



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 includes 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 is included in the first report published each month. This report is issued on a weekly basis throughout the legislative season and provides updates on the content of these bills if and when they progress through the legislative process. This report covers bills from states where NCCI provides ratemaking services (see state list under Contact Information) and the US Congress.

BILLS ENACTED

The following workers compensation-related bills were enacted within the one-week period ending April 13, 2018.

Arizona

HB 2047 was:

- Passed by the first chamber on February 6, 2018
- Included in NCCI's February 16, 2018 **Legislative Activity Report** (RLA-2018-07)
- Amended and passed by the second chamber on March 28, 2018
- Included in NCCI's April 6, 2018 **Legislative Activity Report** (RLA-2018-14)
- Enacted on April 11, 2018, with a projected effective date of July 19, 2018

HB 2047 amends **section 23-901. Definitions** of the Arizona Revised Statutes, in part, as follows:

23-901. Definitions

In this chapter, unless the context otherwise requires:

...

6. "Employee", "workman", "worker" and "operative" means:

...

(q) A working member of a limited liability company who owns less than fifty percent of the membership interest in the limited liability company.

(r) A working member of a limited liability company who owns fifty percent or more of the membership interest in the limited liability company may be deemed to be an employee entitled to the benefits provided by this chapter on the written acceptance, by endorsement, of an application for coverage by the working member at the discretion of the insurance carrier for the limited liability company. The basis for computing wages for premium payments and compensation benefits for the working member is an assumed average monthly wage of six hundred dollars or more but not more than the maximum wage provided in section 23-1041 and is subject to the discretionary approval of the insurance carrier. Any compensation for permanent partial or permanent total disability payable to the working member is computed on the lesser of the assumed monthly wage agreed to by the insurance carrier on the acceptance of the application for coverage or the actual average monthly wage received by the working member at the time of injury.

(s) A working shareholder of a corporation who owns less than fifty percent of the beneficial interest in the corporation.

(t) A working shareholder of a corporation who owns fifty percent or more of the beneficial interest in the corporation may be deemed to be an employee entitled to the benefits provided by this chapter on the written acceptance, by endorsement, of an application for coverage by the working shareholder at the discretion of the insurance carrier for the corporation. The basis for computing wages for premium payments and compensation benefits for the working shareholder is an assumed average monthly wage of six hundred dollars or more but not more than the maximum wage provided in section 23-1041 and is subject to the discretionary approval of the insurance carrier. Any compensation for permanent partial or permanent total disability payable to

the working shareholder is computed on the lesser of the assumed monthly wage agreed to by the insurance carrier on the acceptance of the application for coverage or the actual average monthly wage received by the working shareholder at the time of injury.

...

HB 2047 also includes the following clause:

Applicability

This act applies to workers' compensation policies issued or renewed on or after July 1, 2019.

SB 1100 was:

- Passed by the first chamber on February 20, 2018
- Included in NCCI's March 2, 2018 **Legislative Activity Report** (RLA-2018-09)
- Amended and passed by the second chamber on April 4, 2018
- Included in NCCI's April 13, 2018 **Legislative Activity Report** (RLA-2018-15)
- Enacted on April 12, 2018, with a projected effective date of July 19, 2018

SB 1100 amends **section 23-941.01 Settlement of claims; exception; definitions** and adds new **section 23-941.03. Settlement of claims; supportive medical maintenance benefits; definition** to the Arizona Revised Statutes, in part, as follows:

23-941.01. Settlement of claims; full and final; exception; definitions

A. The interested parties to a claim may:

1. Settle and release all or any part of an accepted claim for compensation, benefits, penalties or interest.
2. If the period of temporary disability is terminated by ~~the carrier, special fund or self-insured employer~~ a final notice of claim status, award of the commission or stipulation of the interested parties, negotiate a full and final settlement of an accepted claim.

B. Any full and final settlement shall:

1. Be in writing.
2. Be signed by the carrier, special fund or self-insured employer or an authorized representative of the carrier, special fund or self-insured employer and the employee or the employee's authorized representative.
3. Acknowledge that the employee had the opportunity to seek legal advice and be represented by counsel.
4. Include a description of the employee's medical conditions that have been identified and contemplated at the time of the settlement agreement.
5. Have attached the information provided by the carrier, special fund or self-insured employer pursuant to subsection c, paragraphs 2 and 3 of this section.

C. ~~If the employee is represented by counsel, the~~ A full and final settlement shall include the following signed attestations:

1. The employee understands the rights settled and released by the agreement ~~and was represented by counsel.~~
2. The employee has been provided information from the carrier, special fund or self-insured employer that outlines any reasonable anticipated future medical, surgical and hospital benefits relating to the claim, ~~and the projected cost of those benefits, and that provides~~ an explanation of how those projected costs were determined and a disclosure of the amount of the settlement that represents the settlement of future medical, surgical and hospital benefits.
3. The employee has been provided information from the carrier, special fund or self-insured employer that discloses the total amount of future indemnity benefits, the employee's rated age, if applicable, the employee's life expectancy, the source of the employee's life expectancy, the present value of future indemnity benefits, the discount rate used to calculate present value and the amount of the settlement that represents the settlement of future indemnity benefits.
- ~~3- 4.~~ 4. 5. The employee understands that monies received for future medical treatment associated with the industrial injury should be set aside to ensure that the costs of ~~such the~~ the treatment will be paid.
- ~~4- 5.~~ 5- 6. The parties have considered and taken reasonable steps to protect any interests of medicare, medicaid, the Indian health service and the United States department of veterans affairs, including establishing a medicare savings account if necessary.
- ~~5- 6.~~ 6- 7. The parties have conducted a search for and taken reasonable steps to satisfy any identified medical liens and unpaid medical charges.
7. Coercion, duress, fraud, misrepresentation or undisclosed additional agreements have not been used to achieve the full and final settlement.

D. If an administrative law judge of the commission determines that the requirements of subsection b of this section are satisfied, the attestations of subsection c of this section are present and the employee is represented by counsel, the administrative law judge shall approve the settlement.

~~D~~E. If the employee is not represented by counsel, the employee shall appear before an administrative law judge of the commission and the administrative law judge shall make specific factual findings regarding whether the requirements of ~~subsection B and C~~ subsection C, paragraphs 2, 3, 4 and 5 of this section are satisfied. ~~The administrative law judge may not approve the settlement if the requirements of subsection B of this section are not met or if the settlement is not deemed fair and reasonable to the employee.~~ The administrative law judge shall conduct a hearing and perform a detailed inquiry into the

attestations provided by the unrepresented employee pursuant to subsection C of this section. The inquiry shall include whether the unrepresented employee understands the specific rights being settled and released, the information, computation and methodology provided by the carrier, special fund or self-insured employer, and the employee's responsibility to protect the interests of other payors and ensure the payment of future treatment costs.

E. A full and final settlement is not valid and enforceable unless the full and final settlement is approved by the commission. When determining whether to approve a settlement, the commission shall consider whether the settlement is in the best interests of the employee based on the following criteria:

1. Whether the employee's injuries are stabilized.
2. The permanency of the employee's injuries.

F. The commission may not approve a full and final settlement if the requirements of subsections B and C of this section are not met.

FG. A lump sum full and final settlement payment shall be made to the employee within fifteen days after the award approving the settlement becomes final.

...

23-941.03. Settlement of claims; supportive medical maintenance benefits; definition

A. Any final settlement agreement involving undisputed entitlement to supportive medical maintenance benefits is not valid and enforceable until the final settlement agreement is approved by the commission.

B. The commission may approve a final settlement agreement involving undisputed entitlement to supportive medical maintenance benefits if the requirements of this section are satisfied.

C. Subject to the following requirements, the interested parties to a claim may enter into a final settlement and release of a claim for undisputed entitlement to supportive medical maintenance benefits after the period of temporary disability is terminated by a final notice of claim status or award of the commission. The carrier, special fund or self-insured employer shall submit a summary of all reasonably anticipated future supportive medical maintenance benefits and the projected cost of the benefits for review by the employee. The summary shall also be included with the final settlement agreement filed with the commission. All medical conditions subject to the final settlement agreement must be described in the final settlement agreement. The final settlement provisions defined in this subsection shall apply only to future supportive medical maintenance benefits for the described condition.

D. The carrier, special fund or self-insured employer shall inform the attending physician of the approval of a final settlement agreement. Unless supportive medical maintenance benefits rendered before the date of the final settlement are subject to a dispute or payment for the treatment was included in the final settlement agreement, the carrier, special fund or self-insured employer shall remain responsible for payment for the treatment not covered by the final settlement agreement as provided by this chapter.

E. This section does not prohibit a settlement that does not constitute a final settlement.

F. For the purposes of this section, "final settlement" means a settlement in which the injured worker waives any future entitlement to supportive medical maintenance benefits for known conditions described in the agreement.

Kansas

HB 2184 was:

- Passed by the first chamber on May 3, 2017
- Substituted and passed by the second chamber on March 27, 2018
- Included in NCCI's April 13, 2018 *Legislative Activity Report* (RLA-2018-15)
- Enacted on April 12, 2018, with a projected effective date of July 1, 2018

HB 2184 amends *section 44-510b* of the Kansas workers compensation act as follows:

44-510b. Compensation where death results from injury; compensation upon remarriage; apportionment; burial expenses; limitations on compensation; annual statement by surviving spouse.

Where death results from injury, compensation shall be paid as provided in K.S.A. 44-510h and 44-510i, and amendments thereto, and as follows:

(a) If an employee leaves any dependents wholly dependent upon the employee's earnings at the time of the accident or injury, all compensation benefits under this section shall be paid to ~~such the~~ dependent persons. There shall be an initial payment of ~~\$40,000~~ **\$60,000** to the surviving legal spouse or a wholly dependent child or children or both. The initial payment shall not be subject to the 8% discount as provided in K.S.A. 44-531, and amendments thereto. The initial payment shall be immediately due and payable and apportioned 50% to the surviving legal spouse and 50% to the dependent children.

Thereafter, ~~such the~~ dependents shall be paid weekly compensation, except as otherwise provided in this section, in a total sum to all ~~such the~~ dependents, equal to 66 ⅔ % of the average weekly wage of the employee at the time of the accident or injury, computed as provided in K.S.A. 44-511, and amendments thereto, but in no event shall ~~such the~~ weekly benefits exceed the maximum weekly benefits provided in K.S.A. 44-510c, and amendments thereto, nor be less than a minimum weekly benefit of the

dollar amount nearest to 50% of the state's average weekly wage as determined pursuant to K.S.A. 44-511, and amendments thereto, subject to the following:

- (1) If the employee leaves a surviving legal spouse or a wholly dependent child or children, or both, who are eligible for benefits under this section, then all death benefits shall be paid to ~~such the~~ surviving spouse or children, or both, and no benefits shall be paid to any other wholly or partially dependent persons.
- (2) A surviving legal spouse shall be paid compensation benefits for life, except as otherwise provided in this section.
- (3) Any wholly dependent child of the employee shall be paid compensation, except as otherwise provided in this section, until ~~such the~~ dependent child becomes 18 years of age, unless the child is enrolled in high school. In that event, compensation shall continue until May 30th of the child's senior year in high school or until the child becomes 19 years of age, whichever is earlier. A wholly dependent child of the employee shall be paid compensation, except as otherwise provided in this section, until ~~such the~~ dependent child becomes 23 years of age during any period of time that one of the following conditions is met:
 - (A) The wholly dependent child is not physically or mentally capable of earning wages in any type of substantial and gainful employment; or
 - (B) the wholly dependent child is a student enrolled full-time in an accredited institution of higher education or vocational education.
- (4) If the employee leaves no legal spouse or dependent children eligible for benefits under this section but leaves other dependents wholly dependent upon the employee's earnings, ~~such the~~ other dependents shall receive weekly compensation benefits as provided in this subsection until death, remarriage or so long as ~~such the~~ other dependents do not receive more than 50% of their support from any other earnings or income or from any other source, except that the maximum benefits payable to all ~~such the~~ other dependents, regardless of the number of ~~such the~~ other dependents, shall not exceed a maximum amount of ~~\$18,500~~ \$100,000.
- (b) Where the employee leaves a surviving legal spouse and dependent children who were wholly dependent upon the employee's earnings and are eligible for benefits under this section 50% of the maximum weekly benefits payable shall be apportioned to ~~such the~~ spouse and 50% to ~~such the~~ dependent children.
- (c) If an employee does not leave any dependents who were wholly dependent upon the employee's earnings at the time of the injury but leaves dependents, other than a spouse or children, in part dependent on the employee's earnings, ~~such the~~ percentage of a sum equal to three times the employee's average yearly earnings but not exceeding ~~\$18,500~~ \$100,000 but not less than ~~\$2,500~~ \$25,000, as ~~such the~~ employee's average annual contributions which the employee made to the support of ~~such the~~ dependents during the two years preceding the date of the injury, bears to the employee's average yearly earnings during the contemporaneous two-year period, shall be paid in compensation to ~~such the~~ dependents, in weekly payments as provided in subsection (a), not to exceed ~~\$18,500~~ \$100,000 to all ~~such the~~ dependents.
- (d) If an employee does not leave any dependents, either wholly or partially dependent upon the employee, a lump-sum payment of ~~\$25,000~~ \$100,000 shall be made to the legal heirs of ~~such the~~ employee in accordance with Kansas law. If the employer procured a life insurance policy with beneficiaries designated by the employee and in an amount not less than \$50,000, then the amount paid to the legal heirs under this section shall be reduced by the amount of the life insurance policy up to a maximum deduction of \$100,000. However under no circumstances shall ~~such the~~ payment escheat to the state. ~~Notwithstanding the provisions of this subsection, no such payment shall be required if the employer has procured a life insurance policy, with beneficiaries designated by the employee, providing coverage in an amount not less than \$18,500.~~
- (e) The administrative law judge, except as otherwise provided in this section, shall have the power and authority to apportion and reapportion the compensation allowed under this section, either to wholly dependent persons or partially dependent persons, in accordance with the degree of dependency as of the date of the injury, except that the weekly payment of compensation to any and all dependents shall not exceed the maximum nor be less than the minimum weekly benefits provided in subsection (a).
- (f) In all cases of death compensable under this section, the employer shall pay the reasonable expense of burial not exceeding ~~\$5,000~~ \$10,000. Where required, the employer shall pay the costs of a court-appointed conservator not to exceed ~~\$1,000~~ \$2,500.
- (g) The marriage or death of any dependent shall terminate all compensation, under this section, to ~~such the~~ dependent except the marriage of the surviving legal spouse shall not terminate benefits to ~~such the~~ spouse. Upon the death of the surviving legal spouse or the marriage or death of a dependent child, the compensation payable to ~~such the~~ spouse or child shall be reapportioned to those, among the surviving legal spouse and dependent children, who remain eligible to receive compensation under this section.
- (h) Notwithstanding any other provision in this section to the contrary, the maximum amount of compensation benefits payable under this section, including the initial payment in subsection (a) to any and all dependents by the employer shall not exceed a total amount of \$300,000 and when ~~such the~~ total amount has been paid the liability of the employer for any further compensation under this section to dependents, other than minor children of the employee, shall cease except that the payment of compensation under this section to any minor child of the employee shall continue for the period of the child's minority at the weekly rate in effect when the employer's liability is otherwise terminated under this subsection and shall not be subject to termination under this subsection until ~~such the~~ child becomes 18 years of age.
- (i) Persons receiving benefits under this section shall submit an annual statement to the insurance carrier, self-insured employer or group-funded workers compensation pool paying the benefits, in ~~such the~~ form and containing ~~such the~~ information relating to

eligibility for compensation under this section as may be required by rules and regulations of the director. If the person receiving benefits under this section is a surviving spouse or a dependent child who has reached the age of majority, ~~such the~~ person shall personally submit an annual statement. If the person receiving benefits under this section is a dependent child subject to a conservator, the conservator of ~~such the~~ child shall submit the annual statement. If ~~such the~~ person fails to submit an annual statement, the payer of benefits may notify the director of ~~such the~~ failure and the director shall notify the person of the failure by certified mail with return receipt. If ~~such the~~ person fails to submit the annual statement or fails to reasonably provide the required information within 30 days after receipt of the notice from the director, all compensation benefits paid under this section to ~~such the~~ person shall be suspended until the annual statement is submitted in proper form to the payer of benefits.

NCCI is currently analyzing enacted **HB 2184** for potential system cost impact.

Tennessee

SB 1615 was:

- Passed by the first chamber on March 19, 2018
- Included in NCCI's March 30, 2018 **Legislative Activity Report** (RLA-2018-13)
- Passed by the second chamber on March 26, 2018
- Included in NCCI's April 6, 2018 **Legislative Activity Report** (RLA-2018-14)
- Enacted and effective on April 12, 2018

SB 1615 repeals **section 50-6-413** of the Tennessee Workers' Compensation Law as follows:

~~**50-6-413. In-state claims office or adjuster required — Authority of office or adjuster.**~~

~~Every workers' compensation insurer that provides insurance for Tennessee workers' compensation claims, and every workers' compensation bureau approved self-insured employer, shall be required to maintain a workers' compensation claims office or to contract with a claims adjuster located within the borders of the state. The claims office or adjuster has authority to commence temporary total disability benefits and medical benefits if so ordered by the claims coordinator or by a court at a show cause hearing.~~

SB 1967 was:

- Passed by the first chamber on February 12, 2018
- Included in NCCI's February 23, 2018 **Legislative Activity Report** (RLA-2018-08)
- Passed by the second chamber on March 19, 2018
- Included in NCCI's March 30, 2018 **Legislative Activity Report** (RLA-2018-13)
- Enacted on April 9, 2018, with an effective date of July 1, 2018

SB 1967 adds new **Chapter 10 to Title 50 Employer and Employee** of the Tennessee Code as follows:

50-10-101.

As used in this chapter:

(1) "Marketplace contractor" means any individual, corporation, partnership, sole proprietorship, or other business entity that:

(A) Enters into an agreement with a marketplace platform to use the platform's online-enabled application, software, website, or system to receive connections to third-party individuals or entities seeking services in this state; and

(B) In return for compensation from the third-party or marketplace platform, offers or provides services to the third-party individuals or entities upon being given an assignment or connection through the marketplace platform's online-enabled application, software, website, or system; and

(2) "Marketplace platform" means a corporation, partnership, sole proprietorship, or other business entity operating in this state that:

(A) Offers an online-enabled application, software, website, or system that enables the provision of services by marketplace contractors to third-party individuals or entities seeking services; and

(B) Neither directly nor through any related party derives any benefit from work performed by marketplace contractors other than a subscription or use fee for placing marketplace contractors in assignments or otherwise providing connections.

50-10-102.

(a) A marketplace contractor is an independent contractor and not an employee of the marketplace platform for all purposes under state and local laws, rules, ordinances, and resolutions if the following conditions are set forth in a written agreement between the marketplace platform and the marketplace contractor:

(1) The marketplace platform and marketplace contractor agree in writing that the contractor is an independent contractor with respect to the marketplace platform;

(2) The marketplace platform does not unilaterally prescribe specific hours during which the marketplace contractor must be available to accept service requests from third-party individuals or entities. If a marketplace contractor posts the contractor's

voluntary availability to provide services, the posting does not constitute a prescription of hours for purposes of this subdivision (a)(2);

(3) The marketplace platform does not prohibit the marketplace contractor from using any online-enabled application, software, website, or system offered by other marketplace platforms;

(4) The marketplace contractor may, at its discretion, enlist the help of an assistant to complete the services, and the marketplace platform may require the assistant to complete the marketplace platform's standard registration and vetting process. If the marketplace contractor enlists the help of an assistant, the marketplace contractor, not the marketplace platform, is responsible for paying the assistant;

(5) The marketplace platform does not restrict the marketplace contractor from engaging in any other occupation or business;

(6) The marketplace platform does not require marketplace contractors to use specific supplies or equipment;

(7) The marketplace platform does not control the means and methods for the services performed by a marketplace contractor by requiring the marketplace contractor to follow specified instructions governing how to perform the services. However, the marketplace platform may require that the quality of the services provided by the marketplace contractor meets specific standards and requirements;

(8) The agreement or contract between the marketplace contractor and the marketplace platform may be terminated by either the marketplace contractor or the marketplace platform with or without cause;

(9) The marketplace platform provides no medical or other insurance benefits to the marketplace contractor, and the marketplace contractor is responsible for paying taxes on all income derived as a result of services performed to third parties from the assignments or connections received from the marketplace platform; and

(10) All, or substantially all, payment to the marketplace contractor is based on performance of services to third parties who have engaged the services of the marketplace contractor through the marketplace platform.

(b) This section does not apply to any service that is the type of service identified in 26 U.S.C. § 3306(c)(7) or (c)(8).

50-10-103.

Nothing in this chapter applies to:

(1) A transportation network company, as defined in § 65-15-301; or

(2) A construction services provider, as defined in § 50-6-901.

BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending April 13, 2018.

Hawaii

HB 1778 HD1 SD1 was:

- Passed by the first chamber on March 1, 2018
- Included in NCCI's March 9, 2018 *Legislative Activity Report* (RLA-2018-10)
- Amended and passed by the second chamber on April 10, 2018

HB 1778 HD1 SD1 adds two new sections to the Hawaii Workers' Compensation Law as follows:

§ 386- Medical care, services, and supplies for controverted claims. In the event of a controverted claim, the injured employee's private health care plan shall pay for or provide medical care, services, and supplies in accordance with the private health care contract. When the claim is accepted or determined to be compensable, the employer shall reimburse the private health care plan and the injured employee in amounts as authorized by this chapter and rules adopted by the director.

§ 386- Medical care, services, and supplies for firefighters suffering from cancer. If a claim for leukemia, multiple myeloma, non-Hodgkin lymphoma, or cancer of the lung, brain, stomach, esophagus, intestines, rectum, kidney, bladder, prostate, or testes filed by an employee with five or more years of service as a firefighter is accepted or determined to be compensable, section 386-21 shall remain applicable; provided that the employer shall be liable for medical care, services, and supplies for a minimum of one hundred ten per cent, and not to exceed _____ per cent of fees prescribed in the Medicare Resource Based Relative Value Scale applicable to Hawaii as prepared by the United States Department of Health and Human Services.

HB 2202 HD2 SD1 was:

- Passed by the first chamber on March 1, 2018
- Included in NCCI's March 9, 2018 *Legislative Activity Report* (RLA-2018-10)
- Amended and passed by the second chamber on April 10, 2018

HB 2202 HD2 SD1 amends *section 386-79* of the Hawaii Workers' Compensation Law as follows:

§ 386-79 Medical examination by employer's duly qualified physician, or duly qualified surgeon.

(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 duly qualified surgeon designated and paid by the employer. The employee shall have the right to have a duly qualified physician, duly qualified 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 duly qualified physician or duly qualified surgeon approves of the recording. If an employee refuses to submit to, or the employee or the employee's designated chaperone in any way obstructs such examination, the employee's right to claim compensation for the work injury shall be suspended until the refusal or obstruction ceases and no compensation shall be payable for the period during which the refusal or obstruction continues.

(b) In cases where the employer is dissatisfied with the progress of the case or where major and elective surgery, or either, is contemplated, the employer may appoint a duly qualified physician or duly qualified surgeon of the employer's choice who shall examine the injured employee and make a report to the employer. If the employer remains dissatisfied, this report may be forwarded to the director.

Employer requested examinations under this section shall not exceed more than one per case unless good and valid reasons exist with regard to the medical progress of the employee's treatment. The cost of conducting the ordered medical examination shall be limited to the complex consultation charges governed by the medical fee schedule established pursuant to section 386-21(c).

(c) A physician or surgeon who is selected and paid for by the employer to perform a medical examination on an employee pursuant to this section shall be duly qualified.

(d) As used in this section, "duly qualified" means:

(1) Appropriately licensed in the State under chapter 453;

(2) Possesses medical malpractice insurance; and

(3) Owes the same duty and standard of care to the injured employee as would be owed to a traditional patient.

HB 2202 HD2 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.

HB 2377 HD1 SD1 was:

- Passed by the first chamber on March 2, 2018
- Included in NCCI's March 9, 2018 *Legislative Activity Report* (RLA-2018-10)
- Amended and passed by the second chamber on April 10, 2018

HB 2377 HD1 SD1 amends *sections 386-25* and *386-71.5* of the Hawaii Workers' Compensation Law as follows:

§386-25 Vocational rehabilitation.

...

(e) A provider shall file the employee's plan with the approval of the employee. Upon receipt of the plan from the provider, an employee shall have ten days to review and sign the plan. The plan shall be submitted to the employer and the employee and be filed with the director within two days from the date of the employee's signature. A plan shall include a statement of the feasibility of the vocational goal, using the process of:

...

(4) Then providing training to obtain employment in another occupational field. When training to obtain employment in another occupational field is required, the first appropriate option among the following options shall be selected for the employee:

(A) On-the-job training;

(B) Short-term retraining program (less than fifty-two weeks); or

(C) Long-term retraining program (more than fifty-two weeks); and

(5) Lastly, if training under paragraph (4) is not feasible, then self-employment may be considered.

...

{§386-71.5} Rehabilitation unit.

There is established within the department of labor and industrial relations a rehabilitation unit. All professional and clerical employees of this unit shall be appointed and administered by the director. The rehabilitation unit shall have the duties and responsibilities provided in section 386-25. Employees of the unit shall be subject to chapter 76.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bill passed the first chamber within the one-week period ending April 13, 2018.

Louisiana

HB 579, in part, amends and reenacts *section 40:1046 Recommendation of marijuana for therapeutic use; rules and regulations; Louisiana Board of Pharmacy and the adoption of rules and regulations relating to the dispensing of recommended marijuana for therapeutic use; the Department of Agriculture and Forestry and the licensure of a production facility* of the Louisiana Health and Safety law to stipulate that employers and their workers compensation insurers shall not be obligated or ordered to pay for recommended or prescribed medical marijuana in claims arising under present law relative to workers compensation.

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
IN, NC, SC, TN	Amy Quinn	803-356-0851
HI, UT	Brett Barratt	801-209-7443
MO, NE, NV, OK, SD	Carla Townsend	314-843-4001
AZ, IA, KS, KY	Clarissa Preston	561-945-4517
DC, MD, NM, VA, WV	David Benedict	804-380-3005
CO, FL	Dawn Ingham	561-893-3165
CT, ME, NH, RI	Justin Moulton	860-969-7903
VT	Laura Backus Hall	802-454-1800
AL, GA, LA, MS	Laura Hart Bryan	225-618-8168
AR, IL, TX	Terri Robinson	501-333-2835
Federal Issues	Tim Tucker	202-403-8526
AK, ID, MT, OR	Todd Johnson	503-892-8919

This report is informational and is not intended to provide an interpretation of state and federal legislation.