



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 June 8, 2018.

New Hampshire

HB 407 was:

- Passed by the first chamber on March 21, 2018
- Included in NCCI's March 30, 2018 **Legislative Activity Report** (RLA-2018-13)
- Passed by the second chamber on May 3, 2018
- Included in NCCI's May 11, 2018 **Legislative Activity Report** (RLA-2018-19)
- Enacted on June 8, 2018, with an effective date of January 1, 2019

HB 407 amends **sections 281-A:2** and **281-A:23** of the New Hampshire Workers' Compensation Law as follows:

281-A:2 Definitions.

Any word or phrase defined in this section shall have the same meaning throughout RSA 281-A, unless the context clearly requires otherwise:

...

I-aa. "Airborne disease" means pathogenic microorganisms that may be discharged through respiratory secretions and can cause disease in humans through inhalation or contact with a mucous membrane. In this chapter these are defined as pertussis, meningococcal disease, and tuberculosis.

...

I-d. "Bloodborne disease" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus, and human immunodeficiency virus (HIV).

I-e. "Critical exposure" means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood or body fluids, other than tears, saliva, or perspiration, unless these are visibly contaminated with blood, of a magnitude that can result in transmission of bloodborne disease.

...

V-c. "Emergency response/public safety worker" means call, volunteer, or regular firefighters; law enforcement officers certified under RSA 106-L; certified county corrections officers; and rescue or ambulance workers including ambulance service, emergency medical personnel, first responder service, and volunteer personnel.

...

XIV-a. "Post-exposure prophylaxis" means preventive medical treatment started after an identified critical exposure or unprotected exposure in order to prevent infection and the development of disease, in accordance with standards promulgated by the Centers for Disease Control and Prevention, United States Department of Health and Human Services.

XIV-b. “Unprotected exposure” includes instances of direct mouth-to-mouth resuscitation or the commingling of blood or other potentially infectious material of a source individual and an emergency response/public safety worker which is capable of transmitting a bloodborne or airborne disease.

XIV-c. “Rehabilitation provider” as used in this chapter includes any person certified as a vocational rehabilitation provider under RSA 281-A:68 or RSA 281-A:69 and who operates for the purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services which are provided under competent professional supervision.

...

281-A:23 Medical, Hospital, and Remedial Care.—

...

VI. An employer subject to this chapter, or the employer’s insurance carrier, may furnish or cause to be furnished, testing for the presence of a bloodborne disease when a critical exposure that arises out of and in the course of employment occurs. Such testing shall be provided without prejudice as to the issue of the causal relationship of any subsequently diagnosed bloodborne disease to the employee’s work and without prejudice to the compensability of the bloodborne disease as an occupational disease or an accidental injury for the purposes of RSA 281-A. Notwithstanding the foregoing, any costs for testing associated with a testing order issued pursuant to RSA 141-G:11 shall be paid for by the employer’s insurance carrier or third-party administrator. Such payment shall be provided without prejudice as to the issue of the causal relationship of any subsequently diagnosed disease or injury.

VI-a. All expenses associated with the medical evaluation and recommended post-exposure prophylaxis treatment for emergency response/public safety workers shall be paid by the employer’s insurance carrier or third-party administrator. Such medical evaluation and prophylaxis treatment shall be provided without prejudice as to the issue of the causal relationship of any subsequently diagnosed bloodborne disease or airborne disease to the emergency response/public safety worker’s work and without prejudice to the compensability of the bloodborne disease or airborne disease as an occupational disease or an accidental injury for the purposes of this chapter.

...

*NCCI analysis estimates that **HB 407**, if enacted in its current form, may result in a minimal increase in overall workers compensation costs in New Hampshire. Any cost impact of these changes, if enacted, would be reflected in the analysis of future claims experience contained in subsequent NCCI loss cost filings in New Hampshire.*

HB 1740 was:

- Passed by the first chamber on February 22, 2018
- Included in NCCI’s March 2, 2018 **Legislative Activity Report** (RLA-2018-09)
- Passed by the second chamber on May 2, 2018
- Included in NCCI’s May 11, 2018 **Legislative Activity Report** (RLA-2018-19)
- Enacted and effective on June 8, 2018

HB 1740 amends **sections 141-G:15 Costs**, and **141-G:19 Rules** of the New Hampshire Public Health Code as follows:

141-G:15 Costs.—~~Subject to rules adopted by the commissioner under RSA 141-G:19, an applicant’s workers’ compensation insurance carrier shall be responsible for paying the costs relating to a testing order. Subject to rules adopted by the commissioner under RSA 141-G:19, the private health or automobile insurance of an applicant who does not have access to workers’ compensation insurance which would cover medication for prophylaxis against potential bloodborne pathogens shall be responsible for paying the costs relating to a testing order~~ of the test, including charges of the health care facility taking the blood sample and the charges of the laboratory for the analysis of the sample. An applicant without insurance coverage may request testing under this subdivision, however, he or she shall be responsible for paying for the testing order and may be required to pay for testing in advance.

141-G:19 Rules.—

...

II. The commissioner shall adopt rules under RSA 541-A, relative to:

...

(k) Circumstances in which workers’ compensation insurance, ~~and the government,~~ and private health or automobile insurance shall be responsible for paying the costs referred to in RSA 141-G:15.

...

SB 351 was:

- Passed by the first chamber on March 8, 2018
- Included in NCCI’s March 16, 2018 **Legislative Activity Report** (RLA-2018-11)

- Amended and passed by the second chamber on April 19, 2018
- Included in NCCI's April 27, 2018 **Legislative Activity Report** (RLA-2018-19)
- Enacted on June 8, 2018, with an effective date of January 1, 2019

SB 351 amends **section 281-A:23-a** of the New Hampshire Workers' Compensation Law as follows:

281-A:23-a Managed Care Programs. —...

V. Every managed care program shall include a sufficient number of injury management facilitators, including resident injury management facilitators, who shall be qualified by reason of education, training, and experience to manage the injured employee's medical, hospital and remedial care, vocational rehabilitation, modified duty, and return to work plans. An injury management facilitator shall work with the injured employee, employer, and medical, hospital and other providers to ensure that the injured employee receives effective, timely, and appropriate services in order to achieve maximum medical improvement and an expeditious return to work. Any person employed as an injury management facilitator by a managed care program or operating as an injury management facilitator in conjunction with a managed care program under this section shall be approved by the commissioner with ratification by the workers' compensation advisory council. The commissioner shall, in consultation with the advisory council, by rule determine the number of facilitators which shall be sufficient.

...

BILLS PASSING SECOND CHAMBER

There were no relevant workers compensation-related bills that passed the second chamber within the one-week period ending June 8, 2018.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bill passed the first chamber within the one-week period ending June 8, 2018.

North Carolina

HB 995 amends **section 58-47-60** of **Article 47—Workers' Compensation Self-Insurance** of the North Carolina Insurance Code to read as follows:

§ 58-47-60. Definitions.

As used in this part:

...

(14) "Third-party administrator" or "TPA" means a person engaged by a board to execute the policies established by the board and to provide day-to-day management of the group. "Third-party administrator" or "TPA" does not mean:

a. An employer acting on behalf of its employees or the employees of one or more of its affiliates, affiliates or a municipal employer acting on behalf of the employees of a third-party entity managing a municipal transit system.

...

In addition, **HB 995** includes the following language:

This act applies to the City of Winston-Salem only.

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