas Code as follows:  
**11-9-508 Medical services and supplies—Liability of employer.**

(a)(1) The employer shall promptly provide for an injured employee such medical, surgical, hospital, chiropractic, optometric, podiatric, and nursing services and medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus as may be reasonably necessary in connection with the injury received by the employee.

(2)(A) Rabies is a highly contagious and potentially deadly infectious disease and exposure to rabies and the risk of infection is the direct result of an injury caused by the bite of a rabies-infected animal under this section.

(B)(i) An employer shall promptly provide reasonably necessary medical treatment to an injured employee who is exposed to rabies as described in subdivision (a)(2)(A) of this section.

(ii) As used in subdivision (a)(2)(B)(i) of this section, "reasonably necessary medical treatment" means without limitation any diagnostic and preventive measures prescribed for detection, diagnosis, and prevention of rabies.

...

## Hawaii

**SB 857 SD1** creates new *section 386-\_\_ Payment by employer; duty to service provider; disagreement with service provider; resolution procedures* in the Hawaii Revised Statutes as follows:

**§ 386-\_\_ Payment by employer; duty to service provider; disagreement with service provider; resolution procedures.**

(a) Notwithstanding any other law to the contrary, the employer shall pay for all medical services required by the employee due to the nature of the compensable injury and the process of recovery. The employer shall not be required to pay for care unrelated to the compensable injury.

(b) The employer shall not controvert a claim for services:

(1) Without reasonable cause; or

(2) While the claim is pending investigation;

provided that a claim shall be presumed compensable when submitted by an employee who is excluded from health care coverage under the Hawaii Prepaid Health Care Act.

(c) Upon receipt by an employer of a notification of services rendered or a bill pursuant to subsection (a), if an employer controverts the claim for services rendered, the employer shall notify the provider of that fact within thirty calendar days of receipt of the notification of services rendered or bill. Failure by the employer to submit timely notice to the provider of services shall render the employer liable for services provided until the employer satisfies the notice requirement.

(d) Any employer who has received a notification of services rendered or bill by a provider of services rendered shall be liable for those services and shall pay all charges listed in the notification of services rendered or bill within thirty calendar days of receipt of

such charges, except for items where there is reasonable disagreement. If more than thirty calendar days lapse between the employer's receipt of an undisputed notification of services rendered or bill and the date of the employer's payment, the provider may increase the total outstanding balance owed by one per cent per month.

(e) In the event of reasonable disagreement, the employer shall pay for all acknowledged charges and shall notify the provider of the denial of any payment including the reason for the denial within thirty calendar days of receipt of a bill or notification of services rendered and provide a copy of the denial to the employee. The employer's denial shall include a statement as follows: "IF THE PROVIDER OF SERVICE DOES NOT AGREE WITH THE EMPLOYER'S STATED REASON FOR DENIAL OF PAYMENT, THE PROVIDER OF SERVICE MAY FILE A BILL DISPUTE REQUEST WITH THE DIRECTOR OF THE HAWAII DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS. THE BILL DISPUTE REQUEST SHALL BE CLEARLY IDENTIFIED AS A 'BILLING DISPUTE REQUEST' IN CAPITAL LETTERS AND IN NO LESS THAN TEN POINT FONT ON THE FRONT OF THE FIRST PAGE OF THE REQUEST AND ON THE FRONT OF THE ENVELOPE IN WHICH THE REQUEST IS SENT. THE BILL DISPUTE REQUEST SHALL INCLUDE A COPY OF THE ORIGINAL NOTIFICATION OF SERVICES RENDERED OR BILL SENT TO THE EMPLOYER. ANY BILL DISPUTE REQUEST SHALL BE FILED WITHIN THIRTY CALENDAR DAYS AFTER POSTMARK OF THE EMPLOYER'S DENIAL OF PAYMENT. THE PROVIDER OF SERVICE'S FAILURE TO SUBMIT A TIMELY BILL DISPUTE REQUEST SHALL BE CONSIDERED AS ACCEPTANCE OF THE EMPLOYER'S DENIAL OF PAYMENT."

(f) Upon receipt of a bill dispute request, the director shall send notice to both parties and the parties shall negotiate during the thirty-one calendar days following the date of the notice from the director. If the parties fail to enter into an agreement during the thirty-one calendar days, then within fourteen calendar days following the thirty-one day negotiating period, either party may file a request, in writing, to the director to review the dispute; provided that the requesting party sends notice to the non-requesting party. Upon receipt of the request for review, the director shall send the parties a second notice requesting that each party file a position statement with the director, including substantiating documentation that describes the amount in dispute and all actions taken to resolve the dispute during the fourteen calendar days following the date of the second notice from the director. The director shall review the positions of both parties and render an administrative decision without hearing. The director may assess a service fee of up to \$1,000 payable to the general fund against one or both parties who fail to negotiate in good faith. Denial of payment without reasonable cause shall be considered a failure to negotiate in good faith.

(g) Whenever a controverted claim is found to be non-compensable, the employee shall be liable for reimbursement of benefits or payments received under this section, whether received from an employer, insurer, or the special compensation fund, to be made to the source from which the compensation was received, and may include recoupment by the insurer of all payments made for medical care, medical services, vocational rehabilitation services, and all other services rendered for payment under this section.

**SB 859 SD1** amends *section 386-79 Medical examination by employer's physician* of the Hawaii Revised Statutes, in part, as follows:

**§ 386-79 Medical examination by employer's physician.**

(a) After an injury and during the period of disability, the employee, whenever ordered by the director of labor and industrial relations, shall submit to examination, at reasonable times and places, by a duly qualified physician or surgeon designated and paid by the employer. The employee shall have the right to have a physician ~~or~~, surgeon, or chaperone designated and paid by the employee present at the examination, which right, however, shall not be construed to deny to the employer's physician the right to visit the injured employee at all reasonable times and under all reasonable conditions during total disability. The employee shall also have the right to record such examination by a recording device designated and paid for by the employee; provided that the examining physician or surgeon approves of the recording.

...

**SB 859 SD1** also includes the following clause:

This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date.

## Maryland

**SB 72** amends *section 11-329. Workers' compensation insurers* of the Annotated Insurance Code of Maryland as follows:

**§ 11-329. Workers' compensation insurers**

(a) Each workers' compensation insurer shall:

- (1) be a member of a workers' compensation rating organization; and
- (2) adhere to the policy forms filed by the rating organization.

...

(3) (i) An insurer may develop a tiered rating plan containing two or more risk tiers to be applied to the insurer's acceptance of risks under the uniform classification system on which a rate may be made.

(ii) a tiered rating plan under subparagraph (i) of this paragraph shall:

1. Establish discrete tiers for the acceptance of risks based on defined risk attributes that:

A. Are not arbitrary, capricious, or unfairly discriminatory; and

B. Are reasonably related to the insurer's business and economic purposes; and

2. Require that each insured be placed in the highest quality tier for which that insured qualifies.

(iii) an insurer shall file a tiered rating plan developed under subparagraph (i) of this paragraph with the commissioner at least 30 days before the tiered rating plan's use.

(iv) if an insurer fails to demonstrate that the data produced under a tiered rating plan can be reported in a manner consistent with the uniform classification system and the uniform statistical plan, the commissioner shall disapprove the tiered rating plan.

...

(f) (1) Except as provided in paragraphs (2) ~~and~~ (3) and (4) of this subsection, the uniform experience rating plan shall be the exclusive means of providing prospective premium adjustment based on measurement of the loss-producing characteristics of an individual insured.

...

(3) An insurer may file a rating plan with the commissioner that provides for prospective premium adjustments based on merit for an insured that does not meet minimum premium requirements to qualify for a uniform experience rating plan.

(4) (i) Except as provided in subparagraph (ii) of this paragraph, in addition to any premium adjustment allowed under paragraphs (1) ~~and~~ (2) and (3) of this subsection and pursuant to a filing made by a rating organization and approved by the Commissioner, an insurer may file a rating plan with the Commissioner that provides for a premium discount for appropriate classifications or subclassifications of a risk of up to 4% to an insured that has an alcohol- and drug-free workplace policy that may include one or more of the following programs:

...

~~(4)~~ (5) An insurer may file a rating plan that provides for retrospective 23 premium adjustments based on an insured's past experience.

**SB 194** amends **section 9-660. Provision of medical services and treatment** of the Annotated Labor and Employment Code of Maryland as follows:

**§ 9-660. Provision of medical services and treatment**

(a) In addition to the compensation provided under this subtitle, if a covered employee has suffered an accidental personal injury, compensable hernia, or occupational disease the employer or its insurer promptly shall provide to the covered employee, as the Commission may require:

- (1) medical, surgical, or other attendance or treatment;
- (2) hospital and nursing services;
- (3) medicine;
- (4) crutches and other apparatus; and
- (5) artificial arms, feet, hands, and legs and other prosthetic appliances.

(b) The employer or its insurer shall provide the medical services and treatment required under subsection (a) of this section for the period required by the nature of the accidental personal injury, compensable hernia, or occupational disease.

(c) Except as provided in § 9-736(b) and (c) of this title, any award or order of the Commission under this section may not be construed to:

- (1) reopen any case; or
- (2) allow any previous award to be changed.

(D) (1) A provider who provides medical service or treatment to a covered employee under subsection (a) of this section shall submit to the employer or the employer's insurer a bill for providing medical service or treatment within 12 months from the later of the date:

- (i) medical service or treatment was provided to a covered employee;
- (ii) the claim for compensation was accepted by the employer or the employer's insurer; or
- (iii) the claim for compensation was determined by the commission to be compensable.

(2) the employer or the employer's insurer may not be required to pay a bill submitted after the time period required under paragraph (1) of this subsection unless:

(i) the provider files an application for payment with the commission within 3 years from the later of the date;

1. Medical service or treatment was provided to the covered employee;
2. The claim for compensation was accepted by the employer or the employer's insurer; or
3. The claim for compensation was determined by the commission to be compensable; and

(ii) the commission excuses the untimely submission for good cause.

## Missouri

**SB 66** amends **sections 287.020 Definitions—intent to abrogate earlier case law, 287.149 Benefits to be paid, when—reduction of benefits, when, 287.170 Temporary total disability, amount to be paid—method of payment—disqualification, when—post injury misconduct defined, 287.243 Line of duty compensation—definitions—claim procedure—no subrogation rights for employers or insurers—grievance procedures—sunset date—fund created, use of moneys—rulemaking authority, and 287.390 Compromise settlements, how made—validity, effect, settlement with minor dependents—employee entitled to one hundred percent of offer, when** of the Missouri Annotated Statutes, in part, as follows:

**287.020 Definitions—intent to abrogate earlier case law.**

...

12. For the purposes of this chapter, “maximum medical improvement” shall mean the point at which the injured employee’s medical condition has stabilized and can no longer reasonably improve, as determined by the employer’s physician within a reasonable degree of medical certainty.

**287.149 Benefits to be paid, when—reduction of benefits, when.**

1. Temporary total disability or temporary partial disability benefits shall be paid throughout the rehabilitative process. Temporary total disability or temporary partial disability benefits shall continue until the employee reaches maximum medical improvement, unless such benefits are terminated by the employee’s return to work or are terminated as otherwise specified in this chapter.

...

**287.170 Temporary total disability, amount to be paid—method of payment—disqualification, when—post injury misconduct defined.**

1. For temporary total disability the employer shall pay compensation ~~for not~~ until the employee reaches maximum medical improvement unless such benefits are terminated by the employee’s return to work or are terminated as otherwise specified in this chapter, but in no event more than four hundred weeks during the continuance of such disability at the weekly rate of compensation in effect under this section on the date of the injury for which compensation is being made. In the case of an injured employee who has reached maximum medical improvement but is unable to return to work, such employee shall receive temporary total disability benefits for up to but not to exceed four hundred weeks during the continuance of such disability at the weekly rate of compensation in effect under this section on the date of the injury for which compensation is being made.

...

**287.243 Line of duty compensation—definitions—claim procedure—no subrogation rights for employers or insurers—grievance procedures—sunset date—fund created, use of moneys—rulemaking authority.**

...

2. As used in this section, unless otherwise provided, the following words shall mean:

...

(3) “Child”, any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter who, at the time of the law enforcement officer’s, emergency medical technician’s, air ambulance pilot’s, air ambulance registered professional nurse’s, or firefighter’s fatality is:

(a) Eighteen years of age or under;

(b) Over eighteen years of age and a student as defined in section 8101 of title 5, United States Code; or

(c) Over eighteen years of age and incapable of self-support because of physical or mental disability;

...

3. (1) A claim for compensation under this section shall be filed ~~by the estate of~~ by survivors of the deceased with the division of workers’ compensation not later than one year from the date of death of a law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter. If a claim is made within one year of the date of death of a law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter killed in the line of duty, compensation shall be paid, if the division finds that the claimant is entitled to compensation under this section.

...

4. Any compensation awarded under the provisions of this section shall be distributed as follows:

(1) If there is no child who survived the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter, to the surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter;

(2) If there is at least one child who survived the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter, and a surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter, fifty percent to the surviving child, or children, in equal shares, and fifty percent to the surviving spouse;

(3) If there is no surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter, to the surviving child, or children, in equal shares;

(4) If there is no surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter and no surviving child:

(a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in equal shares, designated by the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter to receive benefits under this subsection in the most recently executed designation of beneficiary of the law enforcement officer,

emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter on file at the time of death with the public safety agency, organization, or unit; or

(b) If there is no individual qualifying under paragraph (a), to the surviving individual, or individuals, in equal shares, designated by the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter to receive benefits under the most recently executed life insurance policy of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter on file at the time of death with the public safety agency, organization, or unit;

(5) If there is no individual qualifying under subdivisions (1), (2), (3), or (4) of this subsection, to the surviving parent, or parents, in equal shares, of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter; or

(6) If there is no individual qualifying under subdivisions (1), (2), (3), (4), or (5) of this subsection, to the surviving individual, or individuals, in equal shares, who would otherwise qualify under the definition of the term “child” but for his or her age.

...

**287.390 Compromise settlements, how made—validity, effect, settlement with minor dependents—employee entitled to one hundred percent of offer, when.**

...

7. (1) In the case of compromise settlements offered after a claimant has reached maximum medical improvement, upon receipt of a permanent disability rating from the employer’s physician, a claimant shall have a period of twelve months from such date to acquire a rating from a second physician of his or her own choosing.

(2) Absent a finding of extenuating circumstances by an administrative law judge or the commission, if after twelve months a claimant has not acquired a rating from a second physician, any compromise settlement entered into under this section shall be based upon the initial rating.

(3) A finding of extenuating circumstances by an administrative law judge or the commission shall require more than failure of the claimant to timely obtain a rating from a second physician.

(4) The provisions of this subsection may be waived by the employer with or without stating a cause.

## **New Mexico**

**HHHC/HB 527**, in part, creates a new section in the New Mexico Statutes Annotated as follows:

### **Workers’ Compensation Payment for Medical Cannabis.**

An employer or insurer shall reimburse the purchase of medical cannabis for a worker when:

A. an authorized health care provider determines that the use of medical cannabis is reasonable and necessary health care for the worker’s condition;

B. the authorized health care provider is authorized by law to prescribe and administer drugs that are subject to the Controlled Substances Act;

C. the treatment or services being provided to the worker by the health care provider are within the health care provider’s scope of practice as determined by the health care provider’s license; and

D. the worker has a valid registry identification card issued by the department of health pursuant to the Lynn and Erin Compassionate Use Act.

## **North Carolina**

**HB 205** amends **section 97-13. Exceptions from provisions of Article** of the North Carolina General Statutes as follows:

### **§ 97-13. Exceptions from provisions of Article.**

...

(c) Most Prisoners.—This Article shall not apply to prisoners being worked by the State or any subdivision thereof, except to the following extent: as provided in this subsection and subsection (c1) of this section. Whenever any prisoner assigned to the Division of Adult Correction of the Department of Public Safety shall suffer accidental injury or accidental death arising out of and in the course of the employment to which he had been assigned, if there be death or if the results of such injury continue until after the date of the lawful discharge of such prisoner to such an extent as to amount to a disability as defined in this Article, then such discharged prisoner or the dependents or next of kin of such discharged prisoner may have the benefit of this Article by applying to the Industrial Commission as any other employee; provided, such application is made within 12 months from the date of the discharge; and provided further that the maximum compensation to any prisoner or to the dependents or next of kin of any deceased prisoner shall not exceed thirty dollars (\$30.00) per week and the period of compensation shall relate to the date of his discharge rather than the date of the accident. If any person who has been awarded compensation under the provisions of this subsection shall be recommitted to prison upon conviction of an offense committed subsequent to the award, such compensation shall immediately cease. Any awards made under the terms of this subsection shall be paid by the Department of Public Safety from the funds available for the operation of the Division of Adult Correction of the Department of Public Safety. The provisions of G.S. 97-10.1 and 97-10.2 shall apply to prisoners and discharged prisoners entitled to compensation under this subsection and to the State in the same manner as said section applies to employees and employers.

(c1) Certain Inmates.—Inmates employed pursuant to the Prison Industry Enhancement Program shall receive workers' compensation based on the average weekly wage calculated pursuant to G.S. 97-2(5).

...

### 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	Laura Hart Bryan	225-618-8168
AK, AZ, CO, NM, 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
ID, MT, NV, 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.