



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 May 31, 2019.

Nevada

AB 370 was:

- Passed by the first chamber on April 23, 2019
- Included in NCCI's May 3, 2019 **Legislative Activity Report** (RLA-2019-16)
- Passed by the second chamber on May 22, 2019
- Included in NCCI's May 31, 2019 **Legislative Activity Report** (RLA-2019-20)
- Enacted on May 30, 2019, with an effective date of July 1, 2019

AB 370 amends **sections 616A.425** and **232.680** of the Nevada Revised Statutes as follows:

Section 1.

NRS 616A.425 Fund for Workers' Compensation and Safety.

...

3. All money and securities in the Fund must be used to defray all costs and expenses of administering the program of workers' compensation, including the payment of:

...

(g) For widows, widowers, surviving children and surviving dependent parents who are entitled to death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019:

(1) Reimbursement to insurers for the cost of the increase in the death benefits pursuant to subsection 1 of section 3.5 of this act; and

(2) The salary and other expenses of administering the payment of the increase in death benefits pursuant to subsection 1 of section 3.5 of this act.

The provisions of this paragraph shall cease to be of any force or effect when no widow, widower, surviving child or surviving dependent parent is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019.

...

Section 4.

NRS 232.680 Payment of costs: Assessments; regulations; federal grants; refunds.

...

4. Assessments made against insurers by the Division after the adoption of regulations must be used to defray all costs and expenses of administering the program of workers' compensation, including the payment of:

...

5. If the Division refunds any part of an assessment, the Division shall include in that refund any interest earned by the Division from the refunded part of the assessment.

(g) For widows, widowers, surviving children and surviving dependent parents who are entitled to death benefits on account of an industrial injury or a disablement from an occupational disease pursuant to section 3.5 of this act that occurred before July 1, 2019:

(1) Reimbursement to insurers for the cost of the increase in the death benefits pursuant to subsection 1 of section 3.5 of this act; and

(2) The salary and other expenses of administering the payment of the increase in death benefits pursuant to subsection 1 of section 3.5 of this act.

The provisions of this paragraph shall cease to be of any force or effect when no widow, widower, surviving child or surviving dependent parent is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019.

AB 370 also adds new provisions in **sections 3.5** and **3.8** of the bill to be codified in the Nevada Industrial Insurance Act, to read:
Section 3.5.

1. Any widow, widower, surviving child or surviving dependent parent who is receiving death benefits pursuant to chapters 616A to 617, inclusive, of NRS on account of an industrial injury or a disablement from an occupational disease is entitled to an annual increase in those death benefits in the amount of 2.3 percent. The benefits must be increased pursuant to this section:

(a) On January 1, 2020; and

(b) On January 1 of each year thereafter.

2. Any increase in death benefits provided pursuant to this section is in addition to any increase in death benefits to which a widow, widower, surviving child or surviving dependent parent is otherwise entitled by law.

3. Any increase in death benefits pursuant to this section on account of an industrial injury or a disablement from an occupational disease that occurred on or after July 1, 2019, must be paid by insurers, including, without limitation, employers who provide accident benefits for injured employees pursuant to NRS 616C.265, without reimbursement from the Fund for Workers' Compensation and Safety pursuant to section 3.8 of this act.

Section 3.8.

1. An insurer, including, without limitation, an employer who provides accident benefits for injured employees pursuant to NRS 616C.265, who pays an increase in death benefits to a widow, widower, surviving child or surviving dependent parent pursuant to section 3.5 of this act is entitled to be reimbursed for the amount of that increase from the Fund for Workers' Compensation and Safety if the insurer provides to the Administrator all of the following:

(a) The name of the widow, widower, surviving child or surviving dependent parent to whom the insurer paid the increase in death benefits.

(b) The claim number under which death benefits were paid to the widow, widower, surviving child or surviving dependent parent.

(c) The date of the industrial injury or disablement from an occupational disease which resulted in the eligibility of the widow, widower, surviving child or surviving dependent parent for death benefits.

(d) The date of the death of the injured employee who is the:

(1) Spouse of the widow or widower;

(2) Parent of the surviving child; or

(3) Child of the surviving dependent parent.

(e) The amount of the death benefit to which the widow, widower, surviving child or surviving dependent parent was entitled as of December 31, 2019.

(f) Proof of the insurer's payment of the increase in death benefits.

(g) The amount of reimbursement requested by the insurer.

2. An insurer must provide the Administrator with the information required pursuant to subsection 1 not later than March 31 of each year to be eligible for reimbursement pursuant to this section for payments of increases in death benefits which were made in the immediately preceding calendar year.

3. An insurer may not be reimbursed pursuant to this section unless the insurer's request for reimbursement is approved by the Administrator.

4. An insurer may elect to apply any approved reimbursement made pursuant to this section towards any current or future assessment levied by the Administrator pursuant to NRS 232.680.

In addition, **AB 370** also includes the following language:

Section 5.

For the purposes of subsection 1 of section 3.5 of this act, the amount of death benefits which is to be increased by 2.3 percent on January 1, 2020, for a widow, widower, surviving child or surviving dependent parent who is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before January 1, 1989, shall be deemed to be the amount of annual death benefits the widow, widower, surviving child or surviving dependent parent was entitled

to receive before the effective date of this act, compounded 3 times at 2.3 percent. The intent of this section is to put the widow, widower, surviving child or surviving dependent parent in the same position on January 1, 2020, with regard to the amount of death benefits to be increased by 2.3 percent pursuant to paragraph (a) of subsection 1 of section 3.5 of this act, as if the widow, widower, surviving child or surviving dependent parent had been receiving an annual increase of 2.3 percent of his or her annual death benefits on January 1 of each year beginning on January 1, 2017.

Section 6.

For the purposes of subsection 1 of section 3.5 of this act, the amount of death benefits which is to be increased by 2.3 percent on January 1, 2020, for a widow, widower, surviving child or surviving dependent parent who is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred on or after January 1, 1989, and before January 1, 1994, shall be deemed to be the amount of annual death benefits the widow, widower, surviving child or surviving dependent parent was entitled to receive before the effective date of this act, compounded 2 times at 2.3 percent. The intent of this section is to put the widow, widower, surviving child or surviving dependent parent in the same position on January 1, 2020, with regard to the amount of death benefits to be increased by 2.3 percent pursuant to paragraph (a) of subsection 1 of section 3.5 of this act, as if the widow, widower, surviving child or surviving dependent parent had been receiving an annual increase of 2.3 percent of his or her annual death benefits on January 1 of each year beginning on January 1, 2018.

Oklahoma

HB 2367 was:

- Passed by the first chamber on March 13, 2019
- Included in NCCI's March 22, 2019 **Legislative Activity Report** (RLA-2019-10)
- Amended and passed by the second chamber on April 24, 2019
- Included in NCCI's May 3, 2019 **Legislative Activity Report** (RLA-2019-16)
- Amended and passed by the conference committee on May 22, 2019
- Enacted and effective on May 28, 2019

HB 2367 is a comprehensive reform bill that amends numerous components of the Oklahoma Administrative Workers' Compensation Act.

Texas

SB 1063 was:

- Passed by the first chamber on April 11, 2019
- Included in NCCI's April 19, 2019 **Legislative Activity Report** (RLA-2019-14)
- Passed by the second chamber on May 15, 2019
- Included in NCCI's May 24, 2019 **Legislative Activity Report** (RLA-2019-19)
- Enacted on May 31, 2019, with an effective date of September 1, 2019

SB 1063 amends numerous sections of the Texas Property and Casualty Insurance Guaranty Act to read:

Sec. 462.004. General Definitions. In this chapter:

...

(5) "Impaired insurer" means a member insurer that is subject to a final, nonappealable order of liquidation that includes a finding of insolvency issued by a court of competent jurisdiction in this state or in the insurer's state of domicile:

~~(A) placed in:~~

~~(i) temporary or permanent receivership or liquidation under a court order, including a court order of another state, based on a finding of insolvency; or~~

~~(ii) conservatorship after the commissioner determines that the insurer is insolvent; and~~

~~(B) designated by the commissioner as an impaired insurer.~~

...

Sec. 462.055. Term; Vacancy.

...

(b) The remaining board members, by majority vote, shall fill a vacancy on the board for the unexpired term of a director who serves as an insurance industry board member, subject to the commissioner's approval. The commissioner shall appoint a director to fill a vacancy on the board for the unexpired term of a director who serves as a public representative.

Sec. 462.059. Meeting by Conference Call.

(a) Notwithstanding Chapter 551, Government Code, the board may hold an open meeting by telephone conference call if ~~immediate action is required and convening of a quorum of the board at a single location is not reasonable or practical.~~ A meeting held by telephone conference call:

(1) must be audible to the public at the location specified in the notice described by Subsection (c); and

(2) must allow two-way audio communication during the entire meeting between the members of the board attending a meeting authorized by this section.

(a-1) If the two-way audio communication required under Subsection (a) is disrupted during a meeting so that a quorum of the board is no longer able to participate, the meeting may not continue until the two-way audio communication is reestablished.

(b) The meeting is subject to the notice requirements that apply to other meetings of the board of directors.

(c) The notice of the meeting must specify ~~as the location of the meeting~~ the location at which meetings of the board are usually held, and each part of the meeting that is required to be open to the public must be audible to the public at that location. The association must make an audio recording of the meeting. The recording of the open portion of the meeting must be posted publicly to the association's Internet website and must be tape recorded. The tape recording shall be made available to the public.

Sec. 462.207. Claims Not Covered: Amounts Due Certain Entities.

...

(b) An impaired insurer's insured is not liable, and the reinsurer, insurer, self-insurer, insurance pool, or underwriting association is not entitled to sue or continue a suit against the insured, for a subrogation recovery, reinsurance recovery, contribution, indemnification, or any other claim asserted directly or indirectly by a reinsurer, insurer, self-insurer, insurance pool, or underwriting association to the extent of the applicable liability limits of the insurance policy written and issued to the insured by the insolvent insurer.

(c) The association is entitled to recover the association's costs, expenses, and reasonable attorney's fees incurred in defending the association or an impaired insurer's insured against a claim brought in violation of this subsection by a reinsurer, insurer, self-insurer, insurance pool, or underwriting association, on that entity's own behalf or on behalf of the entity's insured, after the date on which the entity is provided notice by the association or otherwise of the provisions of this section applicable to the entity's suit.

Sec. 462.212. Net Worth Exclusion.

...

(d) In an instance described by Subsection (c), the association is entitled to assert a claim in the bankruptcy or receivership proceeding to recover the amount of any covered claim and costs of defense paid on behalf of the insured. A court shall award the association the association's costs, expenses, and reasonable attorney's fees incurred in seeking recovery under this section.

(e) The association may establish procedures for requesting financial information from an insured ~~or claimant~~ on a confidential basis for the purpose of applying sections concerning the net worth of insureds first party and third party claimants, subject to any information requested under this subsection being shared with any other association similar to the association and with the liquidator for the impaired insurer on the same confidential basis. If the insured ~~or claimant~~ refuses to provide the requested financial information, ~~the association requests an auditor's certification of that information, and the auditor's certification is available but not provided,~~ the association may deem the net worth of the insured ~~or claimant~~ to be in excess of \$50 million at the relevant time.

(f) In any lawsuit contesting the applicability of Section 462.308 or this section when the insured ~~or claimant~~ has declined to provide financial information requested by the association under the procedure provided in the plan of operation under Section 462.103, the insured ~~or claimant~~ bears the burden of proof concerning its net worth at the relevant time and shall pay. ~~If the insured or claimant fails to prove that its net worth at the relevant time was less than the applicable amount, the court shall award the association the association's its full costs, expenses, and reasonable attorney's fees incurred in attempting to obtain the insured's financial information in contesting the claim.~~

Sec. 462.303. Certain Determinations Not Binding.

...

(b) A judgment, settlement, or release described by Subsection (a) is not evidence of liability or of damages in connection with a claim brought against the association, an impaired insurer's insured, or another party under this chapter.

(c) The association is entitled to recover the association's costs, expenses, and reasonable attorney's fees incurred in contesting a claim based on a judgment, settlement, or release described by Subsection (a) on the association's behalf or on behalf of an impaired insurer's insured after the date on which the party asserting the claim is provided notice by the association or otherwise of the provisions of this section applicable to the judgment, settlement, or release.

Sec. 462.304. Servicing Facility.

(a) The association shall handle claims through:

(1) the association's employees or contract claims adjusters; or

~~(2) subject to the approval of the commissioner, through one or more insurers or other persons designated, subject to the approval of the commissioner, as a servicing facility under a servicing agreement or loss portfolio transfer agreement facilities.~~

...

(c) The association shall:

~~(1) reimburse a servicing facility for:~~

~~(A) obligations of the association paid by the facility; and~~

~~(B) expenses incurred by the facility in handling claims for the association. The association shall reimburse a servicing facility under this subsection in a manner that is consistent with the applicable servicing agreement or loss portfolio agreement ; and~~

~~(2) pay the other expenses of the association authorized by this chapter.~~

...

Sec. 462.307. Assignment of Rights.

...

(d) Except as provided by Section 462.308 or 462.212, the association does not have a cause of action against the impaired insurer's insured for money the association has paid, other than a cause of action that the impaired insurer would have had if the money had been paid by the impaired insurer.

...

(f) To the extent the association has a right to recover proceeds from the sale of salvage property related to a covered claim, the association's right to recover the proceeds may not be reduced in the amount of any pre-impairment costs, fees, or expenses related to the salvage property that are not part of a covered claim under Subchapter E. A person or entity in possession of salvage property subject to the association's right of recovery may not seek recovery from the association for any pre-impairment costs, fees, or expenses related to the salvage property that are not a covered claim under Subchapter E.

Sec. 462.308. Recovery from Certain Persons.

(a) The association is entitled to recover:

...

(2) the amount of a covered claim for workers' compensation insurance benefits and the costs of administration and defense of the claim paid under this chapter from an insured employer or any successor entity to the insured employer under state, federal, or international law whose net worth on December 31 of the year preceding the date the insurer becomes an impaired insurer exceeds \$50 million.

...

(d) A court shall award the association the association's costs, expenses, and reasonable attorney's fees incurred in seeking recovery under this section.

SB 1063 also includes the following language:

Except as provided by this section, the changes in law made by this Act apply only with respect to a property and casualty insurance company that is designated as an impaired insurer on or after the effective date of this Act. The law as it existed immediately before the effective date of this Act applies with respect to a property and casualty insurance company that is designated as an impaired insurer before the effective date of this Act, and that law is continued in effect for that purpose.

BILLS PASSING SECOND CHAMBER

The following workers compensation-related bills passed the second chamber within the one-week period ending May 31, 2019.

Alabama

HB 187 was:

- Passed by the first chamber on April 25, 2019
- Included in NCCI's May 3, 2019 *Legislative Activity Report* (RLA-2019-16)
- Passed by the second chamber on May 29, 2019

HB 187, in part, amends *sections 25-5-60, 25-5-66, 25-5-68, and 25-5-69* of the Code of Alabama as follows:

Section 25-5-60

Compensation for death.

In death cases, where the death results proximately from the accident within three years, compensation payable to dependents shall be computed on the following basis and shall be paid to the persons entitled thereto without administration, or to a guardian or other person as the court may direct, for the use and benefit of the person entitled thereto.

(1) Persons Entitled to Benefits; Amount of Benefits.

...

h. If a dependent is the surviving spouse of a law enforcement officer or firefighter ~~killed~~ who dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties, the compensation does not cease upon remarriage.

...

Section 25-5-66

Disposition of compensation upon remarriage of widow of employee who has another dependent.

...

(b) Subsection (a) does not apply to the surviving spouse of a law enforcement officer or firefighter who ~~was killed~~ dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties.

Section 25-5-68

Maximum and minimum weekly compensation.

...

(f) Notwithstanding any other provision of this article, the compensation benefits payable to a surviving dependent child of a law enforcement officer or firefighter who ~~was killed~~ dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties shall not discontinue at least until the dependent child reaches the age of 18 years.

Section 25-5-69

Compensation to cease upon death or marriage of dependent; proportional benefits for dependents.

~~Except when the dependent is the surviving spouse of a law enforcement officer or firefighter who was killed as a result of injuries received while engaged in the performance of his or her duties, if (a) If compensation is being paid under this article to any dependent, such compensation shall cease upon the death or marriage of such dependent. Where compensation is being paid under this chapter to any dependent, in no event shall such dependent receive more than the proportion which the amount received of the deceased employee's income during his or her life bears to the compensation provided under this article.~~

(b) Subsection (a) does not apply if the dependent is the surviving spouse of a law enforcement officer or firefighter who dies on or after January 1, 2018, as a result of injuries received in the performance of his or her duties.

Connecticut

SB 164 was:

- Passed by the first chamber on May 30, 2019
- Passed by the second chamber on May 31, 2019

SB 164, in part, amends **sections 31-275** and **31-294** of the Connecticut Workers' Compensation Act and adds new sections to be codified in the Connecticut General Statutes including but not limited to the following:

Section 1.

Sec. 31-275. Definitions. As used in this chapter, unless the context otherwise provides:

...

(16) (B) "Personal injury" or "injury" shall not be construed to include:

...

(ii) A mental or emotional impairment, unless such impairment (I) arises from a physical injury or occupational disease, (II) in the case of a police officer of the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department or a municipal constabulary, arises from such police officer's use of deadly force or subjection to deadly force in the line of duty, regardless of whether such police officer is physically injured, provided such police officer is the subject of an attempt by another person to cause such police officer serious physical injury or death through the use of deadly force, and such police officer reasonably believes such police officer to be the subject of such an attempt, or (III) in the case of a police officer, parole officer or firefighter, is diagnosed as a diagnosis of post-traumatic stress disorder by a licensed and board certified mental health professional, determined by such professional to be originating from the firefighter witnessing the death of another firefighter while engaged in the line of duty and not subject to any other exclusion in this section as defined in section 2 of this act that meets all the requirements of section 2 of this act. As used in this clause, "police officer" means a member of the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department or a municipal constabulary, "firefighter" means a uniformed member of a municipal paid or volunteer fire department, and "in the line of duty" means any action that a police officer ~~or firefighter~~ is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the police officer or firefighter is compensated by the public entity such officer serves;

...

Section 2.

(1) “Firefighter” has the same meaning as provided in section 7-313g of the general statutes;
(2) “In the line of duty” means any action that a police officer, parole officer or firefighter is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the officer or firefighter is compensated by the public entity such officer or firefighter serves, except that, in the case of a volunteer firefighter, such action or service constitutes fire duties, as defined in subsection (b) of section 7-314b of the general statutes;
(3) “Mental health professional” means a board-certified psychiatrist or a psychologist licensed pursuant to chapter 383 of the general statutes, who has experience diagnosing and treating post-traumatic stress disorder;
(4) “Parole officer” means an employee of the Department of Correction who supervises inmates in the community after their release from prison on parole or under another prison release program;
(5) “Police officer” has the same meaning as provided in section 7-294a of the general statutes, except that “police officer” does not include an officer of a law enforcement unit of the Mashantucket Pequot Tribe or the Mohegan Tribe of Indians of Connecticut;
(6) “Post-traumatic stress disorder” means a disorder that meets the diagnostic criteria for post-traumatic stress disorder as specified in the most recent edition of the American Psychiatric Association’s “Diagnostic and Statistical Manual of Mental Disorders”; and
(7) “Qualifying event” means an event occurring in the line of duty on or after July 1, 2019, in which a police officer, parole officer or firefighter:
(A) Views a deceased minor;
(B) Witnesses the death of a person or an incident involving the death of a person;
(C) Witnesses an injury to a person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause;
(D) Has physical contact with and treats an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause;
(E) Carries an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause; or
(F) Witnesses a traumatic physical injury that results in the loss of a vital body part or a vital body function that results in permanent disfigurement of the victim.
(b) A diagnosis of post-traumatic stress disorder is compensable as a personal injury as described in subparagraph (B)(ii)(III) of subdivision (16) of section 31-275 of the general statutes, as amended by this act, if a mental health professional examines a police officer, parole officer or firefighter and diagnoses the officer or firefighter with post-traumatic stress disorder as a direct result of a qualifying event, provided (1) the post-traumatic stress disorder resulted from the officer or firefighter acting in the line of duty and, in the case of a firefighter, such firefighter complied with Federal Occupational Safety and Health Act standards adopted pursuant to 29 CFR 1910.134 and 29 CFR 1910.156, (2) a qualifying event was a substantial factor in causing the disorder, (3) such qualifying event, and not another event or source of stress, was the primary cause of the post-traumatic stress disorder, and (4) the post-traumatic stress disorder did not result from any disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement or similar action of the officer or firefighter. Any such mental health professional shall comply with any workers’ compensation guidelines for approved medical providers, including, but not limited to, guidelines on release of past or contemporaneous medical records.
(c) Whenever liability to pay compensation is contested by the employer, the employer shall file with the commissioner, on or before the twenty-eighth day after the employer has received a written notice of claim, a notice in accordance with a form prescribed by the chairperson of the Workers’ Compensation Commission stating that the right to compensation is contested, the name of the claimant, the name of the employer, the date of the alleged injury and the specific grounds on which the right to compensation is contested. The employer shall send a copy of the notice to the employee in accordance with section 31-321 of the general statutes. If the employer or the employer’s legal representative fails to file the notice contesting liability on or before the twenty-eighth day after receiving the written notice of claim, the employer shall commence payment of compensation for such injury on or before the twenty-eighth day after receiving the written notice of claim, but the employer may contest the employee’s right to receive compensation on any grounds or the extent of the employee’s disability within one hundred eighty days from the receipt of the written notice of claim and any benefits paid during the one hundred eighty days shall be considered payments without prejudice, provided the employer shall not be required to commence payment of compensation when the written notice of claim has not been properly served in accordance with section 31-321 of the general statutes or when the written notice of claim fails to include a warning that the employer (1) if the employer has commenced payment for the alleged injury on or before the twenty-eighth day after receiving a written notice of claim, shall be precluded from contesting liability unless a notice contesting liability is filed within one hundred eighty days from the receipt of the written notice of claim, and (2) shall be conclusively presumed to have accepted the compensability of the alleged injury unless the employer either files a notice contesting liability on or before the twenty-eighth day after receiving a written notice of claim or commences payment for the alleged injury on or before such twenty-eighth day. An employer shall be entitled, if the employer prevails, to reimbursement from the claimant of any compensation paid by the employer on and after the date the commissioner receives written notice from the employer or the employer’s legal representative, in accordance with the form prescribed by the chairperson of the Workers’ Compensation Commission, stating that the right to compensation is contested. Notwithstanding the provisions of this subsection,

an employer who fails to contest liability for an alleged injury on or before the twenty-eighth day after receiving a written notice of claim and who fails to commence payment for the alleged injury on or before such twenty-eighth day, shall be conclusively presumed to have accepted the compensability of the alleged injury. If an employer has opted to post an address of where notice of a claim for compensation by an employee shall be sent, as described in subsection (a) of section 31-294c of the general statutes, the twenty-eight-day period set forth in this subsection shall begin on the date when such employer receives written notice of a claim for compensation at such posted address.

(d) Notwithstanding any provision of chapter 568 of the general statutes, workers' compensation benefits for any police officer, parole officer or firefighter for a personal injury described in subparagraph (B)(ii)(III) of subdivision (16) of section 31-275 of the general statutes, as amended by this act, shall (1) include any combination of medical treatment prescribed by a board-certified psychiatrist or a licensed psychologist, temporary total incapacity benefits under section 31-307 of the general statutes and temporary partial incapacity benefits under subsection (a) of section 31-308 of the general statutes, and (2) be provided for a maximum of fifty-two weeks from the date of diagnosis. No medical treatment, temporary total incapacity benefits under section 31-307 of the general statutes or temporary partial incapacity benefits under subsection (a) of section 31-308 of the general statutes shall be awarded beyond four years from the date of the qualifying event that formed the basis for the personal injury. The weekly benefits received by an officer or a firefighter pursuant to section 31-307 of the general statutes or subsection (a) of section 31-308 of the general statutes, when combined with other benefits including, but not limited to, contributory and noncontributory retirement benefits, Social Security benefits, benefits under a long-term or short-term disability plan, but not including payments for medical care, shall not exceed the average weekly wage paid to such officer or firefighter. An officer or firefighter receiving benefits pursuant to this subsection shall not be entitled to benefits pursuant to subsection (b) of section 31-308 of the general statutes or section 31-308a of the general statutes.

Section 3.

Sec. 31-294h. Benefits for police officers and firefighters suffering mental or emotional impairment.

Notwithstanding any provision of this chapter, workers' compensation benefits for any ~~(1)~~ police officer, as defined described in subparagraph ~~(B)(iii)~~ (B)(ii)(II) of subdivision (16) of section 31-275, as amended by this act, who suffers a mental or emotional impairment arising from such police officer's use of deadly force or subjection to deadly force in the line of duty, ~~or (2) firefighter, as defined in subparagraph (B)(ii) of subdivision (16) of section 31-275, who suffers a mental or emotional impairment diagnosed as post-traumatic stress disorder originating from the firefighter witnessing the death of another firefighter while engaged in the line of duty,~~ shall be limited to treatment by a psychologist or a psychiatrist who is on the approved list of practicing physicians established by the ~~chairman~~ chairperson of the Workers' Compensation Commission pursuant to section 31-280.

Section 4.

(a) No law enforcement unit, as defined in section 7-294a of the general statutes, shall discharge, discipline, discriminate against or otherwise penalize a police officer, as defined in section 7-294a of the general statutes, who is employed by such law enforcement unit solely because the police officer seeks or receives mental health care services or surrenders his or her firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties to such law enforcement unit during the time the police officer receives mental health care services. The provisions of this subsection shall not be applicable to a police officer who (1) seeks or receives mental health care services to avoid disciplinary action by such law enforcement unit, or (2) refuses to submit himself or herself to an examination as provided in subsection (b) of this section.

(b) Prior to returning to a police officer his or her surrendered firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties, such law enforcement unit shall request the police officer to submit himself or herself to an examination by a mental health professional, as defined in section 2 of this act. The examination shall be performed to determine whether the police officer is ready to report for official duty and shall be paid for by such law enforcement unit.

(c) No civil action may be brought against a law enforcement unit for damages arising from an act or omission of a police officer employed by the unit with respect to the officer's use of his or her personal firearm, if (1) the officer seeks or receives mental health care services and surrenders to such unit his or her firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties, and (2) such act or omission occurs during the time period the officer has surrendered his or her firearm, ammunition or electronic defense weapon or within six months of the date of surrendering his or her firearm, ammunition or electronic defense weapon, whichever is longer.

Section 11.

Not later than February 1, 2020, the joint standing committee of the General Assembly having cognizance of matters relating to labor and public employees shall complete an examination of the feasibility of expanding the availability of benefits for post-traumatic stress disorder pursuant to section 2 of this act to emergency medical services personnel, as defined in section 20-206jj of the general statutes, and Department of Correction employees who are not otherwise eligible for benefits pursuant to section 2 of this act. In conducting such examination the committee shall consult with representatives of the Workers' Compensation Commission, workers' compensation claimants, employers, insurers and municipalities and may consult with other individuals the committee deems appropriate. If the committee determines it is feasible to expand the benefits available under section 2 of this

act during the next legislative session, said committee shall originate a bill making emergency medical services personnel and Department of Correction employees eligible for such benefits based on the criteria described in section 2 of this act and based on any qualifying event, as defined in section 2 of this act, occurring on or after July 1, 2019.

SB 164 also includes the following language:

Section 2 of substitute senate bill 921 of the current session is repealed.

Louisiana

HB 288 was:

- Passed by the first chamber on May 1, 2019
- Included in NCCI's May 10, 2019 *Legislative Activity Report* (RLA-2019-17)
- Passed by the second chamber on May 28, 2019

HB 288 adds new **section 22:2013.1** to the Louisiana Insurance Code to read:

§2013.1. Administration of large deductible policies and insured collateral

A. This Section shall apply to workers' compensation large deductible policies issued by an insurer subject to delinquency proceedings pursuant to this Chapter; however, this Section shall not apply to first-party claims or to claims funded by a guaranty association net of the deductible unless Subsection C of this Section applies. Large deductible policies shall be administered in accordance with their terms, except to the extent the terms conflict with this Section.

B. For purposes of this Section, the following terms have the following meanings:

(1) "Collateral" means any cash, letters of credit, surety bond, or any other form of security posted by the insured, or by a captive insurer or reinsurer, to secure the insured's obligation under a large deductible policy to pay deductible claims or to reimburse the insurer for deductible claim payments. Collateral may also secure an insured's obligation to reimburse or pay to the insurer as may be required for other secured obligations.

(2) "Commercially reasonable" means to act in good faith using prevailing industry practices and making all reasonable efforts considering the facts and circumstances of the matter.

(3) "Deductible claim" means any claim, including a claim for loss and defense and cost containment expense, unless the expenses are excluded, under a large deductible policy that is within the deductible.

(4)(a) "Large deductible policy" means any of the following:

(i) Any combination of one or more workers' compensation policies and endorsements issued to an insured, and contracts or security agreements entered into between an insured and the insurer in which the insured has agreed with the insurer to do either of the following:

(aa) Pay directly the initial portion of any claim under the policy up to a specified dollar amount, or the expenses related to any claim.

(bb) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible.

(ii) Any policy that contains an aggregate limit on the insured's liability for all deductible claims in addition to a per claim deductible limit.

(iii) Any policy that shifts a portion of the ultimate financial responsibility to pay claims from the insurer to the insured, even though the obligation to initially pay claims may remain with the insurer.

(iv) Any policy with a deductible of one hundred thousand dollars or greater.

(b) "Large deductible policy" shall not include any of the following:

(i) Policies, endorsements, or agreements that provide for the initial portion of any covered claim to be self-insured and further that the insurer shall have no payment obligation within the self-insured retention.

(ii) Policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except to the extent the arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations.

(5) "Other secured obligations" means obligations of an insured to an insurer other than those under a large deductible policy, including but not limited to those under a reinsurance agreement or other agreement involving retrospective premium obligations, the performance of which is secured by collateral that also secures an insured's obligations under a large deductible policy.

C. Unless otherwise agreed by the responsible guaranty association, all large deductible claims, which are also covered claims as defined by the applicable guaranty association law, including those that may have been funded by an insured before liquidation, shall be turned over to the guaranty association for handling. To the extent the insured funds or pays the deductible claim, pursuant to an agreement by the guaranty fund or otherwise, the insured's funding or payment of a deductible claim will extinguish the obligations, if any, of the receiver or any guaranty association to pay the claim. No charge of any kind shall be made against the receiver or a guaranty association on the basis of an insured's funding or payment of a deductible claim.

D. (1) To the extent a guaranty association pays any deductible claim for which the insurer would have been entitled to reimbursement from the insured, a guaranty association shall be entitled to the full amount of the reimbursement, and available collateral as provided for in this Section to the extent necessary to reimburse the guaranty association. Reimbursements paid to

the guaranty association pursuant to this Subsection shall not be treated as distributions pursuant to R.S. 22:2025 or as early access payments pursuant to R.S. 22:2008(C), 2034, and 2037.

(2) To the extent that a guaranty association pays a deductible claim that is not reimbursed either from collateral or by insured payments, or incurs expenses in connection with large deductible policies that are not reimbursed pursuant to this Section, the guaranty association shall be entitled to assert a claim for those amounts in the delinquency proceeding.

(3) Nothing in this Subsection shall limit any rights of the receiver or a guaranty association that may otherwise exist pursuant to applicable law to obtain reimbursement from insureds for claims payments made by the guaranty association under policies of the insurer or for the guaranty association's related expenses, including but not limited to those provided for in R.S. 22:2061.1, or existing under similar laws of other states.

E. (1) The receiver shall collect reimbursements owed for deductible claims as provided for in this Section, and shall take all commercially reasonable actions to collect the reimbursements. The receiver shall promptly bill insureds for reimbursement of deductible claims that are any of the following:

(a) Paid by the insurer prior to the commencement of delinquency proceedings.

(b) Paid by a guaranty association upon receipt by the receiver of notice from a guaranty association of reimbursable payments.

(c) Paid or allowed by the receiver.

(2) If the insured does not make payment within the time specified in the large deductible policy, or within sixty days after the date of billing if no time is specified, the receiver shall take all commercially reasonable actions to collect any reimbursements owed.

(3) Neither the insolvency of the insurer, nor its inability to perform any of its obligations under the large deductible policy, shall be a defense to the insured's reimbursement obligation under the large deductible policy.

(4) Any contract, counter letter, or other agreement between the insurer and the insured that in any manner seeks to reduce or eliminate the insured's obligation to reimburse the insurer for the deductible shall be null and void as against public policy and shall not be eligible to be used by the insured as a defense to the efforts by the receiver or guaranty association to collect any unpaid deductible.

(5) Except for gross negligence, an allegation of improper handling or payment of a deductible claim by the insurer, the receiver, or any guaranty association shall not be a defense to the insured's reimbursement obligations under the large deductible policy.

F. (1) Subject to the provisions of this Subsection, the receiver shall use collateral, when available, to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or other payment obligations. A guaranty association shall be entitled to collateral as provided for in this Subsection to the extent needed to reimburse a guaranty association for the payment of a deductible claim. Any distributions made to a guaranty association pursuant to this Subsection shall not be treated as distributions pursuant to R.S. 22:2025 or as early access payments pursuant to R.S. 22:2008(C), 2034, and 2037.

(2) All claims against the collateral shall be paid in the order received and no claim of the receiver, including those described in this Subsection, shall supersede any other claim against the collateral as provided for in Paragraph (4) of this Subsection.

(3) The receiver shall draw down collateral to the extent necessary in the event that the insured fails to do any of the following:

(a) Perform its funding or payment obligations under any large deductible policy.

(b) Pay deductible claim reimbursements within the time specified in the large deductible policy or within sixty days after the date of the billing if no time is specified.

(c) Pay amounts due to the estate for preliquidation obligations.

(d) Timely fund any other secured obligation.

(e) Timely pay expenses.

(4) Claims that are validly asserted against the collateral shall be satisfied in the order in which the claims are received by the receiver. However, if more than one creditor has a valid claim against the same collateral and the available collateral, along with billing collection efforts and to the extent that the collateral is subject to other known secured obligations, are together insufficient to pay each creditor in full, the receiver may prorate payments based on the ratio of the amount of claims each creditor has to the total claims paid by all the creditors.

(5) Excess collateral may be returned to the insured as determined by the receiver after a periodic review of claims paid, outstanding case reserves, and a factor for incurred but not reported claims.

G. The receiver may deduct from the collateral or from the deductible reimbursements reasonable and actual expenses incurred in connection with the collection of the collateral and deductible reimbursements.

H. This Section shall not limit or adversely affect any rights or powers a guaranty association may have pursuant to applicable state law to obtain reimbursement from certain classes of policyholders for claims payments made by the guaranty association under policies of the insolvent insurer, or for related expenses the guaranty association incurs.

SB 88 was:

- Passed by the first chamber on May 8, 2019
- Included in NCCI's May 17, 2019 *Legislative Activity Report* (RLA-2019-18)
- Amended and passed by the second chamber on May 29, 2019

SB 88 amends **section 23:1203.1** of the Louisiana Revised Statutes to read:

§1203.1. Definitions; medical treatment schedule; medical advisory council

...

K. After the issuance of the decision by the medical director or associate medical director of the office, any party who disagrees with the decision, may then appeal by filing a "Disputed Claim for Compensation", which is LWC Form 1008, within forty-five days of the date of the issuance of the decision. The decision may be overturned when it is shown, by clear and convincing evidence, the decision of the medical director or associate medical director was not in accordance with the provisions of this Section.

...

SB 107 was:

- Passed by the first chamber on May 8, 2019
- Included in NCCI's May 17, 2019 *Legislative Activity Report* (RLA-2019-18)
- Amended and passed by the second chamber on May 29, 2019

SB 107 adds new *sections 23:1036.1* and *33:2581.2* and amends *section 40:1374* of the Louisiana Revised Statutes to read:

§1036.1. Volunteer firefighters; coverage for posttraumatic stress injury; presumption of compensability

A. Any workers' compensation policy which provides coverage for a volunteer member of a fire company, pursuant to R.S. 23:1036, shall include coverage for posttraumatic stress injury.

B. For purposes of this Section, the following definitions shall apply:

(1) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment.

(2) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

(3) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

(4) "Volunteer member" shall have the same meaning as it is defined pursuant to R.S. 23:1036.

(5) "Volunteer service" means that service performed by a volunteer member, for one or more fire companies, who is entitled to workers' compensation benefits pursuant to R.S. 23:1036.

C. (1) Any volunteer member who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during his period of voluntary service or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his volunteer service.

(2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the volunteer member affected or his survivors shall be entitled to all rights and benefits as granted by state laws to one suffering an occupational disease and is entitled as service connected in the line of duty, regardless of whether he is engaged in volunteer service at the time of diagnosis.

D. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter.

§2581.2. Posttraumatic Stress Injury; presumption of compensability

A. Except as provided in Subsection E of this Section, any benefit payable to any emergency medical services personnel, any employee of a police department, or any fire employee for temporary and permanent disability when the employee suffers an injury or disease arising out of and in the course and scope of his employment, shall include coverage for posttraumatic stress injury.

B. For purposes of this Section, the following definitions shall apply:

(1) "Emergency medical services personnel" shall have the same meaning as it is defined pursuant to R.S. 40:1075.3 so long as the emergency medical services personnel is employed pursuant to this Chapter.

(2) "Employee of a police department" shall have the same meaning as it is defined pursuant to R.S. 33:2211.

(3) "Fire employee" means any person employed in the fire department of any municipality, parish, or fire protection district that maintains full-time regularly paid fire department employment, regardless of the specific duties of such person within the fire department. "Fire employee" also includes employees of nonprofit corporations under contract with a fire protection district or other political subdivision to provide fire protection services, including operators of the fire-alarm system when such operators are members of the regularly constituted fire department.

(4) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment.

(5) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

(6) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

C. Except as provided in Subsection E of this Section:

(1) Any emergency medical services personnel, any employee of a police department, any fire employee, or any volunteer fireman who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment in the classified

service in the state of Louisiana pursuant to this Chapter or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his employment.

(2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the employee affected or his survivors shall be entitled to all rights and benefits as granted by state law to one suffering an occupational disease and who is entitled as service connected in the line of duty, regardless of whether the employee is employed at the time of diagnosis.

D. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter.

E. (1) Nothing in this Section shall modify the qualifications necessary to establish eligibility to receive benefits or the calculation of benefits to be paid under any Louisiana public pension or retirement system, plan, or fund.

(2) In case of a conflict between any provision of Title 11 of the Louisiana Revised Statutes of 1950, including any provision in Subpart E of Part II of Chapter 4 of Title 11 of the Louisiana Revised Statutes of 1950, and any provision of this Section, the provision of Title 11 of the Louisiana Revised Statutes of 1950 shall control.

§1374. Worker's Workers' compensation law; employees deemed within; coverage for posttraumatic stress injury; presumption of compensability

A. Every employee of the division of state police, except the head thereof, shall be considered an employee of the state within the meaning of the worker's workers' compensation law of this state and entitled to the benefits of all the provisions of that law applicable to state employees.

B. Any workers' compensation policy which provides coverage for an employee of the division of state police, pursuant to this section, shall include coverage for posttraumatic stress injury.

C. For purposes of this Section, the following definitions shall apply:

(1) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment.

(2) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

(3) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1.

D. (1) Any employee of the division of state police who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment in the classified service in the state of Louisiana pursuant to this Chapter or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his employment for purposes of workers' compensation benefits.

(2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the employee affected or his survivors shall be entitled to all rights and benefits as granted by state workers' compensation law to one suffering an occupational disease and is entitled as service connected in the line of duty, regardless of whether the employee is employed at the time of diagnosis.

E. (1) Nothing in this Section shall modify the qualifications necessary to establish eligibility to receive benefits or the calculation of benefits to be paid under any Louisiana public pension or retirement system, plan, or fund.

(2) In case of a conflict between any provision of Title 11 of the Louisiana Revised Statutes of 1950, including any provision in Subpart E of Part II of Chapter 4 of Title 11 of the Louisiana Revised Statutes of 1950, and any provision of this Section, the provision of Title 11 of the Louisiana Revised Statutes of 1950 shall control.

F. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter.

Nevada

AB 128 was:

- Passed by the first chamber on May 23, 2019
- Included in NCCI's May 31, 2019 *Legislative Activity Report* (RLA-2019-20)
- Passed by the second chamber on May 31, 2019

AB 128 amends *sections 616C.555, 616C.560, and 616C.595* of the Nevada Revised Statutes to:

- Revise the maximum allowable duration for a program of vocational rehabilitation for an injured employee, upon whose ability to work the treating physician or chiropractor has imposed permanent restrictions
- Eliminate the prohibition, on the appeal of the determination of an insurer, to authorize or deny a third program of vocational rehabilitation
- Provide that a program for vocational rehabilitation may be extended by the insurer or by order of a hearing officer or appeals officer
- Eliminate the limits on the total length of a program
- Eliminate the prohibition, on the appeal of the determination of an insurer, to grant or deny an extension of a program

- Require any payment of compensation in a lump sum, in lieu of the provision of vocational rehabilitation services, to be not less than 55% (current law is 40%) of the maximum rehabilitation maintenance due to the injured employee

BILLS PASSING FIRST CHAMBER

The following workers compensation-related bill passed the first chamber within the one-week period ending May 31, 2019.

Nevada

SB 377 adds a new section to *Chapter 616C*, amends *sections 616A.425, 616A.430, 616C.473, and 232.680*, and repeals *section 616C.453* of the Nevada Revised Statutes as follows:

Section 1 provides that money in the fund may also be used to:

- (1) Reimburse insurers and employers for payments of an annual increase in compensation for permanent total disability to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to the extent income realized on the investment of the assets in the Uninsured Employers' Claim Account in the Fund is sufficient to pay that compensation; and
- (2) Pay the salary and other expenses of administering the payment of increased compensation to claimants and dependents of claimants who are entitled to compensation for permanent total disability caused by industrial injuries and disablements from occupational diseases that occurred before January 1, 2004.

Section 2 eliminates the authority of the administrator of the Division of Industrial Relations of the Department of Business and Industry to make the annual payments from the Uninsured Employers' Claim Account in the Fund for Workers' Compensation and Safety and, instead authorizes the reimbursements authorized by section 2.5 to be paid from the account.

Section 2.5 is a new section and:

- Authorizes an insurer or employer that pays an annual increase in compensation for permanent total disability to a claimant or dependent who is entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to obtain reimbursement from the administrator of the Division of Industrial Relations of the Department of Business and Industry
- Establishes the procedure for obtaining such a reimbursement
- Requires reimbursements approved by the administrator to be paid from the income realized on the investment of the assets in the Uninsured Employers' Claim Account in the Fund for Workers' Compensation and Safety in the state treasury
- Provides that if the income realized on the investment of the assets in that account is insufficient to fund the annual increase in compensation, the remainder of the reimbursements is required to be paid from certain assessments levied on insurers and employers by the administrator

Section 3 provides for a 2.3% annual increase in compensation for permanent total disability to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, with compensation to be increased on January 1, 2020, and on January 1 each year thereafter.

Section 4 provides that assessments against employers that provide accident benefits for injured employees may be used to pay reimbursement to insurers for the cost of the annual increase in compensation payable to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to the extent that the income realized on the investment of the assets in the Uninsured Employers' Claim Account is insufficient to pay that reimbursement.

Section 5 repeals provisions that authorize a single annual payment to claimants and their dependents who are entitled to receive compensation for permanent total disability but are not entitled to the 2.3% annual increase in that compensation.

FEDERAL ISSUES

Issue	Update
TRIPRA Implementation	NCCI has completed the 2019 Federal Insurance Office (FIO) workers compensation terrorism data call. As statutorily required under provisions of the Terrorism Risk Insurance Program Reauthorization Act (TRIPRA) of 2015, all designated carriers writing workers compensation coverage were required to provide terrorism insurance-related data elements through NCCI, which coordinated efforts in conjunction with the independent state rating bureaus, the monopolistic workers compensation states, and US territories. The workers compensation data set was transmitted prior to the May 15, 2019 deadline.

The FIO will use the 2019 workers compensation data in its congressionally mandated report on the impact of the Terrorism Risk Insurance Program (TRIP) on small insurers. The FIO report is due to Congress by June 30, 2019. Additionally, NCCI provided comments to FIO on the impact of TRIP on workers compensation. Those comments were provided in response to a notice published in the *Federal Register* on April 11, 2019, requesting input from industry stakeholders.

OTHER ITEMS OF INTEREST

State	Update
Alaska	<p>The Alaska Division of Workers' Compensation, Division of Insurance, and Division of Corporations, Business and Professional Licensing issued a joint bulletin on May 14. This bulletin explains the statutory changes resulting from the enactment of HB 79, a workers compensation omnibus legislation passed in 2018, wherein the requirements for executive officer workers compensation coverage changed, as well as the definition criteria for independent contractor.</p> <ul style="list-style-type: none"> • AS 23.30.240, effective August 1, 2019, provides that an executive officer of a corporation or a member of a limited liability company (LLC) who owns at least 10% of the corporation or LLC is no longer an employee of the entity for workers compensation purposes unless the officer or member is specifically included under the policy • AS Section 23.30.230 (a)(12), effective November 22, 2018, provides the criteria that must be satisfied for a worker to meet the definition of independent contractor under the Alaska Workers' Compensation Act

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
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IL, MO, OK	Carla Townsend	561-893-3819
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AL, GA, LA, MS	Laura Hart Bryan	225-635-4481
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This report is informational and is not intended to provide an interpretation of state and federal legislation.