



LEGISLATIVE ACTIVITY REPORT



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Regulatory Services

February 15, 2019

RLA-2019-05

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

There were no relevant workers compensation-related bills enacted within the one-week period ending February 8, 2019.

BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending February 8, 2019.

Utah

HB 56 was:

- Passed by the first chamber on January 30, 2019
- Included in NCCI's February 8, 2019 **Legislative Activity Report** (RLA-2019-04)
- Passed by the second chamber on February 7, 2019

HB 56 amends **sections 34A-2-206, 34A-2-701, 34A-2-702, and 34A-2-704** of the Utah Workers' Compensation Act as follows:

34A-2-206. Furnishing information to division—Employers' annual report—Rights of division—Examination of employers under oath—Penalties.

...

(4) (a) The division may seek a penalty of not to exceed \$500 for each offense to be recovered in a civil action brought by the commission or the division on behalf of the commission against an employer who:

(i) within a reasonable time to be fixed by the division and after the receipt of written notice signed by the director or the director's designee specifying the information demanded and served by certified mail or personal service, refuses to furnish to the division:

(A) the annual statement required by this section; or

(B) other information as may be required by the division under this section; or

(ii) willfully furnishes a false or untrue statement.

(b) All penalties collected under Subsection (4)(a) shall be paid into:

(i) the Employers' Reinsurance Fund created in Section 34A-2-702; or

(ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-704.

34A-2-701. Premium assessment restricted account for safety.

(1) There is created in the General Fund a restricted account known as the "Workplace Safety Account."

(2) (a) An amount equal to 0.25% of the premium income remitted to the state treasurer pursuant to Subsection 59-9-101(2)(c)(ii) shall be deposited in the Workplace Safety Account in the General Fund for use as provided in this section.

(b) Beginning with fiscal year 2008-09, if the balance in the Workplace Safety Account exceeds \$500,000 at the close of a fiscal year, the excess shall be transferred to:

(i) the Employers' Reinsurance Fund, created under Subsection 34A-2-702(1); or
(ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-702.

...

34A-2-702. Employers' Reinsurance Fund—Injury causing death—Burial expenses—Payments to dependents.

...

(7) (a) After the commissioner determines that all liabilities to be paid from the Employers' Reinsurance Fund have been paid, the commissioner shall notify the Division of Finance.

(b) Upon notification from the commissioner in accordance with Subsection (7)(a), the Division of Finance shall transfer any residual assets in the Employers' Reinsurance Fund into the Uninsured Employers' Fund.

34A-2-704. Uninsured Employers' Fund.

...

2) (a) Money for the Uninsured Employers' Fund shall be deposited into the Uninsured Employers' Fund in accordance with this chapter, and Subsection 59-9-101(2), and Subsection 34A-2-213(3).

...

Virginia

SB 1030 was:

- Passed by the first chamber on January 25, 2019
- Included in NCCI's February 1, 2019 *Legislative Activity Report* (RLA-2019-03)
- Amended and passed by the second chamber on February 4, 2019

SB 1030 amends and reenacts **section 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer** of the Virginia Workers' Compensation Act as follows:

§ 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer.

...

C. Leukemia or pancreatic, prostate, rectal, throat, ovarian-~~or~~, breast, colon, brain, or testicular cancer causing the death of, or any health condition or impairment resulting in total or partial disability of, any volunteer or salaried firefighter, Department of Emergency Management hazardous materials officer, commercial vehicle enforcement officer or motor carrier safety trooper employed by the Department of State Police, or full-time sworn member of the enforcement division of the Department of Motor Vehicles having completed 12 years of continuous service who has a contact with a toxic substance encountered in the line of duty shall be presumed to be an occupational disease, suffered in the line of duty, that is covered by this title, unless such presumption is overcome by a preponderance of competent evidence to the contrary. For the purposes of this section, a "toxic substance" is one which is a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and which causes, or is suspected to cause, leukemia or pancreatic, prostate, rectal, throat, ovarian-~~or~~, breast, colon, brain, or testicular cancer.

...

SB 1030 also includes the following language:

That the provisions of this act shall not become effective unless reenacted by the 2020 Session of the General Assembly.

That the 2020 Session of the General Assembly, in considering and enacting any legislation relating to workers' compensation and the presumption of compensability for certain cancers, shall consider any research, findings, and recommendations of the Joint Legislative Audit and Review Commission from the Commission's review of the Virginia Workers' Compensation program.

Note: SB 1030 is identical to **HB 1804**.

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bills passed the first chamber within the one-week period ending February 8, 2019.

Mississippi

SB 2835 creates the Mississippi First Responders Health and Safety Act and brings forward **sections 71-3-1, 71-3-3, 71-3-5, and 71-3-9** of the Mississippi Code of 1972, to be included in the Act, in part, as follows:

SECTION 1. This act shall be known and may be cited as the "Mississippi First Responders Health and Safety Act."

SECTION 2. (1) Because of exposure to heat, smoke and fumes or carcinogenic, poisonous, toxic or chemical substances, radar, stress, when a first responder who has completed ten (10) or more years of service is unable to perform his regular duties in the fire service in this state by reason of cancer, such cancer shall be classified as an occupational disease or infirmity connected with the duties of a first responder. The disease or infirmity shall be presumed to have been caused by or to have resulted from the work performed. This presumption shall be rebuttable by evidence meeting judicial standards, and shall be extended to a member following termination of service for a period of three (3) months for each full year of service not to exceed sixty (60) months commencing with the last actual date of service.

(2) (a) The occupational cancer referred to in subsection (1) of this section shall be limited to the types of cancer which may be caused by exposure to heat, smoke, radiation or a known or suspected carcinogen as defined by the International Agency for Research on Cancer. The occupational cancer shall also be limited to a cancer originating in the bladder, brain, colon, liver, pancreas, skin, kidney or gastrointestinal or reproductive tract, and leukemia, lymphoma, multiple myeloma, prostate, and testicular cancer, or any other type of cancer, due to occupational exposure, for which firefighters are determined to have a statistically significant increased risk over that of the general population. The employer must prove by a preponderance of the evidence that the disease was caused by some means other than the occupation to disqualify the firefighter from benefits.

(b) The cancer referred to in subsection (1) of this section shall be limited to the types of cancer which may be caused by exposure to radiation or a known or suspected carcinogen as defined by the International Agency for Research on Cancer. The cancer shall also be limited to a cancer originating in the bladder, brain, reproductive tract, prostate, and testicular cancer, or any other type of cancer, due to occupational exposure, for which law enforcement are determined to have a statistically significant increased risk over that of the general population. The employer must prove by a preponderance of the evidence that the disease was caused by some means other than the occupation to disqualify the law enforcement officer from benefits.

(c) Any such first responder must have successfully passed a physical examination upon entering into service as a firefighter or police officer, which examination failed to reveal any evidence of the condition.

(3) The affected first responder or his survivors shall be entitled to all rights and benefits as granted by state law to which one suffering an occupational injury is entitled as service-connected in the line of duty.

(4) For purposes of this act, the term "firefighter" shall mean any firefighter employed by any subdivision of the State of Mississippi on a full-time duty status, and any firefighter registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status.

(5) For the purposes of this act, the term "police officer" shall mean every officer authorized to direct or regulate traffic or to make arrests for violations of traffic regulations in the State of Mississippi.

(6) For the purposes of this act, the term "first responder" shall mean every firefighter and police officer as defined in subsections (4) and (5) of this section.

SECTION 3. (1) Any acute cardiovascular or stroke (ischemic or hemorrhagic) event which develops within twenty-four (24) hours of the end of the shift where training or a stressful event on the first responder's primary department shall be classified as a service-connected disease.

(2) The employee affected, or his survivors, shall be entitled to all rights and benefits as granted by the laws of the State of Mississippi to which one suffering an occupational disease is entitled as service-connected in the line of duty. Such an event shall be presumed, prima facie, to have been caused by or have resulted from the nature of the work performed whenever same is manifested within twenty-four (24) hours of the end of the shift. The employer must prove by a preponderance of the evidence that the disease was caused by some means other than the occupation to disqualify the firefighter or police officer from benefits.

(3) Any such first responder must have successfully passed a physical examination upon entering into any service as a firefighter or police officer, which examination failed to reveal any evidence of the condition.

SECTION 4. (1) Any loss of hearing which is ten percent (10%) greater than that of the affected employee's comparable age group in the general population and which develops during employment in the classified fire or police service in the State of Mississippi shall, for purposes of this section only, be classified as a disease or infirmity connected with employment. The employee affected shall be entitled to medical benefits, including hearing prosthesis as granted by the laws of the State of Mississippi to which one suffering an occupational disease is entitled, regardless of whether the firefighter or police officer is on duty at the time he is stricken with the loss of hearing. Such loss of hearing shall be presumed to have developed during employment and shall be presumed to have been caused by or to have resulted from the nature of the work performed whenever same is manifested at any time after the first ten (10) years of employment in such classified service. This presumption shall be rebuttable by evidence meeting judicial standards and shall be extended to an employee following termination of service for a period of twenty-four (24) months.

(2) Each person selected for appointment to an entry level position in the classified fire or police service on July 1, 2006, or thereafter shall submit to a baseline audiology examination. The appointing authority shall develop and implement policies and

procedures for the administration of the examination. The examination shall take place not later than one (1) year after the selection of the person for the appointment.

SECTION 5. (1) As an alternative to pursuing workers' compensation benefits under Sections 2, 3 and 4 of this act, upon a diagnosis of cancer, an acute cardiovascular or stroke event, or the development of Hepatitis B or Hepatitis C, Tuberculosis, HIV/AIDS, or the development of hearing loss, a first responder is entitled to the following benefits:

(a) Provided the diagnosis occurs on or after the first responder's effective date of coverage, a lump-sum benefit of Thirty-five Thousand Dollars (\$35,000.00) of coverage for each diagnosis payable to the first responder upon acceptable proof to the insurance carrier or other payor of a diagnosis by a board-certified physician in the medical specialty appropriate for the type of cancer diagnosed that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either:

(i) There is metastasis; and

(ii) Surgery, radiotherapy, or chemotherapy is medically necessary; or

(iii) There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or

(iv) The firefighter has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy; or

(b) A lump-sum benefit of Ten Thousand Dollars (\$10,000.00) for each diagnosis payable to the first responder upon acceptable proof to the insurance carrier or other payor of a diagnosis by a board-certified physician in the medical specialty appropriate for the type of cancer involved that:

(i) There is carcinoma in situ such that surgery, radiotherapy, or chemotherapy has been determined to be medically necessary;

(ii) There are malignant tumors which are treated by endoscopic procedures alone; or

(iii) There are malignant melanomas.

(c) A lump-sum benefit of Thirty-five Thousand Dollars (\$35,000.00) for each diagnosis payable to such first responder upon acceptable proof to the insurance carrier or other payor of a diagnosis by a board-certified physician in the medical specialty appropriate for the type of heart disease involved that:

(i) If a first responder suffers an acute cardiovascular or stroke (ischemic or hemorrhagic) event within twenty-four (24) hours of the end of the shift where training or a stressful event occurred.

(ii) The combined total of benefits received by any first responder under subsections (2)(a),(b) and (c) of this section during his or her lifetime shall not exceed One Hundred Thousand Dollars (\$100,000.00).

(d) A benefit equal to the cost of hearing prosthesis upon acceptable proof to the insurance carrier or other payor of a diagnosis of ten percent (10%) or greater hearing loss requiring the use of hearing prosthesis by a board-certified physician in the medical specialty appropriate for the type of hearing loss involved.

(e) A disability benefit payable as a result of a specific cancer, acute cardiovascular or stroke event, or development of Hepatitis B or Hepatitis C, Tuberculosis, or HIV/AIDS-related illness to begin three (3) months after the date of disability and submission to the insurance carrier or other payor of acceptable proof of disability caused by the specified disease or events such that such illness precludes the first responder from serving as a first responder:

(i) A monthly benefit equal to sixty percent (60%) of the first responder's monthly salary as an employed first responder with a fire or police department or a monthly benefit of Five Thousand Dollars (\$5,000.00), whichever is less; of which the first payment shall be made three (3) months after the total disability and shall continue for up to thirty-six (36) consecutive monthly payments;

(ii) Such monthly benefit shall be subordinate to any other benefit actually paid to the first responder solely for such disability from any other source, not including private insurance purchased solely by the first responder;

(iii) Any first responder receiving the monthly benefits may be required to have his or her condition reevaluated. In the event any such reevaluation reveals that such person has regained the ability to perform duties as a first responder, then his or her monthly benefits shall cease the last day of the month of reevaluation; and

(iv) In the event that there is a subsequent recurrence of a disability caused by the specified illness or event, which precludes the first responder from serving as a first responder, he or she shall be entitled to receive any remaining monthly payments.

(f) If a first responder who qualifies for benefits under this section dies as a result of a first responder's occupational disease or acute event, his or her death shall be compensable to the same extent as the death of a first responder killed in the line of duty, and he or she shall be considered to have been killed in the line of duty and shall be eligible for the line of duty death benefits as set forth in Section 45-2-1.

(g) An eligible first responder who dies as a result of cancer, an acute cardiovascular or stroke event, or circumstances arising out of the treatment of cancer, but does not submit sufficient proof of claim prior to the first responder's death, is entitled to receive benefits specified in paragraphs (a), (b), (c), and (e) of this subsection and made available to the deceased first responder's beneficiary; and

(h) Any first responder who was simultaneously a member of more than one (1) fire or police department at the time of diagnosis shall not be entitled to receive benefits from or on behalf of more than one (1) fire or police department. The first responder's primary place of employment shall maintain coverage for the eligible first responder; and

(i) Insurance payments received by an eligible first responder under Section 5 are included in gross income for federal income tax purposes.

(2) The benefits specified in paragraphs (a), (b), (c) and (e) of subsection (1) of this section must be continued by a former employer of a first responder for five (5) years following the date that the first responder terminates employment, so long as the first responder otherwise met the criteria specified in this subsection when he or she terminated employment and was not subsequently employed as a first responder following that date.

SECTION 6. The costs of purchasing an insurance policy that provides the cancer, specified communicable diseases, and acute cardiovascular or stroke events contained in Section 5 of this act, or the costs of providing such benefits through a self-funded system compliant with Section 5 of this act, must be borne solely by the employer that employs the eligible first responder and may not be funded partially or wholly by individual first responders. In addition to any other purpose authorized, county governing authorities and municipal governing authorities may use proceeds from county and municipal taxes imposed for the purposes of providing insurance pursuant to Section 5 of this act. The computation of premium amounts by an insurer for the coverages under this paragraph shall be subject to generally accepted adjustments from insurance underwriting.

SECTION 7. (1) The state, municipality, county, or fire protection district shall, no later than January 1, 2021, show proof of insurance coverage to the Commissioner of Insurance that it meets the requirements of Section 5 of this act, or shall show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders. Such coverage shall remain in effect until a fire or police department no longer has any first responders who could qualify for these benefits.

(2) The Commissioner of Insurance shall adopt such rules and regulations as are reasonable and necessary to implement the provisions of Section 5 of this act. Such regulations shall include the process by which a first responder files a claim for cancer or heart benefits, how the beneficiary of such eligible first responder files a claim for the enhanced cancer death benefit, and the process by which claimants can appeal a denial of benefits and what proof is deemed acceptable to qualify for such benefits.

(3) The Commissioner of Insurance shall adopt rules to establish firefighter cancer prevention best practices as it relates to personal protective equipment, decontamination, fire suppression, apparatus, and fire stations.

SECTION 8. (1) Because of exposure to blood and saliva of accident and crime victims, when a firefighter or police officer in the classified service, who has completed two (2) or more years of service, has contracted Hepatitis B or Hepatitis C, such disease shall be deemed an occupational disease or infirmity connected with the duties of a firefighter or police officer. The disease or infirmity shall be presumed to have been caused or to have resulted from such work performed. The presumption shall be rebuttable by evidence meeting judicial standards, and shall be extended to a member following termination of service for a period of three (3) months for each full year of service not to exceed sixty (60) months commencing with the last actual date of service. The presumption shall also be rebuttable by evidence that the otherwise eligible affected member was at the time of diagnosis of Hepatitis B or C, or within one (1) year of such diagnosis, unlawfully using controlled substances by means of intravenous injection, or lived in an intimate relationship with any person who has been diagnosed with Hepatitis B or C.

(2) The affected member or his survivors shall be entitled to all rights and benefits as granted by state or federal law to which one suffering from an occupational disease is entitled as service-connected in the line of duty.

SECTION 9. This act may also be referred to as the "Arson Investigator Danny Benton and Police Chief Henry Manuel, Sr., Act."

SECTION 10. Section 71-3-1, Mississippi Code of 1972, is brought forward as follows:

...

SECTION 11. Section 71-3-3, Mississippi Code of 1972, is brought forward as follows:

...

SECTION 12. Section 71-3-5, Mississippi Code of 1972, is brought forward as follows:

...

SECTION 13. Section 71-3-9, Mississippi Code of 1972, is brought forward as follows:

...

SECTION 14. This act shall take effect and be in force from and after July 1, 2019, and shall stand repealed on June 30, 2019.

SB 2864 amends *sections 83-23-109* and *83-23-115* of the Mississippi Insurance Guaranty Association Law as follows:

§ 83-23-109. Definitions.

As used in this article:

...

(f) "Covered claim" means an unpaid claim, including one of unearned premiums, which arises out of and is within the coverage and not in excess of the applicable limits of an insurance policy to which this article applies issued by an insurer, if such insurer becomes an insolvent insurer and ~~(1)(i)~~ the claimant or insured is a resident of this state at the time of the insured event, provided that for entities other than an individual, the residence of a claimant or insured is the state in which its principal place of business is located at the time of the insured event; or ~~(2)(ii)~~ the property from which the claim arises is permanently located in this state.

"Covered claim" shall not include any amount awarded as punitive or exemplary damages; or sought as a return of premium under any retrospective rating plan; or due any reinsurer, insurer, insurance pool, or underwriting association, as subrogation recoveries or otherwise and shall preclude recovery thereof from the insured of any insolvent carrier to the extent of the policy limits. "Covered claim" shall not include any claim that would otherwise be a covered claim under this article that has been rejected or denied by any other state guaranty fund based upon that state's statutory exclusions regarding the insured's net worth.

...

(h) "Member insurer" means any person who ~~(1)(i)~~ writes any kind of insurance to which this article applies under Section 83-23-105, including the exchange of reciprocal or interinsurance contracts, and ~~(2)(ii)~~ is licensed to transact insurance in this state.

...

§ 83-23-115. Powers and duties of association.

(1) The association shall:

(a)...

In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the obligation of the insolvent insurer under the policy from which the claim arises. Notwithstanding any other provisions of this article, a covered claim shall not include a claim filed with the association after final date set by the court for the filing of claims against the liquidator or receiver of an insolvent insurer.

...

Utah

SB 76 repeals and reenacts *section 34A-1-309* of the Utah Labor Code as follows:

34A-1-309. Attorney feesAdd-on fees.

~~For an adjudication of a workers' compensation claim where only medical benefits are at issue, reasonable attorney fees may be awarded in accordance with and to the extent allowed by rule adopted by the Utah Supreme Court and implemented by the Labor Commission.~~

(1) As used in this section:

(a) "Carrier" means a workers' compensation insurance carrier, the Uninsured Employers' Fund, an employer that does not carry workers' compensation insurance, or a self-insured employer as defined in Section 34A-2-201.5.

(b) "Indemnity compensation" means a workers' compensation claim for indemnity benefits that arises from or may arise from a denial of a medical claim.

(c) "Medical claim" means a workers' compensation claim for medical expenses or recommended medical care.

(d) "Unconditional denial" means a carrier's denial of a medical claim:

(i) after the carrier completes an investigation; or

(ii) 90 days after the day on which the claim was submitted to the carrier.

(2) (a) The commission may award an add-on fee to a claimant to be paid by the carrier if:

(i) a medical claim is at issue;

(ii) the carrier issues an unconditional denial of the medical claim;

(iii) the claimant hires an attorney to represent the claimant during the formal adjudicative process before the commission;

(iv) after the carrier issues the unconditional denial, the commission orders the carrier or the carrier agrees to pay the medical claim; and

(v) any award of indemnity compensation in the case is less than \$5,000.

(b) An award of an add-on fee under this section is in addition to:

(i) the amount awarded for the medical claim or indemnity compensation; and

(ii) any amount for attorney fees agreed upon between the claimant and the claimant's attorney.

(c) An award under this section is governed by the law in effect at the time the claimant files an application for hearing with the Division of Adjudication.

- (3) If the commission awards an add-on fee under this section, the commission shall award the add-on fee in the following amount:
- (a) the lesser of 25% of the medical expenses the commission awards to the claimant or \$25,000, for a case that is resolved at the commission level;
 - (b) the lesser of 30% of the medical expenses the Utah Court of Appeals awards to the claimant or \$30,000, for a case that is resolved on appeal before the Utah Court of Appeals; or
 - (c) the lesser of 35% of the medical expenses that the Utah Supreme Court awards to the claimant or \$35,000, for a case that is resolved on appeal before the Utah Supreme Court.
- (4) If a court invalidates any portion of this section, the entire section is invalid.

Virginia

HB 1804 amends and reenacts *section 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer* of the Virginia Workers' Compensation Act as follows:

§ 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer.

...

C. Leukemia or pancreatic, prostate, rectal, throat, ovarian-~~or~~, breast, colon, brain, or testicular cancer causing the death of, or any health condition or impairment resulting in total or partial disability of, any volunteer or salaried firefighter, Department of Emergency Management hazardous materials officer, commercial vehicle enforcement officer or motor carrier safety trooper employed by the Department of State Police, or full-time sworn member of the enforcement division of the Department of Motor Vehicles having completed 12 years of continuous service who has a contact with a toxic substance encountered in the line of duty shall be presumed to be an occupational disease, suffered in the line of duty, that is covered by this title, unless such presumption is overcome by a preponderance of competent evidence to the contrary. For the purposes of this section, a "toxic substance" is one which is a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and which causes, or is suspected to cause, leukemia or pancreatic, prostate, rectal, throat, ovarian-~~or~~, breast, colon, brain, or testicular cancer.

...

HB 1804 also includes the following language:

That the provisions of this act shall not become effective unless reenacted by the 2020 Session of the General Assembly.

That the 2020 Session of the General Assembly, in considering and enacting any legislation relating to workers' compensation and the presumption of compensability for certain cancers, shall consider any research, findings, and recommendations of the Joint Legislative Audit and Review Commission from the Commission's review of the Virginia Workers' Compensation program.

Note: **HB 1804** is identical to **SB 1030**.

HB 2022 amends and reenacts *section 65.2-602. Tolling of statute of limitations* of the Virginia Workers' Compensation Act to read:

§ 65.2-602. Tolling of statute of limitations.

In any case where an employer has received notice of an accident resulting in compensable injury to an employee as required by § 65.2-600, and, whether or not an award has been entered, ~~such the employer nevertheless~~ has paid compensation or wages to such employee during incapacity for work, as defined in § 65.2-500 or ~~§ 65.2-502~~, resulting from such injury or the employer has failed to file the report of said accident with the Virginia Workers' Compensation Commission as required by § 65.2-900, ~~and such conduct of the employer has operated to prejudice the rights of such employee with respect to the filing of a claim prior to expiration of a statute of limitations otherwise applicable, such statute shall be tolled for the duration of such payment or, as the case may be, until the employer files the first report of accident required by § 65.2-900 or otherwise has under a workers' compensation plan or insurance policy furnished or caused to be furnished medical service to such employee as required by § 65.2-603, the statute of limitations applicable to the filing of a claim shall be tolled until the last day for which such payment of compensation or wages or furnishment of medical services as described above is provided and that occurs more than six months after the date of accident. However, no such payment of wages or workers' compensation benefits or furnishment of medical service as described above occurring after the expiration of the statute of limitations shall apply to this provision. In the case where the employer has failed to file a first report, the statute of limitations shall be tolled during the duration thereof until the employer filed the first report of accident as required by § 65.2-900. In the event that more than one of the above tolling provisions applies, whichever of those causes the longer period of tolling shall apply. For purposes of this section, such rights of an employee shall be deemed not prejudiced if his employer has filed the first report of accident as required by § 65.2-900 or he has received after the accident a workers' compensation guide described in § 65.2-201 or a notice in substantially the following form:~~

~~NOTICE TO EMPLOYEE.~~

~~BECAUSE OF THE ACCIDENT OR INJURY YOU HAVE REPORTED, YOU MAY HAVE A WORKERS' COMPENSATION CLAIM. HOWEVER, SUCH CLAIM MAY BE LOST IF YOU DO NOT FILE IT WITH THE VIRGINIA WORKERS' COMPENSATION COMMISSION WITHIN THE TIME~~

LIMIT PROVIDED BY LAW. YOU MAY FIND OUT WHAT TIME LIMIT APPLIES TO YOUR INJURY BY CONTACTING THE COMMISSION. THE FACT THAT YOUR EMPLOYER MAY BE COVERING YOUR MEDICAL EXPENSES OR CONTINUING TO PAY YOUR SALARY OR WAGES DOES NOT STOP THE TIME FROM RUNNING.

Such notice shall also include the address and telephone number which the employee may use to contact the Commission.

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
SC, TN	Amy Quinn	561-893-3812
HI, NM, NV, UT	Brett Barratt	801-401-6464
IL, MO, OK	Carla Townsend	561-893-3819
AZ, KS, KY	Clarissa Preston	561-945-4517
DC, MD, VA, WV	David Benedict	804-380-3005
CO, FL	Dawn Ingham	561-893-3165
IN, NC	Michelle Smith	561-893-3016
CT, ME, NH, RI	Justin Moulton	860-969-7903
VT	Laura Backus Hall	802-454-1800
AL, GA, LA, MS	Laura Hart Bryan	225-635-4481
IA, NE, SD	Stephanie Paswaters	303-200-6728
AR, TX	Terri Robinson	501-333-2835
Federal Issues	Tim Tucker	202-403-8526
AK, ID, MT, OR	Todd Johnson	561-893-3814

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