BILLS NEWLY ADDED SINCE THE LAST UPDATE ARE LISTED FIRST AND HIGHLIGHTED IN "YELLOW."

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

PREVIOUSLY ENACTED BILLS

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Alabama	HB 242	**HB 242** amends ***section 25-5-50 Applicability; exemption for corporate officers; coverage for school boards, volunteer fire departments, and rescue squads; sports officials*** of the Code of Alabama 1975, in part, as follows: **25-5-50 Applicability; exemption for corporate officers; coverage for school boards, volunteer fire departments, and rescue squads; sports officials.** … (b) Notwithstanding subsection (a), an officer of a corporation or individual limited liability company member may elect ~~annually~~ to be exempt from coverage by filing written certification of the election with ~~the department and~~ the employer's insurance carrier. The exemption shall remain in effect at all times, unless properly revoked as provided herein, including subsequent coverage years with the same workers' compensation carrier. At the end of any calendar year, a corporate officer or individual limited liability company member who has been exempted, by proper certification from coverage, may revoke the exemption and thereby accept coverage by filing written certification of his or her election to be covered with ~~the department and~~ the employer's insurance carrier. The certification for exemption or reinstatement of coverage shall become effective on the first day of the calendar month following the filing of the certification of exemption or reinstatement of coverage with ~~the department~~ the employer's insurance carrier. If the corporate officer or individual limited liability company member elects to be exempt from coverage, the election shall not relieve the employer from continuing coverage for all other eligible employees who may have been covered prior to the election or who may subsequently be employed by the ~~firm~~ employer. Notwithstanding any election made pursuant to this provision, the election by the corporate officer or individual limited liability company member does not otherwise change his or her status as an employee for the purpose of determining the threshold number of employees necessary to invoke or trigger the applicability of this chapter. (c) A corporate officer or individual limited liability company member seeking to secure coverage by revoking an existing exemption, at any time other than the end of the calendar year, in addition to complying with the provisions of subsection (b), shall execute an affidavit verifying that he or she has not suffered an employment accident, exposure, or injury from the date of exemption until the date of the written certification of the election to reinstate coverage. Any corporate officer or individual limited liability company member who fails to execute an affidavit or comply with other terms and conditions of the workers' compensation carrier shall not be entitled to revoke the previous exemption until the end of the calendar year. The revocation of the exemption and reinstatement of coverage shall become effective on the first day of the calendar month following the written acceptance of the certification of exemption or reinstatement of coverage by the employer's workers' compensation insurance carrier. …	8/1/17
Alaska	HB 132	**HB 132**, in part, amends ***section 23.30.230 Persons Not Covered*** of the Alaska Statutes, Workers Compensation Act, as follows: **Sec. 23.30.230 Persons Not Covered.** (a) The following persons are not covered by this chapter: … (11) a transportation network company driver who provides a prearranged ride or is otherwise logged onto the digital network of a transportation network company as a driver.	6/16/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… (c) In this section, … (4) "digital network" has the meaning given in AS 28.23.180; (5) "prearranged ride" has the meaning given in AS 28.23.180; (6) "transportation network company" has the meaning given in AS 28.23.180; (7) "transportation network company driver" has the meaning given in AS 28.23.180.	
Arizona	HB 2161	**HB 2161** amends ***section 23-901.01. Occupational disease; proximate causation; definitions*** of the Arizona Revised Statutes as follows: **23-901.01. Occupational disease; proximate causation; definitions** A. The occupational diseases as defined by section 23-901, paragraph 13, subdivision (c) shall be deemed to arise out of the employment only if all of the following six requirements exist: 1. There is a direct causal connection between the conditions under which the work is performed and the occupational disease. 2. The disease can be seen to have followed as a natural incident of the work as a result of the exposure occasioned by the nature of the employment. 3. The disease can be fairly traced to the employment as the proximate cause. 4. The disease does not come from a hazard to which workers would have been equally exposed outside of the employment. 5. The disease is incidental to the character of the business and not independent of the relation of employer and employee. 6. The disease after its contraction appears to have had its origin in a risk connected with the employment, and to have flowed from that source as a natural consequence, although it need not have been foreseen or expected. B. Notwithstanding subsection A of this section and section 23-1043.01: ~~,~~ 1. Any disease, infirmity or impairment of a firefighter's or peace officer's health that is caused by brain, bladder, rectal or colon cancer, lymphoma, leukemia or ~~aden carcinoma~~ adenocarcinoma or mesothelioma of the respiratory tract and that results in disability or death is presumed to be an occupational disease as defined in section 23-901, paragraph 13, subdivision (c) and is deemed to arise out of employment. 2. Any disease, infirmity or impairment of a firefighter's health that is caused by buccal cavity and pharynx, esophagus, large intestine, lung, kidney, prostate, skin, stomach or testicular cancer or non-hodgkin's lymphoma, multiple myeloma or malignant melanoma and that results in disability or death is presumed to be an occupational disease as defined in section 23-901, paragraph 13, subdivision (C) and is deemed to arise out of employment. C. The ~~presumption is~~ presumptions provided in subsection B of this section are granted if all of the following apply: 1. The firefighter or peace officer passed a physical examination before employment and the examination did not indicate evidence of cancer. 2. The firefighter or peace officer was assigned to hazardous duty for at least five years. 3. The firefighter or peace officer was exposed to a known carcinogen as defined by the international agency for research on cancer and informed the department of this exposure, and the carcinogen is reasonably related to the cancer. 4. For the presumption provided in subsection B, paragraph 2 of this section, the firefighter received a physical examination that is reasonably aligned with the National Fire Protection Association Standard on Comprehensive Occupational Medical Program for Fire Departments (NFPA 1582).	Projected 8/8/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~C.~~ D. Subsection B of this section applies to former firefighters ~~and~~ or peace officers who are sixty-five years of age or younger and who are diagnosed with a cancer that is listed in subsection B of this section not more than fifteen years after the firefighter's or peace officer's last date of employment as a firefighter or peace officer. ~~D.~~ E. Subsection B of this section does not apply to cancers of the respiratory tract if ~~the firefighter or peace officer has smoked tobacco products~~ there is evidence that the firefighter's or peace officer's exposure to cigarettes or tobacco products outside of the scope of the firefighter's or peace officer's official duties is a substantial contributing cause in the development of the cancer. F. The presumptions provided in subsection B of this section may be rebutted by a preponderance of the evidence that there is a specific cause of the cancer other than an occupational exposure to a carcinogen as defined by the International Agency for Research on Cancer. ~~E.~~ G. For the purposes of this section: 1. "Firefighter" means a full-time firefighter who was regularly assigned to hazardous duty. 2. "Peace officer" means a full-time peace officer who was regularly assigned to hazardous duty as a part of a special operations, special weapons and tactics, explosive ordinance disposal or hazardous materials response unit.	
Arizona	HB 2410	**HB 2410** amends ***section 23-901. Definitions*** and adds new ***section 23-1043.05. Heart-related, perivascular and pulmonary cases; firefighters; definition*** of the Arizona Revised Statutes, in part, to read: **23-901. Definitions** … 13. "Personal injury by accident arising out of and in the course of employment" means any of the following: (a) Personal injury by accident arising out of and in the course of employment. (b) An injury caused by the wilful act of a third person directed against an employee because of the employee's employment, but does not include a disease unless resulting from the injury. (c) An occupational disease that is due to causes and conditions characteristic of and peculiar to a particular trade, occupation, process or employment, and not the ordinary diseases to which the general public is exposed, and subject to section 23‑901.01 or, for heart‑related, perivascular or pulmonary cases, section 23‑1043.05. … **23-1043.05. Heart-related, perivascular and pulmonary cases; firefighters; definition** A. A heart‑related, perivascular or pulmonary injury, illness or death of a firefighter is presumed to be an occupational disease as defined in section 23‑901, paragraph 13, subdivision (C), compensable pursuant to section 23‑1043.01 and deemed to arise out of employment if all of the following apply: 1. The firefighter passed a physical examination before employment and the examination did not indicate evidence of heart-related, perivascular or pulmonary injury or illness. 2. The firefighter received a physical examination that is reasonably aligned with the National Fire Protection Association standard on comprehensive occupational medical program for fire departments (NFPAa 1582).	Projected 8/8/18

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		3. The firefighter was exposed to a known event and the heart-related, perivascular or pulmonary injury, illness or death occurred within twenty-four hours after the exposure and was reasonably related to the exposure. B. The presumption provided in subsection a of this section may be rebutted by a preponderance of the evidence that there is a specific cause of the heart-related, perivascular or pulmonary injury, illness or death other than the employment. C. Subsection A of this section does not apply if there is evidence that the firefighter's exposure to cigarettes or tobacco products outside the scope of the firefighter's official duties is a substantial contributing cause in the development of the heart-related, perivascular or pulmonary injury, illness or death. D. For the purposes of this section, "firefighter" means a firefighter or volunteer firefighter as described in section 23-901, paragraph 6, subdivision (D).	
Arizona	SB 1331	**SB 1331** amends ***section 20-359. Deviations from filed workers' compensation rates*** of the Arizona Revised Statutes as follows: **20-359. Deviations from filed workers' compensation rates** A. Every insurer shall adhere to the filings made by the rating organization of which it is a member, except that any member insurer may file with the director: 1. ~~A~~ Up to six uniform percentage deviations that decrease or increase ~~to be applied to~~ the statewide rate portion of the rating organization's rate filing. If more than one deviation is filed by an insurer, each deviation must be established consistent with the underwriting rules that are based on criteria that would lead to a logical distinction of potential risk. … C. A rating organization shall notify the director if the organization disapproves any deviation relating to workers' compensation insurance. The director shall notify the industrial commission of the disapproval within ten days ~~of~~ after receipt of the disapproval from the rating organization.	Projected 8/8/17
Arizona	SB 1332	**SB 1332**, in part, repeals ***section 23-941.01 Final settlement agreement; definition*** and replaces it with ***section 23-941.01 Settlement of accepted claims; exceptions; definitions***, and amends ***section 23-1062. Medical, surgical, hospital benefits; translation services; commencement of compensation; method of compensation*** of the Arizona Revised Statutes as follows: ~~**23-941.01. Final settlement agreement; definition**~~ ~~A. Any final settlement agreement involving a workers' compensation claim is not valid and enforceable until the final settlement agreement is approved by the commission.~~ ~~B. Subject to the following requirements, the parties may enter into a final settlement and release of a claim for undisputed entitlement to supportive medical maintenance benefits after the period of temporary disability is terminated by a final notice of claim status or award of the commission. The carrier or employer shall submit a summary of all reasonably anticipated future supportive medical maintenance benefits and the projected cost of the benefits for review by the employee. The summary shall also be included with the final settlement agreement filed with the commission. All medical conditions subject to the final settlement agreement must be described in the final settlement agreement. The final settlement provisions defined in this subsection shall only apply to future supportive medical maintenance benefits for the described condition.~~ ~~C. The employer or carrier shall inform the attending physician of the approval of a final settlement agreement if the final settlement agreement terminates the employee's entitlement to supportive medical maintenance benefits. Unless supportive medical maintenance benefits rendered prior to the date of the final settlement are subject to a dispute or payment for the treatment was included in the final settlement agreement, the~~	10/31/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~employer or carrier shall remain responsible for payment for the treatment not covered by the final settlement agreement as provided by this chapter.~~ ~~D. For the purposes of this section, "final settlement" means a settlement in which the injured worker waives any future entitlement to supportive medical maintenance benefits for known conditions described in the agreement.~~ **23-941.01. Settlement of accepted claims; exception; definitions** A. The interested parties to a claim may: 1. Settle and release all or any part of an accepted claim for compensation, benefits, penalties or interest. 2. If the period of disability is terminated by the carrier, special fund or self-insured employer, negotiate a full and final settlement. B. Any full and final settlement shall: 1. Be in writing. 2. Be signed by the carrier, special fund or self-insured employer and the employee or the employee's authorized representative. 3. Acknowledge that the employee had the opportunity to seek legal advice and be represented by counsel. 4. Include a description of the employee's medical conditions that have been identified and contemplated at the time of the settlement agreement. C. If the employee is represented by counsel, the full and final settlement shall include the following attestations: 1. The employee understands the rights settled and released by the agreement and was represented by counsel. 2. The employee has been provided information from the carrier, special fund or self-insured employer that outlines any reasonable anticipated future medical, surgical and hospital benefits relating to the claim and the projected cost of those benefits and that provides an explanation of how those projected costs were determined. 3. The employee understands that monies received for future medical treatment associated with the industrial injury should be set aside to ensure that the costs of such treatment will be paid. 4. The parties have considered and taken reasonable steps to protect any interests of Medicare, Medicaid, the Indian Health Service and the United States Department of Veterans Affairs, including establishing a Medicare savings account if necessary. 5. The parties have conducted a search for and taken reasonable steps to satisfy any identified medical liens. D. If the employee is not represented by counsel, the employee shall appear before an administrative law judge and the administrative law judge shall make specific factual findings regarding whether the requirements of subsection B and subsection C, paragraphs 2, 3, 4 and 5 of this section are satisfied. The administrative law judge may not approve the settlement if the requirements of subsection B of this section are not met or if the settlement is not deemed fair and reasonable to the employee. E. A full and final settlement is not valid and enforceable unless the full and final settlement is approved by the commission. When determining whether to approve a settlement, the commission shall consider whether the settlement is in the best interests of the employee based on the following criteria: 1. Whether the employee's injuries are stabilized. 2. The permanency of the employee's injuries. F. A lump sum settlement payment shall be made to the employee within fifteen days after the award approving the settlement becomes final.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		G. The carrier, special fund or self-insured employer shall notify the attending physician of the approval of a full and final settlement if the full and final settlement terminates the employee's entitlement to medical benefits. Unless medical benefits rendered before the approval date of the full and final settlement are subject to a dispute or payment for the treatment was included in the full and final settlement agreement, the carrier, special fund or self-insured employer remains responsible for payment for the treatment not covered by the full and final settlement agreement as provided by this chapter. H. Notwithstanding subsection A of this section, a full and final settlement may not be negotiated to settle issues resulting in total and permanent disability pursuant to section 23-1045, subsections C and D. I. A full and final settlement agreement may not include the settlement of claims unrelated to the claim for compensation, benefits, penalties and interest. J. This section does not apply to the settlement of claims that have been denied. K. For the purposes of this section: 1. "Full and final settlement" means a settlement in which the injured employee or, if the injured employee is deceased, the employee's estate, surviving spouse or dependent waives any future entitlement to benefits on the claim and any future right to change the claim pursuant to section 23-1044, subsection F or reopen the claim pursuant to section 23-1061, subsection H. 2. "Special fund" means the special fund established by section 23-1065. **23-1062. Medical, surgical, hospital benefits; translation services; travel expenses; commencement of compensation; method of compensation** A. Promptly, on notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonably required at the time of the injury, and during the period of disability. Such benefits shall be termed "medical, surgical and hospital benefits". " B. Medical, surgical and hospital benefits include translation services, if needed. A carrier, self-insurance pool or employer that does not direct care pursuant to section 23-1070 may choose the translator if the translator is certified by an outside agency and is not an employee of the carrier, self-insurance pool or employer. If the carrier, self-insurance pool or employer is unable to locate a certified translator for the particular language or dialect needed, the parties may agree on a translator who is not a certified translator. C. Compensation for medical, surgical and hospital benefits shall include reimbursement for reasonable travel expenses if the employee must travel more than twenty-five miles from the employee's place of residence to obtain medical care for the injury. ~~C.~~ D. The first installment of compensation is to be paid no later than the twenty-first day after written notification by the commission to the carrier of the filing of a claim unless the right to compensation is denied. Thereafter, compensation shall be paid at least once each two weeks during the period of temporary total disability and at least monthly thereafter. Compensation shall not be paid for the first seven days after the injury. If the incapacity extends beyond the period of seven days, compensation shall begin on the eighth day after the injury, but if the disability continues for one week beyond such seven days, compensation shall be computed from the date of the injury. ~~D.~~ E. Compensation shall be made by negotiable instrument, payable immediately on demand or, at the election of the employee and if offered by the employer or carrier, by another commonly accepted method for transferring money by banking institutions, including electronic fund transfers to the employee's account or a prepaid debit card account that is established for the purpose of making direct electronic payment to the employee.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		SB 1332 also includes the following language: **Industrial commission of Arizona; review of authorization process; delayed repeal** A. On or before December 31, 2017, the industrial commission of Arizona shall review and determine a process for streamlining the authorization process for treatment that is within the evidence-based medical treatment guidelines. B. This section is repealed from and after June 30, 2018.	
Arkansas	HB 1249	**HB 1249** amends numerous sections of the Arkansas Code including, but not limited to, ***section 5-73-322. Concealed handguns in a university, college, or community college building***, in part, as follows: **5-73-322. Concealed handguns in a university, college, or community college building.** … (j) … (2) A licensee who possesses a concealed handgun in the buildings and on the grounds of a public university, public college, or community college at which the licensee is employed is not: (A) Acting in the course of or scope of his or her employment when possessing or using a concealed handgun; (B) Entitled to worker's compensation benefits for injuries arising from his or her own negligent acts in possessing or using a concealed handgun; …	9/1/17
Arkansas	HB 1262	**HB 1262** amends ***section 11-14-101(b). Legislative intent*** of the Arkansas Code as follows: **§ 11-14-101. Legislative intent.** … (b)(1) If an employer implements a drug-free workplace program ~~in accordance with~~ under this chapter that includes notice, education, and procedural requirements for testing for drugs and alcohol ~~pursuant to~~ under rules developed by the Workers' Health and Safety Division of the Workers' Compensation Commission, the covered employer may require the employee to submit to a test for the presence of drugs or alcohol, and if a drug or alcohol is found to be present in the employee's system at a level prescribed by statute or by rule adopted ~~pursuant to~~ under this chapter as excessive, the employee may be terminated and may be precluded from workers' compensation medical and indemnity benefits. (2) However, a drug-free workplace program ~~must~~ shall require the covered employer to notify all employees that it is a condition of employment for an employee to refrain from reporting to work or working with the presence of drugs or alcohol in the employee's body, and if an injured employee refuses to submit to a test for drugs or alcohol, the employee may be precluded from workers' compensation medical and indemnity benefits. ~~In the event of termination, an employee shall be entitled to contest the test results before the Department of Labor.~~	Projected 7/30/17
Arkansas	HB 1813	**HB 1813** amends ***section 11-9-508 Medical services and supplies—Liability of employer*** of the Arkansas Code as follows: **11-9-508 Medical services and supplies—Liability of employer.** (a)(1) The employer shall promptly provide for an injured employee such medical, surgical, hospital, chiropractic, optometric, podiatric, and nursing services and medicine, crutches, ambulatory devices, artificial limbs, eyeglasses, contact lenses, hearing aids, and other apparatus as may be reasonably necessary in connection with the injury received by the employee.	Projected 7/30/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(2)(A) Rabies is a highly contagious and potentially deadly infectious disease and exposure to rabies and the risk of infection is the direct result of an injury caused by the bite of a rabies-infected animal under this section. (B)(i) An employer shall promptly provide reasonably necessary medical treatment to an injured employee who is exposed to rabies as described in subdivision (a)(2)(A) of this section. (ii) As used in subdivision (a)(2)(B)(i) of this section, "reasonably necessary medical treatment" means without limitation any diagnostic and preventive measures prescribed for detection, diagnosis, and prevention of rabies. …	
Arkansas	SB 760	**SB 760** amends ***section 11-9-805. Joint petition for final settlement*** of the Arkansas Code as follows: **11-9-805. Joint petition for final settlement.** (a)(1) ~~Upon~~ Except as provided in subdivision (a)(2) of this section, upon petition filed by the employer or carrier and the injured employee requesting that a final settlement be had between the parties, the Workers' Compensation Commission shall hear the petition and take testimony and make investigations as may be necessary to determine whether a final settlement should be had. (2)(A) If a claimant has been determined to be eligible for Medicare, the parties may petition the commission for a partial settlement of all issues other than future medical treatment. (B) A partial settlement under subdivision (a)(2) of this section is final concerning all issues except future medical treatment. (b)(1)(A) If the commission decides ~~it is for~~ that a final settlement award is in the best interests of the ~~claimant that a final award be made, it~~ parties, the commission may order an award that ~~shall be~~ is final ~~as to~~ concerning the rights of all the parties to the joint petition. (B) After the commission enters an order with regard to any full settlement, the commission does not have jurisdiction over any claim for the same injury or any results arising from it. (2)(A) ~~Thereafter, the commission shall not have jurisdiction over any claim for the same injury or any results arising from it~~ If the commission decides that a partial settlement award is in the best interests of the parties, the commission may order an award that is final concerning the partial settlement of the rights of all the parties to the joint petition. (B) After the commission enters an order with regard to any partial settlement, the commission does not have jurisdiction over any claim for the same injury or any results arising from it other than claims for future medical expenses. (c) If an employee has returned to work or agreed to return to work, the commission shall not approve a joint petition which has allotted moneys for vocational rehabilitation or any indemnity benefits in excess of that payable as an anatomical impairment as established by objective and measurable findings. (d) If the commission denies the petition, the denial shall be without prejudice to either party. (e) ~~No~~ An appeal shall not lie from an order or award denying or approving a joint petition.	Projected 7/30/17
Colorado	HB17-1119	**HB17-1119** adds **Article 67** to **Title 8** of the Colorado Revised Statutes, which creates the: • Colorado Uninsured Employer Act to create a new mechanism for the payment of covered claims to workers who are injured while employed by employers who do not carry workers compensation insurance • Colorado uninsured employer fund, which consists of penalties for employers who do not carry workers compensation insurance • Uninsured employer board:	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		o To establish the criteria for the payment of benefits o To set rates o To adjust claims o To adopt rules The board is required to adopt, by rule, a plan of operation to administer the fund and to institute procedures to collect money due to the fund. **HB17-1119** also amends ***section 8-40-301. Scope of term "employee"*** of the Colorado Revised Statutes as follows: **8-40-301. Scope of term "employee"—definition.** (1) (a) "Employee" excludes any person employed by a passenger tramway area operator, as defined in section 25-5-702 (1), ~~C.R.S.~~, or other employer, while participating in recreational activity, who at such time is relieved of and is not performing any duties of employment, regardless of whether such person is utilizing, by discount or otherwise, a pass, ticket, license, permit, or other device as an emolument of employment. (b) (I) "Employee" excludes any person employed by an out-of-state employer performing incidental work in Colorado where the employee is covered at the time of injury under the workers' compensation act of another state regardless of where the contract for employment was created. (II) For purposes of this section, "incidental work" means work that is randomly or fortuitously in Colorado. (III) This section only applies to a workers' compensation act of another state that includes a reciprocal provision exempting Colorado employers from liability under the other state's act for incidental work. …	
Colorado	HB17-1229	**HB 17-1229** amends ***section 8-41-301. Conditions of recovery—definitions*** of the Colorado Revised Statutes as follows: **8-41-301. Conditions of recovery—definitions.** … (2) (a) A claim of mental impairment must be proven by evidence supported by the testimony of a licensed ~~physician~~ psychiatrist or psychologist. ~~For purposes of this subsection (2), "mental impairment" means a recognized, permanent disability arising from an accidental injury arising out of and in the course of employment when the accidental injury involves no physical injury and consists of a psychologically traumatic event that is generally outside of a worker's usual experience and would evoke significant symptoms of distress in a worker in similar circumstances.~~ A mental impairment shall not be considered to arise out of and in the course of employment if it results from a disciplinary action, work evaluation, job transfer, lay-off, demotion, promotion, termination, retirement, or similar action taken in good faith by the employer. The mental impairment that is the basis of the claim ~~shall~~ must have arisen primarily from the claimant's then occupation and place of employment in order to be compensable. (a.5) ~~For purposes of this subsection (2), "mental impairment" also includes a disability arising from an accidental physical injury that leads to a recognized permanent psychological disability.~~ … (3) For the purposes of this section: (a) "Mental impairment" means a recognized, permanent disability arising from an accidental injury arising out of and in the course of employment when the accidental injury involves no physical injury and consists of a psychologically traumatic event. "Mental impairment" also includes a disability arising from an accidental physical injury that leads to a recognized permanent psychological disability.	7/1/18, except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within the ninety-day period after final adjournment of the general assembly, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2018 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) (i) "Psychologically traumatic event" means an event that is generally outside of a worker's usual experience and would evoke significant symptoms of distress in a worker in similar circumstances. (ii) "Psychologically traumatic event" also includes an event that is within a worker's usual experience only when the worker is diagnosed with post-traumatic stress disorder by a licensed psychiatrist or psychologist after the worker experienced exposure to one or more of the following events: (a) the worker is the subject of an attempt by another person to cause the worker serious bodily injury or death through the use of deadly force, and the worker reasonably believes the worker is the subject of the attempt; (b) the worker visually witnesses a death, or the immediate aftermath of the death, of one or more people as the result of a violent event; or (c) the worker repeatedly visually witnesses the serious bodily injury, or the immediate aftermath of the serious bodily injury, of one or more people as the result of intentional act of another person or an accident. (c) "Serious bodily injury" means bodily injury that, either at the time of the actual injury or a later time, involves a substantial risk of death, a substantial risk of serious permanent disfigurement, or a substantial risk of protracted loss or impairment of the function of any part or organ of the body.	
Connecticut	HB 7132	**HB 7132** amends ***section 31-294c Notice of claim for compensation. Notice contesting liability. Exception for dependents of certain deceased employees*** of the Connecticut General Statutes Annotated as follows: **Section 31-294c Notice of claim for compensation. Notice contesting liability. Exception for dependents of certain deceased employees.** (a) No proceedings for compensation under the provisions of this chapter shall be maintained unless a written notice of claim for compensation is given within one year from the date of the accident or within three years from the first manifestation of a symptom of the occupational disease, as the case may be, which caused the personal injury, provided, if death has resulted within two years from the date of the accident or first manifestation of a symptom of the occupational disease, a dependent or dependents, or the legal representative of the deceased employee, may make claim for compensation within the two-year period or within one year from the date of death, whichever is later. Notice of claim for compensation may be given to the employer or any commissioner and shall state, in simple language, the date and place of the accident and the nature of the injury resulting from the accident, or the date of the first manifestation of a symptom of the occupational disease and the nature of the disease, as the case may be, and the name and address of the employee and of the person in whose interest compensation is claimed. An employee of the state shall send a copy of the notice to the Commissioner of Administrative Services. An employee of a municipality shall send a copy of the notice to the town clerk of the municipality in which he or she is employed. An employer, other than the state or a municipality, may opt to post a copy of where notice of a claim for compensation shall be sent by an employee in the workplace location where other labor law posters required by the Labor Department are prominently displayed. In addition, an employer opting to post where notice of a claim for compensation by an employee shall be sent, shall forward the address of where notice of a claim for compensation shall be sent to the Workers' Compensation Commission and the commission shall post such address on its Internet web site. An employer shall be responsible for verifying that information posted at a workplace location is consistent with the information posted on the commission's Internet web site. If an employee, other than an employee of the state or a municipality, opts to mail to his or her employer the written notice of a claim for compensation required under the provisions of this section, such written notice shall be sent by the employee to the employer by certified mail.	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		As used in this section, "manifestation of a symptom" means manifestation to an employee claiming compensation, or to some other person standing in such relation to him that the knowledge of the person would be imputed to him, in a manner that is or should be recognized by him as symptomatic of the occupational disease for which compensation is claimed. (b) Whenever liability to pay compensation is contested by the employer, he shall file with the commissioner, on or before the twenty-eighth day after he has received a written notice of claim, a notice in accord with a form prescribed by the chairman 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 or death 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. If the employer or his legal representative fails to file the notice contesting liability on or before the twenty-eighth day after he has received the written notice of claim, the employer shall commence payment of compensation for such injury or death on or before the twenty-eighth day after he has received the written notice of claim, but the employer may contest the employee's right to receive compensation on any grounds or the extent of his disability within one year from the receipt of the written notice of claim, 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 or when the written notice of claim fails to include a warning that (1) the employer, if he has commenced payment for the alleged injury or death 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 year from the receipt of the written notice of claim, and (2) the employer shall be conclusively presumed to have accepted the compensability of the alleged injury or death 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 or death on or before such twenty-eighth day. An employer shall be entitled, if he 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 his legal representative, in accordance with the form prescribed by the chairman 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 or death on or before the twenty-eighth day after receiving a written notice of claim and who fails to commence payment for the alleged injury or death on or before such twenty-eighth day, shall be conclusively presumed to have accepted the compensability of the alleged injury or death. <u>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 this section, 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.</u> <u>…</u>	
Florida	HB 837	**HB 837**, in part, amends ***sections 631.021 Jurisdiction of delinquency proceeding; venue; change of venue; exclusiveness of remedy; appeal, 631.191 Special deposit claims and secured claims*** and ***631.397 Use of certain marshaled assets*** of the Florida Statutes as follows: **631.021 Jurisdiction of delinquency proceeding; venue; change of venue; exclusiveness of remedy; appeal<u>; construction</u>** (1) The circuit court shall have original jurisdiction of any delinquency proceeding under this chapter, and any court with jurisdiction is authorized to make all necessary or proper orders to carry out the purposes of this chapter. Any delinquency proceeding in this chapter is in equity. (2) The venue of a delinquency proceeding or summary proceeding against a domestic, foreign, or alien insurer shall be in the Circuit Court of Leon County.	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(3) A delinquency proceeding pursuant to this chapter constitutes the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving an insurer. A ~~No~~ court may not ~~shall~~ entertain a petition for the commencement of such a proceeding unless the petition has been filed in the name of the state on the relation of the department. The Florida Insurance Guaranty Association, Incorporated, the Florida Workers' Compensation Insurance Guaranty Association, Incorporated, the Florida Health Maintenance Organization Consumer Assistance Plan, and the Florida Life and Health Guaranty Association, Incorporated, shall be given reasonable written notice by the department of all hearings that ~~which~~ pertain to an adjudication of insolvency of a member insurer. (4) An appeal shall lie to the District Court of Appeal, First District, from an order granting or refusing rehabilitation, liquidation, or conservation and from every order in a delinquency proceeding having the character of a final order as to the particular portion of the proceeding embraced therein. (5) No service of process against the department in its capacity as receiver shall be effective unless served upon a person designated by the receiver and filed with the circuit court having jurisdiction over the delinquency proceeding. The designated person shall refuse to accept service if acceptance would violate a stay against legal proceedings involving an insurer that is the subject of delinquency proceedings or would violate any orders of the circuit court governing a delinquency proceeding. The person denied service may petition the circuit court having jurisdiction over the delinquency proceeding for relief from the receiver's refusal to accept service. This subsection shall be strictly construed, and any purported service on the receiver or the department that is not in accordance with this subsection shall be null and void. (6) The domiciliary court acquiring jurisdiction over persons subject to this chapter may exercise exclusive jurisdiction to the exclusion of all other courts, except as limited by the provisions of this chapter. Upon the issuance of an order of conservation, rehabilitation, or liquidation, the Circuit Court of Leon County has ~~shall have~~ exclusive jurisdiction over all ~~with respect to~~ assets or property of the ~~any~~ insurer, wherever located, including property located outside the territorial limits of the state ~~subject to such proceedings and claims against said insurer's assets or property~~. (7) This chapter constitutes this state's insurer receivership laws, and these laws must be construed as consistent with each other. If there is a conflict between this chapter and any other law, this chapter prevails. **631.191 Special deposit claims; ~~and~~ secured claims; administration of workers' compensation large deductible policies and insured collateral** (1) Special Deposit Claims The owners of special deposit claims against an insurer against which a liquidation order has been entered in this or any other state shall be given priority against their several special deposits in accordance with the provisions of the statutes governing the creation and maintenance of such deposits. If there is a deficiency in any such deposit so that the claims secured thereby are not fully discharged therefrom, the claimants may share in the general assets, but such sharing shall be deferred until general creditors, and also claimants against other special deposits who have received smaller percentages from their respective special deposits, have been paid percentages of their claims equal to the percentage paid from the special deposit. (2) Secured Claims (a) The owner of a secured claim against an insurer against which a liquidation order has been entered in this or any other state may surrender her or his security and file her or his claim as a general creditor, or the claim may be discharged by resort to the security, in which case the deficiency, if any, shall be treated as a claim against the general assets of the insurer on the same basis as claims of unsecured creditors. If the amount of the deficiency has been adjudicated in ancillary proceedings as provided in this chapter, or if it has been adjudicated by a court of competent jurisdiction in a proceeding in which the domiciliary receiver has had notice and an opportunity to be heard, such amount shall be conclusive; otherwise the amount shall be determined in the delinquency proceeding in the domiciliary state.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) The value of any security held by a secured creditor shall be determined under supervision of the court by: 1. Converting the same into money according to the terms of the agreement pursuant to which the security was delivered to such creditor; or 2. If no such agreement exists, the court shall determine the value in the event the creditor and the receiver cannot agree upon same. (3) Administration of Workers' Compensation Large Deductible Policies and Insured Collateral (a) *Definitions.*—As used in this subsection, the term: 1. "Collateral" means cash, a letter of credit, a 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 the insurer as may be required for other secured obligations. 2. "Deductible claim" means any claim that is within the deductible under a large deductible policy, including a claim for loss and defense and cost containment expense, unless such expense is excluded by the terms of the policy. 3.a. "Large deductible policy" means a 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: (I) Pay directly the initial portion of any claim under the policy up to a specified dollar amount or the expenses related to any claim; or (II) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible. b. The term also includes policies that contain an aggregate limit on the insured's liability for all deductible claims in addition to a per-claim deductible limit. A policy must meet the current guidelines for large deductible workers' compensation filings as defined by the office, including the eligibility standards regarding the minimum standard premium and the minimum deductible to be deemed a large deductible policy. c. The term does not include policies, endorsements, or agreements providing that the initial portion of any covered claim must be self-insured and that the insurer has no payment obligation within the self-insured retention. d. The term does not include policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except to the extent such arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations. 4. "Other secured obligations" means obligations of an insured to an insurer other than those under a large deductible policy, such as 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. (b) *Applicability.*— 1. This subsection applies to workers' compensation large deductible policies issued by an insurer that is subject to delinquency proceedings under this chapter. This subsection does not apply to first-party claims, or to covered claims funded by a guaranty association above the deductible unless paragraph (c) applies. Large deductible policies must be administered in accordance with the terms of the policy, except to the extent such terms conflict with this subsection. 2. This subsection applies to all delinquency proceedings that commence on or after July 1, 2017. (c) *Handling of large deductible claims.*—Unless otherwise agreed to by the responsible guaranty association, all large deductible claims that are also covered claims as defined by an applicable guaranty association law, including those that may have been funded by an insured before liquidation, must 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 extinguishes the obligations, if any, of the	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		receiver and any guaranty association to pay such claim. A charge may not be made against the receiver or a guaranty association on the basis of an insured's funding or payment of a deductible claim. (d) *Deductible claims paid by a guaranty association.*— 1. To the extent a guaranty association pays any deductible claim for which an insurer would have been entitled to reimbursement from an insured, a guaranty association is entitled to the amount of reimbursements received or collateral available, subject to paragraph (g). Reimbursements paid to the guaranty association pursuant to this paragraph may not be treated as distributions under s. 631.271 or as early access payments under s. 631.397(1). 2. To the extent that a guaranty association pays a deductible claim that is not reimbursed from collateral or by insured payments, or the guaranty association incurred expenses in connection with large deductible policies that are not reimbursed under this subsection, the guaranty association is entitled to assert a claim for those amounts in the delinquency proceeding. 3. This paragraph does not limit any right of the receiver or a guaranty association which may otherwise exist under 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. (e) *Collections.*— 1. The receiver may collect reimbursements owed for deductible claims as provided in this paragraph, and must use reasonable efforts to collect such reimbursements from the insured or the party that is obligated to pay the deductible as specified in the large deductible policy or other agreement. The receiver may bill insureds and others for reimbursement of deductible claims that are: a. Paid by the insurer before 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; or c. Paid or allowed by the receiver. 2. If the insured or other party does not make payment within the time specified in the large deductible policy, or, if no time is specified, within a reasonable time after the date of billing, the receiver may take reasonable steps to collect any reimbursements owed. 3. The insolvency of the insurer or its inability to perform any of its obligations under the large deductible policy may not be a defense to the insured's reimbursement obligation under the large deductible policy. 4. An allegation of improper handling or payment of a deductible claim by the receiver or a guaranty association may not be a defense to the insured's reimbursement obligations under the large deductible policy. (f) *Collateral.*— 1. Subject to this paragraph, the receiver shall use collateral, when available, to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or payment obligations. A guaranty association is entitled to collateral as provided for in this paragraph 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 paragraph may not be treated as distributions under s. 631.271 or as early access payments under s. 631.397(1). 2. The receiver shall draw down collateral to the extent necessary in the event the insured fails to: 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, if no time is specified, within 60 days after the date of the billing;	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		c. Pay amounts due to the estate for preliquidation obligations; d. Timely fund any other secured obligation; or e. Timely pay expenses. 3. Claims that are validly asserted against the collateral must be satisfied in the order in which such 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 such creditors. 4. 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 claims that were incurred but not reported. (g) *Receiver's expenses.*—The receiver is entitled to 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 as provided pursuant to s. 631.271. (h) *Construction.*—This subsection does not limit or adversely affect any rights or powers a guaranty association may have under 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. **631.397 Use of certain marshaled assets** (1) ~~Within 120 days of a final determination of insolvency of an insurer by a court of competent jurisdiction of this state,~~ The department, as receiver, may ~~shall~~ apply to the court for approval of a proposal to disburse assets out of such insurer's marshaled assets, as such assets become available, to each association entitled thereto or, if there are no assets available for such disbursement, then for approval of such proposal as the receiver deems appropriate. For the purposes of this section, the term "association" includes the Florida Insurance Guaranty Association, Incorporated, the Florida Workers' Compensation Insurance Guaranty Association, and any entity or person performing a function in another state similar to that performed in this state by the Florida Insurance Guaranty Association, Incorporated, or the Florida Workers' Compensation Insurance Guaranty Association, provided the Florida Insurance Guaranty Association, Incorporated, or the Florida Workers' Compensation Insurance Guaranty Association, is entitled to like payment under the laws of the association's state of domicile in respect to insolvent companies doing business in that state. … ~~(4) Notice of such application shall be given by the department to the associations in, and to the commissioners of insurance of, each of the states to which disbursement may be made. Such notice shall be made by certified mail, first-class postage prepaid, at least 15 days prior to submission of such application to the court. Such notice shall be deemed to have been made when deposited in the mail.~~ ~~(5) Action on the application may be taken by the court if notice has been given pursuant to subsection (4) and the department's proposal complies with subsection (2).~~	
Florida	HB 1007	HB 1007 amends numerous sections of Florida insurance law related to fraud including, but not limited to, the following subsection: 626.9891 Insurer anti-fraud investigative units; reporting requirements; penalties for noncompliance.— …	9/1/17 for the amendments to the subsection listed

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(6) In addition to providing information required under subsections (2), (4), and (5), each insurer writing workers' compensation insurance shall also report the following information to the department, on or before March 1, 2019, and annually thereafter August 1 of each year, on its experience in implementing and maintaining an anti-fraud investigative unit or an anti-fraud plan. The report must include, at a minimum: (a) The estimated dollar amount of losses attributable to workers' compensation fraud delineated by the type of fraud, including claimant, employer, provider, agent, or other type. (b) The estimated dollar amount of recoveries attributable to workers' compensation fraud delineated by the type of fraud, including claimant, employer, provider, agent, or other type. (c) The number of cases referred to the Division of Investigative and Forensic Services, delineated by the type of fraud, including claimant, employer, provider, agent, or other type. (a) The dollar amount of recoveries and losses attributable to workers' compensation fraud delineated by the type of fraud: claimant, employer, provider, agent, or other. (b) The number of referrals to the Bureau of Workers' Compensation Fraud for the prior year. (c) A description of the organization of the anti-fraud investigative unit, if applicable, including the position titles and descriptions of staffing. (d) The rationale for the level of staffing and resources being provided for the anti-fraud investigative unit, which may include objective criteria such as number of policies written, number of claims received on an annual basis, volume of suspected fraudulent claims currently being detected, other factors, and an assessment of optimal caseload that can be handled by an investigator on an annual basis. (e) The inservice education and training provided to underwriting and claims personnel to assist in identifying and evaluating instances of suspected fraudulent activity in underwriting or claims activities. (f) A description of a public awareness program focused on the costs and frequency of insurance fraud and methods by which the public can prevent it. …	
Florida	HB 1107	**HB 1107** creates ***section 440.1851 Personal identifying information of an injured or deceased employee; public records exemption*** of the Florida Statutes as follows: **440.1851 Personal identifying information of an injured or deceased employee; public records exemption.—** (1) The personal identifying information of an injured or deceased employee which is contained in reports, notices, records, or supporting documentation held by the department pursuant to this chapter is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. (a) As used in this section, the term "personal identifying information" means the injured or deceased employee's name, date of birth, home address or mailing address, e-mail address, or telephone number. (b) The department may disclose information made confidential and exempt under this section only: 1. To the injured employee, to the spouse or a dependent of the deceased employee, to the spouse or a dependent of the injured employee if authorized by the injured employee, or to the legal representative of the deceased employee's estate; 2. To a party litigant, or his or her authorized representative, in matters pending before the Office of the Judges of Compensation Claims;	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		3. To a carrier or an employer for the purpose of investigating the compensability of a claim or for the purpose of administering its anti-fraud investigative unit established pursuant to s. 626.9891; 4. In an aggregate reporting format that does not reveal the personal identifying information of any employee; 5. Pursuant to a court order or subpoena; 6. To an agency for administering its anti-fraud investigative function or in the furtherance of the agency's official duties and responsibilities; or 7. To a federal governmental entity in the furtherance of the entity's official duties and responsibilities. A carrier, employer, agency, or governmental entity receiving personal identifying information from the department shall maintain the confidential and exempt status of the information. (c) This public records exemption applies to personal identifying information held by the department before, on, or after the effective date of this exemption. (2) A person who willfully and knowingly discloses personal identifying information made confidential and exempt under this section to an unauthorized person or entity commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. (3) This section is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2022, unless reviewed and saved from repeal through reenactment by the Legislature. **HB 1107** also includes the following language: The Legislature finds that it is a public necessity to make confidential and exempt from s. 119.07(1), Florida Statutes, and s. 24(a), Article I of the State Constitution the personal identifying information of an injured or deceased employee which is contained in reports, notices, records, or supporting documentation held by the Department of Financial Services pursuant to chapter 440, Florida Statutes. Such information is of a sensitive, personal nature, and disclosure of such information about an injured or deceased employee is an invasion of that employee's privacy or the privacy of his or her family. Because of Florida's workers' compensation system, an employee's personal identifying information becomes public record once the Department of Financial Services is notified that the employee has been injured or has died in a work-related incident. Public records requests for this information have resulted in unwanted solicitation of injured workers and their families. Further, the release of such information could lead to discrimination against the employee by coworkers, potential employers, and others because of perceived social stigma related to injuries or disabilities. The harm caused to such an employee or his or her family by the release of this information outweighs any public benefit derived from its release. *NCCI is unable to quantify the potential workers compensation system cost impact from the enactment of **HB 1107**, although it may exert downward pressure on Florida workers compensation system costs over time.*	
Florida	SB 8-A	**SB 8-A**, in part, amends ***section 381.986 Compassionate use of low-THC and medical cannabis*** in the Florida Statutes to, in part, include the following language: **381.986 Medical use of marijuana.—** …	6/23/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(15) APPLICABILITY.—This section does not limit the ability of an employer to establish, continue, or enforce a drug-free workplace program or policy. This section does not require an employer to accommodate the medical use of marijuana in any workplace or any employee working while under the influence of marijuana. This section does not create a cause of action against an employer for wrongful discharge or discrimination. Marijuana, as defined in this section, is not reimbursable under chapter 440. …	
Hawaii	SB 859 SD1 HD1 CD1	**SB 859 SD1 HD1 CD1** amends ***section 386-79 Medical examination by employer's physician*** of the Hawaii Workers Compensation Act as follows: **§ 386-79 Medical examination by employer's physician.** (a) After an injury and during the period of disability, the employee, whenever ordered by the director of labor and industrial relations, shall submit to examination, at reasonable times and places, by a duly qualified physician or surgeon designated and paid by the employer. The employee shall have the right to have a physician ~~or~~ , surgeon, or chaperone designated and paid by the employee present at the examination, which right, however, shall not be construed to deny to the employer's physician the right to visit the injured employee at all reasonable times and under all reasonable conditions during total disability. The employee shall also have the right to record such examination by a recording device designated and paid for by the employee; provided that the examining physician or surgeon approves of the recording. If an employee refuses to submit to, or the employee or the employee's designated chaperone in any way obstructs such examination, the employee's right to claim compensation for the work injury shall be suspended until the refusal or obstruction ceases and no compensation shall be payable for the period during which the refusal or obstruction continues. (b) In cases where the employer is dissatisfied with the progress of the case or where major and elective surgery, or either, is contemplated, the employer may appoint a physician or surgeon of the employer's choice who shall examine the injured employee and make a report to the employer. If the employer remains dissatisfied, this report may be forwarded to the director. Employer requested examinations under this section shall not exceed more than one per case unless good and valid reasons exist with regard to the medical progress of the employee's treatment. The cost of conducting the ordered medical examination shall be limited to the complex consultation charges governed by the medical fee schedule established pursuant to section 386-21(c). … **SB 859 SD1 HD1 CD1** also includes the following clause: This Act does not affect rights and duties that matured, penalties that were incurred, and proceedings that were begun before its effective date. * Provided that on June 30, 2019, this Act shall be repealed and section 386-79, Hawaii Revised Statutes, shall be reenacted in the form in which it read on the day before the effective date of this Act.	7/11/17*
Hawaii	SB 984 HD1 CD1	**SB 984 HD1 CD1** amends ***section 386-1 Definitions*** of the Hawaii Revised Statutes as follows: **Section 386-1 Definitions** … "Physician" includes a doctor of medicine, a dentist, a chiropractor, an osteopath, a naturopathic physician, a psychologist, an optometrist, an advanced practice registered nurse, and a podiatrist.	7/10/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		• …	
Iowa	HF 518	**HF 518**, as amended, amends various sections of the Code of Iowa as follows: **85.16 Willful injury—intoxication.** … 2. a. By the employee's intoxication, which did not arise out of and in the course of employment but which was due to the effects of alcohol or another narcotic, depressant, stimulant, hallucinogenic, or hypnotic drug not prescribed by an authorized medical practitioner, if the intoxication was a substantial factor in causing the injury. b. For the purpose of disallowing compensation under this subsection, both of the following apply: (1) If the employer shows that, at the time of the injury or immediately following the injury, the employee had positive test results reflecting the presence of alcohol, or another narcotic, depressant, stimulant, hallucinogenic, or hypnotic drug which drug either was not prescribed by an authorized medical practitioner or was not used in accordance with the prescribed use of the drug, it shall be presumed that the employee was intoxicated at the time of the injury and that intoxication was a substantial factor in causing the injury. (2) Once the employer has made a showing as provided in subparagraph (1), the burden of proof shall be on the employee to overcome the presumption by establishing that the employee was not intoxicated at the time of the injury, or that intoxication was not a substantial factor in causing the injury. … **85.18 Contract to relieve not operative.** No contract, rule, or device whatsoever shall operate to relieve the employer, in whole or in part, from any liability created by this chapter except as herein provided. This section does not create a private cause of action. **85.23 Notice of injury—failure to give.** Unless the employer or the employer's representative shall have actual knowledge of the occurrence of an injury received within ninety days from the date of the occurrence of the injury, or unless the employee or someone on the employee's behalf or a dependent or someone on the dependent's behalf shall give notice thereof to the employer within ninety days from the date of the occurrence of the injury, no compensation shall be allowed. For the purposes of this section, *"date of the occurrence of the injury"* means the date that the employee knew or should have known that the injury was work-related. **85.26 Limitation of actions—who may maintain action.** 1. An original proceeding for benefits under this chapter or chapter 85A, 85B, or 86, shall not be maintained in any contested case unless the proceeding is commenced within two years from the date of the occurrence of the injury for which benefits are claimed or, if weekly compensation benefits are paid under section 86.13, within three years from the date of the last payment of weekly compensation benefits. For the purposes of this section, *"date of the occurrence of the injury"* means the date that the employee knew or should have known that the injury was work-related. …	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		85.33 Temporary total and temporary partial disability. … 3. a. If an employee is temporarily, partially disabled and the employer for whom the employee was working at the time of injury offers to the employee suitable work consistent with the employee's disability the employee shall accept the suitable work, and be compensated with temporary partial benefits. If the employer offers the employee suitable work and the employee refuses to accept the suitable work ~~with the same~~ offered by the employer, the employee shall not be compensated with temporary partial, temporary total, or healing period benefits during the period of the refusal. Work offered at the employer's principal place of business or established place of operation where the employee has previously worked is presumed to be geographically suitable for an employee whose duties involve travel away from the employer's principal place of business or established place of operation more than fifty percent of the time. If suitable work is not offered by the employer for whom the employee was working at the time of the injury and the employee who is temporarily partially disabled elects to perform work with a different employer, the employee shall be compensated with temporary partial benefits. b. The employer shall communicate an offer of temporary work to the employee in writing, including details of lodging, meals, and transportation, and shall communicate to the employee that if the employee refuses the offer of temporary work, the employee shall communicate the refusal and the reason for the refusal to the employer in writing and that during the period of the refusal the employee will not be compensated with temporary partial, temporary total, or healing period benefits, unless the work refused is not suitable. If the employee refuses the offer of temporary work on the grounds that the work is not suitable, the employee shall communicate the refusal, along with the reason for the refusal, to the employer in writing at the time the offer of work is refused. Failure to communicate the reason for the refusal in this manner precludes the employee from raising suitability of the work as the reason for the refusal until such time as the reason for the refusal is communicated in writing to the employer. … **85.34 Permanent disabilities.** … Compensation for permanent partial disability shall begin ~~at the termination of the healing period provided in subsection 1~~ when it is medically indicated that maximum medical improvement from the injury has been reached and that the extent of loss or percentage of permanent impairment can be determined by use of the guides to the evaluation of permanent impairment, published by the American medical association, as adopted by the workers' compensation commissioner by rule pursuant to chapter 17A. The compensation shall be in addition to the benefits provided by sections 85.27 and 85.28. The compensation shall be based upon the extent of the disability and upon the basis of eighty percent per week of the employee's average spendable weekly earnings, but not more than a weekly benefit amount, rounded to the nearest dollar, equal to one hundred eighty-four percent of the statewide average weekly wage paid employees as determined by the department of workforce development under section 96.19, subsection 36, and in effect at the time of the injury. The minimum weekly benefit amount shall be equal to the weekly benefit amount of a person whose gross weekly earnings are thirty-five percent of the statewide average weekly wage. For all cases of permanent partial disability compensation shall be paid as follows: … *On*. For the loss of a shoulder, weekly compensation during four hundred weeks.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… u. In all cases of permanent partial disability other than those hereinabove described or referred to in paragraphs "a" through "t" hereof, the compensation shall be paid during the number of weeks in relation to five hundred weeks as the reduction in the employee's earning capacity caused by the disability bears in relation to the earning capacity that the employee possessed when the injury occurred. A determination of the reduction in the employee's earning capacity caused by the disability shall take into account the permanent partial disability of the employee and the number of years in the future it was reasonably anticipated that the employee would work at the time of the injury. If an employee who is eligible for compensation under this paragraph returns to work or is offered work for which the employee receives or would receive the same or greater salary, wages, or earnings than the employee received at the time of the injury, the employee shall be compensated based only upon the employee's functional impairment resulting from the injury, and not in relation to the employee's earning capacity. Notwithstanding section 85.26, subsection 2, if an employee who is eligible for compensation under this paragraph returns to work with the same employer and is compensated based only upon the employee's functional impairment resulting from the injury as provided in this paragraph and is terminated from employment by that employer, the award or agreement for settlement for benefits under this chapter shall be reviewed upon commencement of reopening proceedings by the employee for a determination of any reduction in the employee's earning capacity caused by the employee's permanent partial disability. … w. In all cases of permanent partial disability described in paragraphs "a" through "t", or paragraph "u" when determining functional disability and not loss of earning capacity, the extent of loss or percentage of permanent impairment shall be determined solely by utilizing the guides to the evaluation of permanent impairment, published by the American medical association, as adopted by the workers' compensation commissioner by rule pursuant to chapter 17A. Lay testimony or agency expertise shall not be utilized in determining loss or percentage of permanent impairment pursuant to paragraphs "a" through "t", or paragraph "u" when determining functional disability and not loss of earning capacity. x. Compensation for permanent partial disability for an injury shall terminate on the date when compensation for permanent total disability for any injury begins. An employee shall not receive compensation for permanent partial disability if the employee is receiving compensation for permanent total disability. … 3. *Permanent total disability*. a. Compensation for an injury causing permanent total disability shall be upon the basis of eighty percent per week of the employee's average spendable weekly earnings, but not more than a weekly benefit amount, rounded to the nearest dollar, equal to two hundred percent of the statewide average weekly wage paid employees as determined by the department of workforce development under section 96.19, subsection 36, and in effect at the time of the injury. The minimum weekly benefit amount is equal to the weekly benefit amount of a person whose gross weekly earnings are thirty-five percent of the statewide average weekly wage. The weekly compensation is payable ~~during the period of the employee's disability~~ until the employee is no longer permanently and totally disabled. b. Such compensation shall be in addition to the benefits provided in sections 85.27 and 85.28. No compensation shall be payable under this subsection for any injury for which compensation is payable under subsection 2 of this section. In the event compensation has been paid to any person under any provision of this chapter, chapter 85A or chapter 85B for ~~the same~~ an injury producing a ~~total~~ permanent disability, any such	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		amounts so paid shall be deducted from the total amount of compensation payable for ~~such~~ permanent total disability. An employee shall not receive compensation for permanent partial disability if the employee is receiving compensation for permanent total disability. c. An employee forfeits the employee's weekly compensation for a permanent total disability under this subsection for a week in which the employee is receiving a payment equal to or greater than fifty percent of the statewide average weekly wage from any of the following sources: (1) Gross earnings from any employer. (2) Payment for current services from any source. d. An employee is not entitled to compensation for a permanent total disability under this subsection while the employee is receiving unemployment compensation under chapter 96. … 4. *Credits for excess payments*. If an employee is paid weekly compensation benefits for temporary total disability under section 85.33, subsection 1, for a healing period under section 85.34, subsection 1, or for temporary partial disability under section 85.33, subsection 2, in excess of that required by this chapter and chapters 85A, 85B, and 86, the excess paid by the employer shall be credited against the liability of the employer for ~~permanent partial disability under section 85.34, subsection 2~~ any future weekly benefits due for an injury to that employee, provided that the employer or the employer's representative has acted in good faith in determining and notifying an employee when the temporary total disability, healing period, or temporary partial disability benefits are terminated. 5. *Recovery of employee overpayment*. If an employee is paid any weekly benefits in excess of that required by this chapter and chapters 85A, 85B, and 86, the excess paid by the employer shall be credited against the liability of the employer for any future weekly benefits due pursuant to subsection 2, for ~~a~~ any current or subsequent injury to the same employee. ~~An overpayment can be established only when the overpayment is recognized in a settlement agreement approved under section 86.13, pursuant to final agency action in a contested case which was commenced within three years from the date that weekly benefits were last paid for the claim for which the benefits were overpaid, or pursuant to final agency action in a contested case for a prior injury to the same employee. The credit shall remain available for eight years after the date the overpayment was established. If an overpayment is established pursuant to this subsection, the employee and employer may enter into a written settlement agreement providing for the repayment by the employee of the overpayment. The agreement is subject to the approval of the workers' compensation commissioner. The employer shall not take any adverse action against the employee for failing to agree to such a written settlement agreement.~~ … 7. *Successive disabilities*. ~~a.~~ An employer is ~~fully~~ liable for compensating ~~all~~ only that portion of an employee's disability that arises out of and in the course of the employee's employment with the employer and that relates to the injury that serves as the basis for the employee's claim for compensation under this chapter, or chapter 85A, 85B, or 86. An employer is not liable for compensating an employee's preexisting disability that arose out of and in the course of employment from a prior injury with the employer, to the extent that the employee's preexisting disability has already been compensated under this chapter, or chapter 85A, 85B, or 86. An employer is not liable for compensating an employee's preexisting disability that arose out of and in the course of employment with a different employer or from causes unrelated to employment.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~b. (1) If an injured employee has a preexisting disability that was caused by a prior injury arising out of and in the course of employment with the same employer, and the preexisting disability was compensable under the same paragraph of subsection 2 as the employee's present injury, the employer is liable for the combined disability that is caused by the injuries, measured in relation to the employee's condition immediately prior to the first injury. In this instance, the employer's liability for the combined disability shall be considered to be already partially satisfied to the extent of the percentage of disability for which the employee was previously compensated by the employer.~~ ~~(2) If, however, an employer is liable to an employee for a combined disability that is payable under subsection 2, paragraph "u", and the employee has a preexisting disability that causes the employee's earnings to be less at the time of the present injury than if the prior injury had not occurred, the employer's liability for the combined disability shall be considered to be already partially satisfied to the extent of the percentage of disability for which the employee was previously compensated by the employer minus the percentage that the employee's earnings are less at the time of the present injury than if the prior injury had not occurred.~~ ~~c. A successor employer shall be considered to be the same employer if the employee became part of the successor employer's workforce through a merger, purchase, or other transaction that assumes the employee into the successor employer's workforce without substantially changing the nature of the employee's employment.~~ **85.39 Examination of injured employees.** 1. After an injury, the employee, if requested by the employer, shall submit for examination at some reasonable time and place and as often as reasonably requested, to a physician or physicians authorized to practice under the laws of this state or another state, without cost to the employee; but if the employee requests, the employee, at the employee's own cost, is entitled to have a physician or physicians of the employee's own selection present to participate in the examination. If an employee is required to leave work for which the employee is being paid wages to attend the requested examination, the employee shall be compensated at the employee's regular rate for the time the employee is required to leave work, and the employee shall be furnished transportation to and from the place of examination, or the employer may elect to pay the employee the reasonable cost of the transportation. The refusal of the employee to submit to the examination shall ~~suspend~~ forfeit the employee's right to any compensation for the period of the refusal. Compensation shall not be payable for the period of ~~suspension~~ refusal. 2. If an evaluation of permanent disability has been made by a physician retained by the employer and the employee believes this evaluation to be too low, the employee shall, upon application to the commissioner and upon delivery of a copy of the application to the employer and its insurance carrier, be reimbursed by the employer the reasonable fee for a subsequent examination by a physician of the employee's own choice, and reasonably necessary transportation expenses incurred for the examination. The physician chosen by the employee has the right to confer with and obtain from the employer-retained physician sufficient history of the injury to make a proper examination. An employer is only liable to reimburse an employee for the cost of an examination conducted pursuant to this subsection if the injury for which the employee is being examined is determined to be compensable under this chapter or chapter 85A or 85B. An employer is not liable for the cost of such an examination if the injury for which the employee is being examined is determined not to be a compensable injury. A determination of the reasonableness of a fee for an examination made pursuant to this subsection, shall be based on the typical fee charged by a medical provider to perform an impairment rating in the local area where the examination is conducted. **85.45 Commutation**	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		1. Future payments of compensation may be commuted to a present worth lump sum payment only upon application of a party to the commissioner and upon written consent of all parties to the proposed commutation or partial commutation, and on the following conditions: … 3. The parties to any commutation or partial commutation of future payments agreed to and ordered pursuant to this section may agree that the employee has the right to benefits pursuant to section 85.27 under such terms and conditions as agreed to by the parties, for a specified period of time after the commutation or partial commutation agreement has been ordered by the workers' compensation commissioner. During that specified period of time, the commissioner shall have jurisdiction of the commutation or partial commutation agreement for the purpose of adjudicating the employee's entitlement to benefits provided for in section 85.27 as provided in the agreement. **85.70 Additional payment for attendance—rehabilitation and training—new career vocational training and education program.** 1. An employee who has sustained an injury resulting in permanent partial or permanent total disability, for which compensation is payable under this chapter other than an injury to the shoulder compensable pursuant to section 85.34, subsection 2, paragraph *"0n"*, and who cannot return to gainful employment because of such disability, shall upon application to and approval by the workers' compensation commissioner be entitled to a one hundred dollar weekly payment from the employer in addition to any other benefit payments, during each full week in which the employee is actively participating in a vocational rehabilitation program recognized by the vocational rehabilitation services division of the department of education. The workers' compensation commissioner's approval of such application for payment may be given only after a careful evaluation of available facts, and after consultation with the employer or the employer's representative. Judicial review of the decision of the workers' compensation commissioner may be obtained in accordance with the terms of the Iowa administrative procedure Act, chapter 17A, and in section 86.26. Such additional benefit payment shall be paid for a period not to exceed thirteen consecutive weeks except that the workers' compensation commissioner may extend the period of payment not to exceed an additional thirteen weeks if the circumstances indicate that a continuation of training will in fact accomplish rehabilitation. 2. a. An employee who has sustained an injury to the shoulder resulting in permanent partial disability for which compensation is payable under section 85.34, subsection 2, paragraph *"0n"*, and who cannot return to gainful employment because of such disability, shall be evaluated by the department of workforce development regarding career opportunities in specific fields aligning with postsecondary career and technical education programs that provide instruction in the areas of agriculture, family and consumer sciences, health occupations, business, industrial technology, and marketing, that allow for accommodation of the employee's disability and to determine if the employee would benefit from participation in the new career vocational training and education program offered through an area community college, that will allow the employee to return to the workforce. b. Upon completion of the evaluation and a determination by the department that the employee is a candidate for the new career vocational training and education program, the employee shall be referred by the department to the community college that is in the closest proximity to the employee's residence, or upon agreement of the department and the employee, to the community college that offers a vocational training and education program that best meets the employee's needs, for enrollment in the new career vocational training and education program at the community college for the purpose of providing the employee with occupational training that will result in, at a minimum, the awarding of an associate degree or completion of a certificate program and will enable the employee to return to the workforce. If an employee does not enroll in	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		the new career vocational training and education program at the community college to which the employee has been referred by the department within six months after the referral, the employee is no longer eligible to participate in the program. c. The employee shall be entitled to financial support from the employer or the employer's insurer for participation in the new career vocational and education training program in a total amount not to exceed fifteen thousand dollars to be used for the payment of tuition and fees and the purchase of required supplies. The community college in which an employee is enrolled pursuant to the program shall bill the employer or the employer's insurer for the employee's tuition and fees each semester, or the equivalent, that the employee is enrolled in the program. The employer or the employer's insurer shall also pay for the purchase of supplies required by the employee to participate in the program, upon receipt of documentation from the employee detailing the cost of the supplies and the necessity for purchasing the supplies. Such documentation may include written course requirements or other documentation from the community college or the course instructor regarding the necessity for the purchase of certain supplies. d. The employer or the employer's insurer may request a periodic status report each semester from the community college documenting the employee's attendance and participation in and completion of the education and training program. If an employee does not meet the attendance requirements of the community college at which the employee is enrolled or does not maintain a passing grade in each course in which the employee is enrolled each semester, or the equivalent, the employee's eligibility for continued participation in the program is terminated. e. The community college shall also provide the employer or the employer's insurer with documentation detailing that the receipt of funds by the community college pursuant to this subsection is for the payment of tuition and fees and the purchase of required supplies. f. Beginning on or before December 1, 2018, the department of workforce development, in cooperation with the department of education, the insurance division of the department of commerce, and all community colleges that are participating in the new career and vocational training and education program, shall prepare an annual report for submission to the general assembly that provides information about the status of the program including but not limited to the utilization of and participants in the program, program completion rates, employment rates after completion of the program and the types of employment obtained by the program participants, and the effects of the program on workers' compensation premium rates. **85.71 Injury outside of state** 1. If an employee, while working outside the territorial limits of this state, suffers an injury on account of which the employee, or in the event of death, the employee's dependents, would have been entitled to the benefits provided by this chapter had such injury occurred within this state, such employee, or in the event of death resulting from such injury, the employee's dependents, shall be entitled to the benefits provided by this chapter, if at the time of such injury any of the following is applicable: a. The employer has a place of business in this state and the employee regularly works at or from that place of business~~, or the employer has a place of business in this state and the employee is domiciled in this state~~. … **86.26 Judicial review** 1. Judicial review of decisions or orders of the workers' compensation commissioner may be sought in accordance with chapter 17A. Notwithstanding chapter 17A, the Iowa administrative procedure Act, petitions for judicial review may be filed in the district court of the county in	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		which the hearing under section 86.17 was held, the workers' compensation commissioner shall transmit to the reviewing court the original or a certified copy of the entire record of the contested case which is the subject of the petition within thirty days after receiving written notice from the party filing the petition that a petition for judicial review has been filed, and an application for stay of agency action during the pendency of judicial review shall not be filed in the division of workers' compensation of the department of workforce development but shall be filed with the district court. Such a review proceeding shall be accorded priority over other matters pending before the district court. 2. Notwithstanding section 17A.19, subsection 5, a timely petition for judicial review filed pursuant to this section shall stay execution or enforcement of a decision or order of the workers' compensation commissioner if the party seeking judicial review posts a bond securing any compensation awarded pursuant to the decision or order with the district court within thirty days of filing the petition, in a reasonable amount as fixed and approved by the court. Unless either the party posting the bond files an objection with the court, within twenty days from the date that the bond is fixed and approved by the court, that the amount of the bond is not reasonable, or the party whose interests are protected by the bond files an objection with the court, within twenty days from the date that the amount of the bond is fixed and approved by the court, that the amount of the bond is not reasonable or adequate, the amount of the bond shall be deemed reasonable and adequate. If, upon objection, the district court orders the amount of the bond posted to be modified, the party seeking judicial review shall repost the bond in the amount ordered, within twenty days of the date of the order modifying the bond, in order to continue the stay of execution or enforcement of the decision or order of the workers' compensation commissioner. **86.39 Fees—approval.** 1. All fees or claims for legal, medical, hospital, and burial services rendered under this chapter and chapters 85, 85A, 85B, and 87 are subject to the approval of the workers' compensation commissioner. For services rendered in the district court and appellate courts, the attorney fee is subject to the approval of a judge of the district court. 2. An attorney shall not recover fees for legal services based on the amount of compensation voluntarily paid or agreed to be paid to an employee for temporary or permanent disability under this chapter, or chapter 85, 85A, 85B, or 87. An attorney shall only recover a fee based on the amount of compensation that the attorney demonstrates would not have been paid to the employee but for the efforts of the attorney. Any disputes over the recovery of attorney fees under this subsection shall be resolved by the workers' compensation commissioner. **86.42 Judgment by district court on award.** Any party in interest may present a file-stamped copy of an order or decision of the commissioner, from which a timely petition for judicial review has not been filed or if judicial review has been filed, which has not had execution or enforcement stayed as provided in section 17A.19, subsection 5, or section 86.26, subsection 2, or an order or decision of a deputy commissioner from which a timely appeal has not been taken within the agency and which has become final by the passage of time as provided by rule and section 17A.15, or an agreement for settlement approved by the commissioner, and all papers in connection therewith, to the district court where judicial review of the agency action may be commenced. The court shall render a decree or judgment and cause the clerk to notify the parties. The decree or judgment, in the absence of a petition for judicial review or if judicial review has been commenced, in the absence of a stay of execution or enforcement of the decision or order of the workers' compensation commissioner as provided in section 17A.19, subsection 5, or section 86.26, subsection 2, or in the absence of an act of any party	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		which prevents a decision of a deputy workers' compensation commissioner from becoming final, has the same effect and in all proceedings in relation thereto is the same as though rendered in a suit duly heard and determined by the court. **535.3 Interest on judgments and decrees.** 1. a. Interest shall be allowed on all money due on judgments and decrees of courts at a rate calculated according to section 668.13~~, except for interest due pursuant to section 85.30 for which the rate shall be ten percent per year~~. b. Notwithstanding paragraph "a", interest due pursuant to section 85.30 shall accrue from the date each compensation payment is due at an annual rate equal to the one-year treasury constant maturity published by the federal reserve in the most recent H15 report settled as of the date of injury, plus two percent. … In addition, **HF 518** includes the following clauses: 1. The sections of this Act amending sections 85.16, 85.18, 85.23, 85.26, 85.33, 85.34, 85.39, 85.71, 86.26, 86.39, and 86.42 apply to injuries occurring on or after the effective date of this Act. 2. The sections of this Act amending section 85.45 apply to commutations for which applications are filed on or after the effective date of this Act.	
Kansas	HB 2140	**HB 2140** authorizes the governor to enter into the Great Plains Interstate Fire Compact. The language includes, but is not limited to, the following: Section 1. ... ARTICLE V ... Each member state shall assure that workers compensation benefits in conformity with the minimum legal requirements of the state are available to all employees and contract firefighters sent to a requesting state pursuant to this compact. ... Section 2. A volunteer firefighter entitled to benefits under the workers compensation act who is engaged by the state of Kansas under the compact pursuant to section 1, and amendments thereto, shall be deemed to be an employee of the state of Kansas solely for purposes of the workers compensation act.	After its publication in the *Kansas Register*
Kentucky	HB 306	**HB 306** amends ***section 342.650 Exemptions of particular classes of employees from coverage*** of the Kentucky Revised Statutes as follows: **342.650 Exemptions of particular classes of employees from coverage.** The following employees are exempt from the coverage of this chapter: …	Projected 6/29/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(9) Any licensed or unlicensed, commissioned, ordained or unordained, or lay minister of religion who has no set oral or written agreement with a church or religious organization to receive a fixed regular payment for services provided to the church or who works no more than ten (10) hours per week; and (10) Any caretaker of a cemetery or property owned or operated by a church or religious organization who provides general cleanup services, including but not limited to mowing, raking, dusting, sweeping, and mopping which could be performed for other individuals or organizations, who works no more than ten (10) hours per week.	
Kentucky	HB 377	**HB 377**, as amended: • Creates a new section of Kentucky Revised Statutes (KRS) Chapter 342 for the General Assembly to declare its intent regarding the issues surrounding the Kentucky coal workers' pneumoconiosis fund • Creates a new section of KRS Chapter 342 to: o Close the coal workers' pneumoconiosis fund as of July 1, 2017, to all new claims o Transfer liabilities and assets to the Kentucky Employers' Mutual Insurance Authority o Set forth assessment requirements for 2017 and 2018 • Amends KRS 342.1242, 342.316, 342.320, 342.732, 342.792, 342.794, and 342.120 to bring the statutes into conformity with closing the coal workers' pneumoconiosis fund and transfer to the Kentucky Employers' Mutual Insurance Authority • Repeals KRS 342.1241	4/10/17
Kentucky	SB 151	**SB 151**, in part, amends ***section 342.690 Exclusiveness of liability*** of the Kentucky Revised Statutes to read: **342.690 Exclusiveness of liability.** … (4) (a) Notwithstanding any voluntary agreement entered into between the United States Department of Labor and a franchisee, neither a franchisee nor a franchisee's employee shall be deemed to be an employee of the franchisor for any purpose under this chapter. (b) Notwithstanding any voluntary agreement entered into between the United States Department of Labor and a franchisor, neither a franchisor nor a franchisor's employee shall be deemed to be an employee of the franchisee for any purpose under this chapter. (c) For purposes of this subsection, "franchisee" and "franchisor" have the same meanings as in 16 C.F.R. sec. 436.1.	Projected 6/29/17
Louisiana	HB 408	**HB 408** amends ***section 1564. Producers of record*** of ***Title 22*** (Louisiana Insurance Code) as follows: **§ 1564. Producers of record** … B.(1) … (b) If the insurer receives a producer of record letter for an application, the insurer shall provide the new producer of record with a quotation or proposal based on new applications submitted by the new producer of record regardless of any other outstanding quotations or proposals. If the quotation or proposal is accepted by the insured, the insurer shall issue the policy with the designated producer of record. If the insurer receives a written request by the insured to change the producer of record on an application, the insurer shall give the initial producer of record written notice ~~fifteen~~ ten calendar days in advance of the change or removal. If the insurer receives a request to change a producer of record on an	8/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		application within ~~fifteen~~ ten calendar days of the policy inception, the insurer shall provide the required ~~fifteen-day~~ ten-calendar day notice; however, any required change of producer shall be effective on the inception date of the policy. (c) If a change or removal of a producer is requested by an insured during a policy period, the insurer shall give the producer written notice ~~fifteen~~ ten calendar days in advance of the change or removal. If the insurer receives a request to change a producer within the last ~~fifteen~~ ten calendar days of the policy period, the insurer shall provide the required ~~fifteen-day~~ ten-calendar day notice; however, any required change of producer shall be effective on the inception date of the renewal policy. (d) Property, casualty, and bond commissions shall be paid to the ~~original~~ producer of record at the policy inception for the full term of the policy, unless such policy is written for more than one year or is continuous until canceled, in which case commissions shall be paid to the new producer of record starting on the anniversary rating date when new rates take effect. Accident, health, or benefits commissions shall be paid to the current producer of record and shall change when the producer of record changes. …	
Louisiana	SB 121	**SB 121**, in part, amends numerous sections of Title 23, Chapter 10 Labor and Worker's Compensation of the Louisiana Revised Statutes as follows: **§ 1123. Disputes as to condition or capacity to work; additional medical opinion regarding an examination under supervision of the director** If any dispute arises as to the condition of the employee, or the employee's capacity to work, the director, upon application of any party, shall order an additional medical opinion regarding an examination of the employee to be made by a medical practitioner selected and appointed by the director. The medical examiner shall report his conclusions from the examination to the director and to the parties and such report shall be prima facie evidence of the facts therein stated in any subsequent proceedings under this Chapter. **§ 1124. Refusal to submit to an additional medical opinion regarding an examination; effect on right to compensation** If the employee refuses to submit himself to an additional medical opinion regarding a medical examination at the behest of the employer or an examination conducted pursuant to R.S. 23:1123, or in anywise obstructs the same, his right to compensation and to take or prosecute any further proceedings under this Chapter may be suspended by the employer or payor until the examination takes place. Such suspension of benefits by the employer or payor shall be made in accordance with the provisions of R.S. 23:1201.1(A)(4) and (5). When the employee has filed a disputed claim, the employer or payor may move for an order to compel the employee to appear for an additional medical opinion regarding an examination. The employee shall receive at least fourteen days written notice prior to the additional medical opinion regarding an examination. When a right to compensation is suspended no compensation shall be payable in respect to the period of suspension. **§ 1203. Duty to furnish medical and vocational rehabilitation expenses; prosthetic devices; other expenses** … E. Upon the first request for authorization pursuant to R.S. 23:1142(B)(1), for a claimant's medical care, service, or treatment, the payor, as defined in R.S. 23:1142(A)(1), shall communicate to the claimant information, in plain language, regarding the procedure for requesting an ~~independent~~ additional medical opinion regarding a medical examination in the event a dispute arises as to the condition of the employee or the employee's capacity to work, and the procedure for appealing the denial of medical treatment to the medical director as provided in R.S. 23:1203.1. A payor shall not deny medical care, service, or treatment to a claimant unless the payor can document a reasonable and diligent effort in communicating	6/23/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		such information. A payor who denies medical care, service, or treatment without making such an effort may be fined an amount not to exceed five hundred dollars or the cost of the medical care, service, or treatment, whichever is more. … **§ 1221. Temporary total disability; permanent total disability; supplemental earnings benefits; permanent partial disability; schedule of payments** Compensation shall be paid under this Chapter in accordance with the following schedule of payments: … (4) Permanent partial disability. In the following cases, compensation shall be solely for anatomical loss of use or amputation and shall be as follows: … (s) … (ii) In any claim for an injury, it must be established by clear and convincing evidence that the employee suffers an injury and that such resulted from an accident arising out of and in the course and scope of his employment. Nothing herein shall limit the right of any party to obtain a second medical opinion or, in appropriate cases, the opinion of an ~~independent~~ additional medical opinion medical examiner pursuant to R.S. 23:1123. … **§ 1307. Information to injured employee** Upon receipt of notice of injury from the employer or other indication of an injury reportable under R.S. 23:1306, the office shall mail immediately to the injured employee and employer a brochure which sets forth in clear understandable language a summary statement of the rights, benefits, and obligations of employers and employees under this Chapter, together with an explanation of the operations of the office, and shall invite the employer and employee to seek the advice of the office with reference to any question or dispute which the employee has concerning the injury. Such brochure shall specifically state the procedure for requesting an ~~independent~~ additional medical opinion regarding a medical examination in the event a dispute arises as to the condition of the employee or the employee's capacity to work and the procedure for appealing the denial of medical treatment to the medical director as provided in R.S. 23:1203.1. If such brochure has previously been mailed to an employer within the calendar year, the office shall not mail ~~such~~ the employer an additional brochure unless the employer specifically requests it ~~such~~. … **§ 1317.1. ~~Independent~~ Additional medical opinion regarding medical examinations** A. Any party wishing to request an ~~independent~~ additional medical opinion regarding a medical examination of the claimant pursuant to R.S. 23:1123 and 1124.1 shall be required to make its request at or prior to the pretrial conference. Requests for ~~independent~~ additional medical opinions regarding medical examinations made after that time shall be denied except for good cause or if it is found to be in the best interest of justice to order such examination. B. An examiner performing ~~independent~~ additional medical opinion exams pursuant to R.S. 23:1123 shall be required to prepare and send to the office a certified report of the examination within thirty days after its occurrence.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		C. The report of the examination shall contain the following, when applicable: (1) A statement of the medical and legal issues the examiner was asked to address. (2) A detailed summary of the basis of the examiner's opinion, including but not limited to a listing of reports or documents reviewed in formulating that opinion. (3) The medical treatment and physical rehabilitative procedures which have already been rendered and the treatment, if any, which the examiner recommends for the future, together with reasons for the recommendation. (4) Any other conclusions required by the scope of the ~~independent~~ additional medical opinion regarding a medical examination, together with reasons for the conclusion reached. (5) A curriculum vitae of the examiner. (6) A written certification personally signed by the examiner that the report is true. The substance of the certification shall be: "I certify that I have caused this report to be prepared, I have examined it, and to the best of my knowledge and belief, all statements contained herein are true, accurate, and complete." D. If a physical examination of the claimant was conducted, the certified report shall contain all of the following additional information: (1) A complete history of the claimant, including all previous relevant or contributory injuries with a detailed description of the present injury. (2) The complaints of the claimant. (3) A complete listing of tests and diagnostic procedures conducted during the course of the examination. (4) The examiner's findings on examination, including but not limited to a description of the examination and any diagnostic tests and X-rays. E. When the ~~independent~~ additional medical opinion medical examiner's report is presented within thirty days as provided in this Section: (1) The examiner shall be protected from subpoena except for a single trial deposition. However, upon a proper motion for cause, the workers' compensation judge may order further discovery of the ~~independent~~ additional medical opinion by a medical examiner as deemed appropriate. (2) Except to schedule the deposition or further discovery as described above, the office of the ~~independent~~ additional medical opinion medical examiner shall not be contacted regarding the claimant by any party, attorney, or agent. F. Objections to the ~~independent~~ additional medical opinion regarding a medical examination shall be made on form LDOL-WC-1008, and shall be set for hearing before a workers' compensation judge within thirty days of receipt. No mediation shall be scheduled on disputes arising under this Section.	
Maine	LD 592	**LD 592** amends ***Title 24-A, Chapter 52, section 3714. Accounting; assessments*** of the Maine Revised Statutes as follows: **§ 3714. Accounting; assessments** ... ~~7. High-risk program. The company shall maintain a high-risk program subject to the following provisions.~~ ~~A. An employer must be placed in the high-risk program if the employer has at least 2 lost-time claims, each greater than $10,000 of incurred loss, and a loss ratio greater than 1.0 during the previous 3-year experience rating period. Notwithstanding paragraph C, an employer may also be placed in the high-risk program during the term of a policy for noncompliance with reasonable safety standards. [2001, c. 350, §10 (NEW).]~~	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~B. The board, with the approval of the superintendent, may modify the eligibility standards for the high-risk program if those standards limit those in the program to employers who have measurably adverse loss experience, have a relatively high claim frequency record or have demonstrated an attitude or practice of noncompliance with reasonable safety requirements or claims management standards. [2001, c. 350, §10 (NEW).]~~ ~~C. Eligibility requirements must be applied annually at the policy renewal date or, if the necessary claim history is not available at that time, 30 days after notice to the insured. [2001, c. 350, §10 (NEW).]~~ ~~D. Deductibles in the high-risk program are subject to this paragraph.~~ ~~(1) A deductible applies to all coverage for policyholders in the high-risk program that meet the following qualifications:~~ ~~(a) A net annual premium of $20,000 or more, subject to adjustment pursuant to this paragraph, in the State;~~ ~~(b) A premium not subject to retrospective rating; and~~ ~~(c) The policyholder's threshold loss ratio is 1.0 or greater.~~ ~~The deductible is $1,000 a claim but applies only to wage loss benefits paid on injuries occurring during the year of coverage. The sum of all deductibles in one year of coverage may not exceed the lesser of 15% of net annual payment for coverage or $25,000. Each loss to which a deductible applies must be paid in full by the company. After the year of coverage has expired, the policyholder shall reimburse the company the amount of the deductibles. This reimbursement is considered as payment for coverage for purposes of cancellation or nonrenewal.~~ ~~The board shall adjust annually the $20,000 payment-of-coverage level established in this subparagraph to reflect any change in rates for the high-risk program and any change in wage levels in the preceding calendar year. Changes in wage levels are determined by reference to changes in the state average weekly wage, as computed by the Department of Labor. Any adjustment is rounded off to the nearest $1,000 increment.~~ ~~(2) The board may modify, with the approval of the superintendent, the mandatory deductible elements. Any modification or elimination of this rating feature must consider the incentive impact on an employer, the reasonableness of the retained cost relative to the claim history, safety record or claims management practices of affected employers and the ability of all employers to absorb these costs. [2001, c. 350, §10 (NEW).]~~ ~~E. The board may file with the superintendent retrospective rating plans that, after hearing, may be imposed on an employer with a demonstrated record of repeated serious violations of workplace health and safety rules and regulations such as those adopted under Title 26, chapter 6 or 29 United States Code, Chapter 15, whichever is applicable. [2001, c. 350, §10 (NEW).]~~ ~~F. The board shall develop and file with the superintendent and, if not disapproved by the superintendent, make available to policyholders on a voluntary basis retrospective rating plans. [2001, c. 350, §10 (NEW).]~~ ~~G. Not more than 30 days after assignment to the high-risk program, a policyholder may appeal the assignment in writing to the bureau. [2001, c. 350, §10 (NEW).]~~ ~~H. The board, with the approval of the superintendent, shall implement a plan for surcharges for policyholders in the high-risk program based on the policyholder's specific loss experience beyond the uniform experience rating plan approved by the superintendent. Any plan of surcharges must consider the actual claims experience of the employer and must provide for rate adjustments reasonably related to the employer's risk of loss.~~ **8. Filing of retrospective rating plans.** The board may file with the superintendent retrospective rating plans that, after hearing, may be imposed on an employer with a demonstrated record of repeated serious violations of workplace health and safety rules and regulations such as those adopted under Title 26, chapter 6 or 29 United States Code, Chapter 15, whichever is applicable. **9. Availability of retrospective rating plans.** The board shall develop and file with the superintendent and, if not disapproved by the superintendent, make available to policyholders on a voluntary basis retrospective rating plans.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Maine	LD 612	**LD 612** amends ***Title 39-A, Chapter 5, section 217. Employment rehabilitation*** as follows: **§ 217. Employment rehabilitation** … ~~**8. Presumption.** If an employee is participating in a rehabilitation plan ordered pursuant to subsection 2, there is a presumption that work is unavailable to the employee for as long as the employee continues to participate in employment rehabilitation.~~ **9. Reduction of benefits**. If an employee is actively participating in a rehabilitation plan ordered pursuant to subsection 2, benefits may not be reduced except: A. Under section 205, subsection 9, paragraph A, upon the employee's return to work with or an increase in pay from an employer who is paying the employee compensation under this Act; B. Under section 205, subsection 9, paragraph B, based on the amount of actual documented earnings paid to the employee; or C. When the employee reaches the durational limit of benefits paid under section 213.	Projected 9/19/17
Maine	LD 848	**LD 848** deletes ***subsection 3 of Title 39-A, section 201 Mental injury caused by mental stress*** of the Maine Revised Statutes and adds ***subsection 3-A of Title 39-A, section 201 Mental injury caused by mental stress*** of the Maine Revised Statutes as follows: ~~**Section 201, Subsection 3 Mental injury caused by mental stress.**~~ ~~Mental injury resulting from work-related stress does not arise out of and in the course of employment unless it is demonstrated by clear and convincing evidence that:~~ ~~A. The work stress was extraordinary and unusual in comparison to pressures and tensions experienced by the average employee; and [1991, c. 885, Pt. A, §8 (NEW); 1991, c. 885, Pt. A, §§9-11 (AFF).]~~ ~~B. The work stress, and not some other source of stress, was the predominant cause of the mental injury. [1991, c. 885, Pt. A, §8 (NEW); 1991, c. 885, Pt. A, §§9-11 (AFF).]~~ ~~The amount of work stress must be measured by objective standards and actual events rather than any misperceptions by the employee.~~ ~~A mental injury is not considered to arise out of and in the course of employment if it results from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination or any similar action, taken in good faith by the employer.~~ **3-A. Mental injury caused by mental stress.** Mental injury resulting from work-related stress does not arise out of and in the course of employment unless: A. It is demonstrated by clear and convincing evidence that: (1) The work stress was extraordinary and unusual in comparison to pressures and tensions experienced by the average employee; and (2) The work stress, and not some other source of stress, was the predominant cause of the mental injury. The amount of work stress must be measured by objective standards and actual events rather than any misperceptions by the employee; or B. The employee is a law enforcement officer, firefighter or emergency medical services person and is diagnosed by an allopathic physician or an osteopathic physician licensed under Title 32, chapter 48 or chapter 36, respectively, with a specialization in psychiatry or a psychologist licensed under Title 32, chapter 56 as having post-traumatic stress disorder that resulted from work stress, that the work stress was extraordinary and	Projected 10/31/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		unusual compared with that experienced by the average employee and the work stress and not some other source of stress was the predominant cause of the post-traumatic stress disorder, in which case the post-traumatic stress disorder is presumed to have arisen out of and in the course of the worker's employment. This presumption may be rebutted by clear and convincing evidence to the contrary. For purposes of this paragraph, "law enforcement officer," "firefighter" and "emergency medical services person" have the same meaning as in section 328-A, subsection 1. By January 1, 2022, the board shall submit a report to the joint standing committee of the Legislature having jurisdiction over labor matters that includes an analysis of the number of claims brought under this paragraph, the portion of those claims that resulted in a settlement or award of benefits and the effect of the provisions of this paragraph on costs to the State and its subdivisions. The Department of Administrative and Financial Services, Bureau of Human Resources and the Department of Public Safety shall assist the board in developing the report, and the board shall seek the input of an association, the membership of which consists exclusively of counties, municipalities and other political or administrative subdivisions, in the development of the report. This paragraph is repealed October 1, 2022. A mental injury is not considered to arise out of and in the course of employment if it results from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination or any similar action, taken in good faith by the employer.	
Maryland	HB 1294/ SB 426	**HB 1294/SB 426** amend ***section 9-640 Survival of compensation*** of the Annotated Labor and Employment Code of Maryland, related to permanent total disability benefits, as follows: **§ 9-640 Survival of compensation** (a) Scope of section.—This section does not apply to compensation paid under Title 10, Subtitle 2 of this article. (b) In general.—If a covered employee dies from a cause that is not compensable under this title, the right to compensation that is payable under this Part V of this subtitle and unpaid on the date of death survives in accordance with this section to the extent of ~~$45,000~~ $65,000, as increased by the cost of living adjustments under § 9-638 of this Part V of this subtitle. ... **HB 1294/SB 426** also include the following clause: That this Act shall be construed to apply only prospectively and may not be applied or interpreted to have any effect on or application to any claim arising from events occurring before the effective date of this Act. ***HB 1294/SB 426*** *may result in a negligible increase in overall workers compensation system costs in Maryland.*	10/1/17
Maryland	HB 1315/ SB 72	**HB 1315/SB 72** amend ***section 11-329. Workers' compensation insurers*** of the Annotated Insurance Code of Maryland as follows: **§ 11-329. Workers' compensation insurers** (a) Each workers' compensation insurer shall: (1) be a member of a workers' compensation rating organization; and	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(2) adhere to the policy forms filed by the rating organization. (b) (1) Each workers' compensation insurer shall adhere to a uniform classification system and uniform experience rating plan filed with the Commissioner by a rating organization designated by and subject to disapproval by the Commissioner. ... (3) (i) An insurer may develop a tiered rating plan containing two or more risk tiers to be applied to the insurer's acceptance of risks under the uniform classification system on which a rate may be made. (ii) A tiered rating plan under subparagraph (i) of this paragraph shall: 1. establish discrete tiers for the acceptance of risks based on defined risk attributes that: A. are not arbitrary, capricious, or unfairly discriminatory; and B. are reasonably related to the insurer's business and economic purposes; and 2. require that each insured be placed in the highest quality tier for which that insured qualifies. (iii) An insurer shall file a tiered rating plan developed under subparagraph (i) of this paragraph with the commissioner at least 30 days before the tiered rating plan's use. (iv) If an insurer fails to demonstrate that the data produced under a tiered rating plan can be reported in a manner consistent with the uniform classification system and the uniform statistical plan, the commissioner shall disapprove the tiered rating plan. ... (f) (1) Except as provided in paragraphs (2) ~~and~~, (3), and (4) of this subsection, the uniform experience rating plan shall be the exclusive means of providing prospective premium adjustment based on measurement of the loss-producing characteristics of an individual insured. ... (3) An insurer may file a rating plan with the commissioner that provides for prospective premium adjustments based on merit for an insured that does not meet minimum premium requirements to qualify for a uniform experience rating plan. (4) (i) Except as provided in subparagraph (ii) of this paragraph, in addition to any premium adjustment allowed under paragraphs (1) ~~and~~ , (2), and (3) of this subsection and pursuant to a filing made by a rating organization and approved by the Commissioner, an insurer may file a rating plan with the Commissioner that provides for a premium discount for appropriate classifications or subclassifications of a risk of up to 4% to an insured that has an alcohol- and drug-free workplace policy that may include one or more of the following programs: … ~~(4)~~ (5) An insurer may file a rating plan that provides for retrospective premium adjustments based on an insured's past experience.	
Maryland	HB 1476/ SB 867	**HB 1476/SB 867** amend ***section 9-1102 Failure to report accident*** of the Annotated Labor and Employment Code of Maryland as follows: **§ 9-1102 Failure to report accident** An employer who knowingly fails to report an accidental personal injury within the time required under § 9-707(a) of this title is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $500 ~~$ 50~~.	10/1/17
Maryland	HB 1484/ SB 194	**HB 1484/SB 194** amend ***section 9-660. Provision of medical services and treatment*** of the Annotated Labor and Employment Code of Maryland as follows: **§ 9-660. Provision of medical services and treatment**	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… (d) (1) A provider who provides medical service or treatment to a covered employee under subsection (a) of this section shall submit to the employer or the employer's insurer a bill for providing medical service or treatment within 12 months from the later of the date: (i) medical service or treatment was provided to a covered employee; (ii) the claim for compensation was accepted by the employer or the employer's insurer; or (iii) the claim for compensation was determined by the commission to be compensable. (2) The employer or the employer's insurer may not be required to pay a bill submitted after the time period required under paragraph (1) of this subsection unless: (i) the provider files an application for payment with the commission within 3 years from the later of the date: 1. medical service or treatment was provided to the covered employee; 2. the claim for compensation was accepted by the employer or the employer's insurer; or 3. the claim for compensation was determined by the commission to be compensable; and (ii) the commission excuses the untimely submission for good cause.	
Maryland	SB 32	**SB 32**, in part, amends ***sections 12-106. Binders or contracts for temporary insurance*** and ***19-406. Cancellations by insurer*** of the Maryland Insurance Code as follows: **12-106. Binders or contracts for temporary insurance** … (f) (1) Except as provided in paragraph (2) of this subsection, a notice of cancellation under this section shall: (i) be in writing; (ii) have an effective date not less than 15 days after mailing; (iii) state clearly and specifically the insurer's actual reason for the cancellation; and (iv) be sent by a first-class mail tracking method to the named insured's last known address. (2) A notice of cancellation under this section for nonpayment of premium shall: (i) be in writing; (ii) have an effective date of not less than 10 days after mailing; (iii) state the insurer's intent to cancel for nonpayment of premium; and (iv) be sent by a first-class mail tracking method to the named insured's last known address. (3) With respect to a workers' compensation insurance policy or binder, the insurer shall file a copy of the notice of cancellation required under paragraph (1) or (2) of this subsection with the designee of the Workers' Compensation Commission. … **19-406. Cancellations by insurer** (a) This section does not apply to the cancellation of a policy or binder of workers' compensation insurance by an insurer during the 45-day underwriting period in accordance with § 12–106 of this article.	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		…	
Missouri	SB 66	**SB 66** amends numerous sections of the Missouri Workers' Compensation Law, in part, as follows: **287.020. Definitions—intent to abrogate earlier case law.** … 12. For the purposes of this chapter, "maximum medical improvement" shall mean the point at which the injured employee's medical condition has stabilized and can no longer reasonably improve with additional medical care, as determined within a reasonable degree of medical certainty. **287.037. Member of limited liability company to receive coverage, rejection of coverage, rescission of rejection.** 1. … 2. Notwithstanding any other provision of law to the contrary, beginning January 1, 2018, a shareholder of an S corporation, as defined in subsection 1 of section 143.471, with at least forty percent or greater interest in the S corporation, may individually elect to reject coverage under this chapter by providing a written notice of such rejection to the S corporation and its insurer. Failure to provide notice to the S corporation shall not be grounds for any shareholder to claim that the rejection of such coverage is not legally effective. A shareholder who elects to reject such coverage shall not thereafter be entitled to workers' compensation benefits under the policy, even if serving or working in the capacity of an employee of the S corporation, at least until such time as such shareholder provides the S corporation and its insurer with a written notice that rescinds the prior rejection of such coverage. Any rescission shall be prospective in nature and shall entitle the shareholder only to such benefits that accrue on or after the date the notice of rescission is received by the insurance company. **287.120. Liability of employer set out—compensation increased or reduced, when—use of alcohol or controlled substances or voluntary recreational activities, injury from—effect on compensation—mental injuries, requirements, firefighter stress not affected.** … 2. The rights and remedies herein granted to an employee shall exclude all other rights and remedies of the employee, ~~his wife, her husband~~ the employee's spouse, parents, personal representatives, dependents, heirs or next kin, at common law or otherwise, on account of such injury or death by accident or occupational disease, except such rights and remedies as are not provided for by this chapter. … 6. … (4) Any positive test result for a nonprescribed controlled drug or the metabolites of such drug from an employee shall give rise to a rebuttable presumption, which may be rebutted by a preponderance of evidence, that the tested nonprescribed controlled drug was in the employee's system at the time of the accident or injury and that the injury was sustained in conjunction with the use of the tested nonprescribed controlled drug if: (a) The initial testing was administered within twenty-four hours of the accident or injury; (b) Notice was given to the employee of the test results within fourteen calendar days of the insurer or group self-insurer receiving actual notice of the confirmatory test results;	8/28/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(c) The employee was given an opportunity to perform a second test upon the original sample; and (d) The initial or any subsequent testing that forms the basis of the presumption was confirmed by mass spectrometry using generally accepted medical or forensic testing procedures. … 11. The provisions of subsections 1 and 2 of this section govern all civil lawsuits or legal causes of action filed on or after January 1, 2014. **287.149. Benefits to be paid, when—reduction of benefits, when.** 1. Temporary total disability or temporary partial disability benefits shall be paid throughout the rehabilitative process until the employee reaches maximum medical improvement, unless such benefits are terminated by the employee's return to work or are terminated as otherwise specified in this chapter. … **287.170. Temporary total disability, amount to be paid—method of payment—disqualification, when—post injury misconduct defined.** … 5. If an employee voluntarily separates from employment with an employer at a time when the employer had work available for the employee that was in compliance with any medical restriction imposed upon the employee within a reasonable degree of medical certainty as a result of the injury that is the subject of a claim for benefits under this chapter, neither temporary total disability nor temporary partial disability benefits available under this section or section 287.180 shall be payable. **287.200. Permanent total disability, amount to be paid—suspension of payments, when—toxic exposure, treatment of claims.** 1. Compensation for permanent total disability shall be paid during the continuance of such disability from the date of maximum medical improvement for the lifetime of the employee at the weekly rate of compensation in effect under this subsection on the date of the injury for which compensation is being made. The word "employee" as used in this section shall not include the injured worker's dependents, estate, or other persons to whom compensation may be payable as provided in subsection 1 of section 287.020. The amount of such compensation shall be computed as follows: … 3. All claims for permanent total disability shall be determined in accordance with the facts. When an injured employee receives an award for permanent total disability but by the use of glasses, prosthetic appliances, or physical rehabilitation the employee is restored to his or her regular work or its equivalent, the life payment mentioned in subsection 1 of this section shall be suspended during the time in which the employee is restored to his or her regular work or its equivalent. The employer and the division shall keep the file open in the case during the lifetime of any injured employee who has received an award of permanent total disability. In any case where the life payment is suspended under this subsection, the commission may at reasonable times review the case and either the employee or the employer may request an informal conference with the commission relative to the resumption of the employee's weekly life payment in the case. …	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		287.203. Termination of compensation by employer, employee right to hearing—assessment of costs. Whenever the employer has provided compensation under section 287.170, 287.180 or 287.200, and terminates such compensation, the employer shall notify the employee of such termination and shall advise the employee of the reason for such termination. If the employee disputes the termination of such benefits, the employee may request a hearing before the division and the division shall set the matter for hearing within ~~sixty~~ thirty days of such request and the division shall hear the matter on the date of hearing and no continuances or delays may be granted except upon a showing of good cause or by consent of the parties. The division shall render a decision within thirty days of the date of hearing. If the division or the commission determines that any proceedings have been brought, prosecuted, or defended without reasonable grounds, the division may assess the whole cost of the proceedings upon the party who brought, prosecuted, or defended them. **287.240. Death benefits and burial expenses, amount, to whom paid and when paid—dependent defined—death benefits, how distributed—record of dependents, employer to keep—dependents to report to division, procedure.** If the injury causes death, either with or without disability, the compensation therefor shall be as provided in this section: (1) In all cases the employer shall pay direct to the persons furnishing the same the reasonable expense of the burial of the deceased employee not exceeding five thousand dollars. But no person shall be entitled to compensation for the burial expenses of a deceased employee unless he or she has furnished the same by authority of the widow or widower, the nearest relative of the deceased employee in the county of his or her death, his or her personal representative, or the employer, who shall have the right to give the authority in the order named. All fees and charges under this section shall be fair and reasonable, shall be subject to regulation by the division or the commission and shall be limited to such as are fair and reasonable for similar service to persons of a like standard of living. The division or the commission shall also have jurisdiction to hear and determine all disputes as to the charges. If the deceased employee leaves no dependents, the death benefit in this subdivision provided shall be the limit of the liability of the employer under this chapter on account of the death, except as herein provided for burial expenses and except as provided in section 287.140; provided that in all cases when the employer admits or does not deny liability for the burial expense, it shall be paid within thirty days after written notice, that the service has been rendered, has been delivered to the employer. The notice may be sent by registered mail, return receipt requested, or may be made by personal delivery; (2) The employer shall also pay to the ~~total~~ dependents of the employee a death benefit based on the employee's average weekly earnings during the year immediately preceding the injury that results in the death of the employee, as provided in section 287.250. The amount of compensation for death, which shall be paid in installments in the same manner that compensation is required to be paid under this chapter, shall be computed as follows: (a) If the injury which caused the death occurred on or after September 28, 1983, but before September 28, 1986, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the employee's average weekly earnings during the year immediately preceding the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to seventy percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury. ~~If there is a total dependent, no death benefits shall be payable to partial dependents or any other persons except as provided in subdivision (1) of this section;~~ (b) If the injury which caused the death occurred on or after September 28, 1986, but before August 28, 1990, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the employee's average weekly earnings during the year immediately preceding the injury; provided that the weekly compensation paid under this paragraph shall not exceed an amount equal to seventy-five percent of the state average	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury. ~~If there is a total dependent, no death benefit shall be payable to partial dependents or any other persons except as provided in subdivision (1) of this section;~~ … (3) ~~If there are partial dependents, and no total dependents, a part of the death benefit herein provided in the case of total dependents, determined by the proportion of his contributions to all partial dependents by the employee at the time of the injury, shall be paid by the employer to each of the dependents proportionately;~~ ~~(4)~~ The word "dependent" as used in this chapter shall ~~be construed to~~ mean ~~a relative by blood or marriage of a deceased employee, who is actually dependent for support, in whole or in part, upon his or her wages at the time of the injury. The following persons shall be conclusively presumed to be totally dependent for support upon a deceased employee, and any death benefit shall be payable to them to the exclusion of other total dependents~~: (a) A wife upon a husband with whom she lives or who is legally liable for her support, and a husband upon a wife with whom he lives or who is legally liable for his support; provided that on the death or remarriage of a widow or widower, the death benefit shall cease unless there be other total dependents entitled to any death benefits under this chapter. In the event of remarriage, a lump sum payment equal in amount to the benefits due for a period of two years shall be paid to the widow or widower. Thereupon the periodic death benefits shall cease unless there are other ~~total~~ dependents entitled to any death benefit under this chapter, in which event the periodic benefits to which such widow or widower would have been entitled had he or she not died or remarried shall be divided among such other ~~total~~ dependents and paid to them during their period of entitlement under this chapter; or (b) A natural, posthumous, or adopted child or children, whether legitimate or illegitimate, including any stepchild claimable by the deceased on his or her federal tax return at the time of injury, under the age of eighteen years, or over that age if physically or mentally incapacitated from wage earning, upon the parent legally liable for the support or with whom he, she, or they are living at the time of the death of the parent. In case there is a wife or a husband mentally or physically incapacitated from wage earning, dependent upon a wife or husband, and a child or more than one child thus dependent, the death benefit shall be divided among them in such proportion as may be determined by the commission after considering their ages and other facts bearing on the dependency. In all other cases questions of ~~total or partial~~ the degree of dependency shall be determined in accordance with the facts at the time of the injury, and in such other cases if there is more than one person wholly dependent the death benefit shall be divided equally among them. The payment of death benefits to a child or other dependent as provided in this paragraph shall cease when the dependent dies, attains the age of eighteen years, or becomes physically and mentally capable of wage earning over that age, or until twenty-two years of age if the child of the deceased is in attendance and remains as a full-time student in any accredited educational institution, or if at eighteen years of age the dependent child is a member of the Armed Forces of the United States on active duty; provided, however, that such dependent child shall be entitled to compensation during four years of full-time attendance at a fully accredited educational institution to commence prior to twenty-three years of age and immediately upon cessation of his or her active duty in the Armed Forces, unless there are other ~~total~~ dependents entitled to the death benefit under this chapter …	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		287.243. Line of duty compensation—definitions—claim procedure—no subrogation rights for employers or insurers—grievance procedures—sunset date—fund created, use of moneys—rulemaking authority. … (3) "Child", any natural, illegitimate, adopted, or posthumous child or stepchild of a deceased law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter who, at the time of the law enforcement officer's, emergency medical technician's, air ambulance pilot's, air ambulance registered professional nurse's, or firefighter's fatality is: (a) Eighteen years of age or under; (b) Over eighteen years of age and a student, as defined in 5 U.S.C. Section 8101; or (c) Over eighteen years of age and incapable of self-support because of physical or mental disability; (4) "Emergency medical technician", a person licensed in emergency medical care in accordance with standards prescribed by sections 190.001 to 190.245 and by rules adopted by the department of health and senior services under sections 190.001 to 190.245; … 3. (1) A claim for compensation under this section shall be filed by ~~the estate of~~ survivors of the deceased with the division of workers' compensation not later than one year from the date of death of a law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter. If a claim is made within one year of the date of death of a law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter killed in the line of duty, compensation shall be paid, if the division finds that the claimant is entitled to compensation under this section. … 4. Any compensation awarded under the provisions of this section shall be distributed as follows: (1) To the surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter if there is no child who survived the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter; (2) Fifty percent to the surviving child, or children, in equal shares, and fifty percent to the surviving spouse if there is at least one child who survived the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter, and a surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter; (3) To the surviving child, or children, in equal shares, if there is no surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter; (4) If there is no surviving spouse of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter and no surviving child: (a) To the surviving individual, or individuals, in shares per the designation or, otherwise, in equal shares, designated by the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter to receive benefits under this subsection in the most recently executed designation of beneficiary of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter on file at the time of death with the public safety agency, organization, or unit; or	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) To the surviving individual, or individuals, in equal shares, designated by the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter to receive benefits under the most recently executed life insurance policy of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter on file at the time of death with the public safety agency, organization, or unit if there is no individual qualifying under paragraph (a); (5) To the surviving parent, or parents, in equal shares, of the law enforcement officer, emergency medical technician, air ambulance pilot, air ambulance registered professional nurse, or firefighter if there is no individual qualifying under subdivisions (1), (2), (3) or (4) of this subsection; or (6) To the surviving individual, or individuals, in equal shares, who would qualify under the definition of the term "child" but for age if there is no individual qualifying under subdivision (1), (2), (3), (4) or (5) of this subsection. … **287.280. Employer's entire liability to be covered, self-insurer or approved carrier—exception—group of employers may qualify as self-insurers—uniform experience rating plan—failure to insure, effect—rules—confidential records.** … 5. When considering applications for new trust self-insurers, as described under 8 CSR 50-3.010, the division shall require proof of payment by each member of not less than twenty-five percent of the estimated annual premium; except that, for new members who wish to join an existing trust self-insurer during the policy year rather than at the beginning of the policy year, the division shall require proof of payment of the lesser of the estimated premium of three months or the estimated premium for the balance of the policy year. 6. Self-insured trusts, as described under 8 CSR 50-3.010, may invest surplus moneys from a prior trust year not needed for current obligations. Notwithstanding any provision of law to the contrary, upon approval by the division, a self-insured trust may invest up to one hundred percent of surplus moneys in securities designated by the state treasurer as acceptable collateral to secure state deposits under section 30.270. … **287.390. Compromise settlements, how made—validity, effect, settlement with minor dependents—employee entitled to one hundred percent of offer, when.** … 7. (1) In the case of compromise settlements offered after a claimant has reached maximum medical improvement, upon receipt of a permanent disability rating from the employer's physician, a claimant shall have a period of twelve months from such date to acquire a rating from a second physician of his or her own choosing. (2) Absent a finding of extenuating circumstances by an administrative law judge or the commission, if after twelve months a claimant has not acquired a rating from a second physician, any compromise settlement entered into under this section shall be based upon the initial rating. (3) A finding of extenuating circumstances by an administrative law judge or the commission shall require more than failure of the claimant to timely obtain a rating from a second physician. (4) The provisions of this subsection may be waived by the employer with or without stating a cause. **287.780. Discrimination because of exercising compensation rights prohibited—civil action for damages.**	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		No employer or agent shall discharge or ~~in any way~~ discriminate against any employee for exercising any of his or her rights under this chapter when the exercising of such rights is the motivating factor in the discharge or discrimination. Any employee who has been discharged or discriminated against in such manner shall have a civil action for damages against his or her employer. For purposes of this section, "motivating factor" shall mean that the employee's exercise of his or her rights under this chapter actually played a role in the discharge or discrimination and had a determinative influence on the discharge or discrimination.	
Montana	HB 346	**HB 346** amends ***section 39-71-117. Employer defined*** of the Montana Code Annotated 2015, in part, as follows: **Section 39-71-117. Employer defined** (1) "Employer" means: … (e) an approved and authorized fiduciary, agent, or other person acting as fiscal agent under section 3504 of the Internal Revenue Code, 26 U.S.C. 3504, and 26 CFR 31.3504-1. … (6) (A) A fiscal agent that qualifies under subsection (1)(e) and that is designated as a payor, using federal, state, or local government funds, under 26 CFR 31.3504-1 is considered to be the employer for the purposes of the workers' compensation act of those workers for whom the fiscal agent is making payments. (B) The client of the fiscal agent, despite exercising control over the hiring, scheduling, and direction of the work tasks performed by the worker, is not the employer of that worker for the purposes of the workers' compensation act.	10/1/17
Montana	HB 449	**HB 449** amends ***section 39-71-123. Wages defined*** of the Montana Code Annotated 2015 as follows: **39-71-123. Wages defined.** (1) "Wages" means all remuneration paid for services performed by an employee for an employer, or income provided for in subsection (1)(d). Wages include the cash value of all remuneration paid in any medium other than cash. The term includes but is not limited to: (a) monetary commissions, bonuses, and remuneration at the regular hourly rate for overtime work, holidays, vacations, and periods of sickness; (b) backpay or any similar pay made for or in regard to previous service by the employee for the employer, other than retirement or pension benefits from a qualified plan; (c) tips or other gratuities received by the employee~~,~~ to the extent that tips or gratuities are documented by the employee to the employer for tax purposes; (d) income or payment in the form of a draw, wage, net profit, or ~~substitute for~~ money received or taken by a sole proprietor or partner, regardless of whether the sole proprietor or partner has performed work or provided services for that remuneration; (e) payments made to an employee on any basis other than time worked, including but not limited to piecework, an incentive plan, or profit-sharing arrangement;~~board, lodging, rent, or housing if it constitutes a part of the employee's remuneration and is based on its actual value; and~~ (f) board if it constitutes a part of the employee's remuneration and is based on its actual value; and ~~payments made to an employee on any basis other than time worked, including but not limited to piecework, an incentive plan, or profit-sharing arrangement.~~	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(g) lodging, rent, or housing if it constitutes part of the employee's remuneration and is based on a value as set by administrative rule. The values set by administrative rule must address the general geographic proximity to available housing and may consider other reasonable factors that affect value. (2) The term "wages" does not include any of the following: (a) employee expense reimbursements or allowances for meals, lodging, travel, subsistence, and other expenses, as set forth in department rules; (b) the amount of the payment made by the employer for employees, if the payment was made for: (i) retirement or pension pursuant to a qualified plan as defined under the provisions of the Internal Revenue Code; (ii) sickness or accident disability under a workers' compensation policy; (iii) medical or hospitalization expenses in connection with sickness or accident disability, including health insurance for the employee or the employee's immediate family; (iv) death, including life insurance for the employee or the employee's immediate family; (c) vacation or sick leave benefits accrued but not paid; (d) special monetary rewards for individual invention or discovery; or (e) monetary and other benefits paid to a person as part of public assistance, as defined in 53-4-201. … (4) … (b) Except as provided in 39-71-118(10)(c), the compensation benefits for a covered volunteer must be based on the average actual monetary wages in the volunteer's regular employment, except self-employment as a sole proprietor or partner who elected not to be covered, from which the volunteer is disabled by the injury incurred. (c) The compensation benefits for an employee working at two or more concurrent remunerated employments must be based on the aggregate of average actual monetary wages of all employments, except for the wages earned by individuals while engaged in the employments outlined in 39-71-401(3)(a) who elected not to be covered, from which the employee is disabled by the injury incurred. …	
Montana	SB 142	**SB 142** amends ***sections 7-33-4510. Workers' compensation for volunteer firefighters—definitions***, ***7-34-103. Manner of providing ambulance service***, and ***39-71-118. Employee, worker, volunteer, volunteer firefighter, and volunteer emergency medical technician defined*** of the Montana Code Annotated Statutes as follows: **7-33-4510. Workers' compensation for volunteer firefighters—notification if coverage not provided—definitions.** … (4) If an employer does not provide workers' compensation coverage, the employer shall annually notify the employer's volunteer firefighters that coverage is not provided. ~~(4)~~ (5) For the purposes of this section, the following definitions apply: (a) (i) "Employer" means the governing body of a fire agency organized under Title 7, chapter 33, including a rural fire district, a fire service area, a volunteer fire department, a volunteer fire company, or a volunteer rural fire control crew.	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… **7-34-103. Manner of providing ambulance service.** (1) If a county, city, or town establishes or maintains ambulance service, ~~it may,~~ acting through its governing board, it: (a) may operate the ambulance service itself or contract for ambulance service; (b) may buy, rent, lease, or otherwise contract for vehicles, equipment, facilities, operators, or attendants; (c) may sell ambulance service insurance or contract with a third-party entity to sell ambulance service insurance to persons who use the ambulance service that covers the cost of the ambulance service that is not otherwise covered; (d) may adopt rules and establish fees or charges for the furnishing of an ambulance service; and (e) shall, if the service does not provide workers' compensation coverage, annually notify the service's volunteer emergency medical technicians that coverage is not provided. … **39-71-118. Employee, worker, volunteer, volunteer firefighter, and volunteer emergency medical technician defined—election of coverage.** … (10) (a) An ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county may elect to include as an employee within the provisions of this chapter a volunteer emergency medical technician who serves public safety through the ambulance service not otherwise covered by subsection (1)(g) or the paid or volunteer nontransporting medical unit. The ambulance service or nontransporting medical unit may purchase workers' compensation coverage from any entity authorized to provide workers' compensation coverage under plan No. 1, 2, or 3 as provided in this chapter. … (e) An ambulance service not otherwise covered by subsection (1)(g) or a nontransporting medical unit, as defined in 50-6-302, that does not elect to purchase workers' compensation coverage for its volunteer emergency medical technicians under the provisions of this section shall annually notify its volunteer emergency medical technicians that coverage is not provided. ~~(e)~~ (f) (i) The term "volunteer emergency medical technician" means a person who has received a certificate issued by the board of medical examiners as provided in Title 50, chapter 6, part 2, and who serves the public through an ambulance service not otherwise covered by subsection (1)(g) or a paid or volunteer nontransporting medical unit, as defined in 50-6-302, in service to a town, city, or county. (ii) The term does not include a volunteer emergency medical technician who serves an employer as defined in 7-33-4510. ~~(f)~~ (g) The term "volunteer hours" means the time spent by a volunteer emergency medical technician in the service of an employer or as a volunteer for a town, city, or county, including but not limited to training time, response time, and time spent at the employer's premises. …	
Montana	SB 275	**SB 275** amends section ***39-71-2211. Premium rates for construction industry—filing required*** of the Montana Code Annotated 2015 as follows: **39-71-2211. Premium rates for construction industry—filing required.**	4/13/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(1) With respect to each classification of risk in the construction industry under plan No. 2, the advisory organization designated under 33-16-1023 shall file with the commissioner of insurance a method of computing premiums that does not impose a higher insurance premium solely because of an employer's higher rate of wages paid. (2) The commissioner shall accept a filing under subsection (1) that includes a reasonable method of recognizing differences in rates of pay. This method must use a credit scale with the starting point set at 1.168 times the state's average weekly wage as reported by the department. (3) The advisory organization shall file a revenue neutral plan for new and renewed policies for prompt and orderly transition to a method of computing premiums that is in compliance with the requirements of this section. (4) The state compensation insurance fund, plan No. 3, shall ~~adopt~~ use the plan filed by the designated advisory organization or ~~adopt~~ use a credit scale plan that meets the requirements of this section. (5) For the purposes of this section, "construction industry" means the construction group of code classifications filed with and approved by the commissioner to be used by the advisory organization to comply with this section. **SB 275** also includes the following clause: **Applicability.** [This act] applies to policies issued or renewed on or after July 1, 2017.	
Montana	SB 312	**SB 312**, in part, amends ***section 39-71-704. Payment of medical, hospital, and related services—fee schedules and hospital rates—fee limitation*** of the Montana Code Annotated 2015 as follows: **39-71-704. Payment of medical, hospital, and related services—fee schedules and hospital rates—fee limitation.** … (3) (a) The department shall establish by rule evidence-based utilization and treatment guidelines for primary and secondary medical services. There is a rebuttable presumption that the adopted utilization and treatment guidelines establish compensable medical treatment for an injured worker. (b) (i) The department may adopt a drug formulary as part of its utilization and treatment guidelines. To implement this section, the department may annually adopt by rule an evidence-based commercial or other evidence-based drug formulary as part of its utilization and treatment guidelines. (ii) If the department adopts a commercial drug formulary, the formulary automatically includes all of the changes and updates furnished by the commercial vendor that are made during the year. This process is independent of the provisions of 2-4-307. (iii) If the department adopts a drug formulary, the department shall, by rule, provide for: (A) an appropriate transition of treatment, if the treatment began prior to the adoption of a drug formulary, to treatment that is consistent with the application of the formulary; and (B) a timely and responsive dispute resolution process for disputes related to use of the formulary. ~~(b)~~ (c) An insurer is not responsible for treatment or services that do not fall within the utilization and treatment guidelines adopted by the department unless the provider obtains prior authorization from the insurer. If prior authorization is not requested or obtained from the insurer, an injured worker is not responsible for payment of the medical treatment or services. ~~(c) The department shall hire a medical director. The department may establish by rule an independent medical review process for treatment or services denied by an insurer pursuant to this subsection (3) prior to mediation under 39-71-2401.~~	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(d) The department, in consultation with health care providers with relevant experience and education, shall provide for an annual review of the evidence-based utilization and treatment guidelines to consider amendments or changes to the guidelines. (4) The department shall hire a medical director. The department may establish by rule an independent medical review process for treatment or services denied by an insurer pursuant to subsection (3) prior to mediation under 39-71-2401. …	
Nebraska	LB 444	**LB 444**, in part, amends ***section 48-101.01 Mental injuries and mental illness; first responder; compensation; when*** of the Nebraska Revised Statutes as follows: **48-101.01 Mental injuries and mental illness; first responder; compensation; when** (1) Personal injury includes mental injuries and mental illness unaccompanied by physical injury for an employee who is a first responder or frontline state employee if such first responder or frontline state employee: (a) Establishes, by a preponderance of the evidence, that the employee's employment conditions causing the mental injury or mental illness were extraordinary and unusual in comparison to the normal conditions of the particular employment; and (b) Establishes, by a preponderance of the evidence, the medical causation between the mental injury or mental illness and the employment conditions by medical evidence. (2) For purposes of this section, mental injuries and mental illness arising out of and in the course of employment unaccompanied by physical injury are not considered compensable if they result from any event or series of events which are incidental to normal employer and employee relations, including, but not limited to, personnel actions by the employer such as disciplinary actions, work evaluations, transfers, promotions, demotions, salary reviews, or terminations. (3) For purposes of this section: ~~, first~~ (a) First responder means a sheriff, a deputy sheriff, a police officer, an officer of the Nebraska State Patrol, a volunteer or paid firefighter, or a volunteer or paid individual licensed under a licensure classification in subdivision (1) of section 38-1217 who provides medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury; ~~.~~ (b) Frontline state employee means an employee of the Department of Correctional Services or the Department of Health and Human Services whose duties involve regular and direct interaction with high-risk individuals; (c) High-risk individual means an individual in state custody for whom violent or physically intimidating behavior is common, including, but not limited to, a committed offender as defined in section 83-170, a patient at a regional center as defined in section 71-911, and a juvenile committed to the Youth Rehabilitation and Treatment Center-Kearney or the Youth Rehabilitation and Treatment Center-Geneva; and (d) State custody means under the charge or control of a state institution or state agency and includes time spent outside of the state institution or state agency.	9/2/17
Nevada	AB 83	**AB 83** adds to, revises, and repeals various provisions of the Nevada Revised Statutes including, but not limited to, the following: • **Section 35** of this bill defines the term "large-deductible agreement" as certain agreements in which the policyholder must bear the risk of loss of a specified amount of $25,000 or more per claim or occurrence covered under the policy of industrial insurance • **Section 37** of this bill limits the applicability of **Sections 38** and **39** to policies of industrial insurance with large-deductible agreements that are issued by insurers with both ratings below specified levels and surpluses below specified amounts	Effective dates for the sections included in this entry (in addition to some of the other sections of the enacted bill) are upon passage and approval (6/5/17)

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		• **Section 37** further specifies that **Sections 38** and **39** only apply to policies of industrial insurance issued or renewed on or after January 1, 2018, and which are not issued to a governmental entity • **Section 38** of this bill requires full collateralization of the outstanding obligations owed under a large-deductible agreement and limits the size of the policyholder's obligations under the large-deductible agreement • **Section 39** of this bill generally prohibits an insurer from issuing or renewing a policy of industrial insurance that includes a large-deductible agreement if the insurer is in a hazardous financial condition • **Section 166** of this bill revises the definition of the term "tangible net worth" in relation to industrial insurance, specifically self-insured employers and associations of self-insured employers	for the purpose of adopting regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and on 7/1/17, for all other purposes
Nevada	AB 267	**AB 267** amends ***section 1. 616C.400 Minimum duration of incapacity*** of the Nevada Industrial Insurance Act as follows: **Section 1. 616C.400 Minimum duration of incapacity.** 1. Temporary compensation benefits must not be paid under chapters 616A to 616D, inclusive, of NRS for an injury which does not incapacitate the employee for at least 5 consecutive days, or 5 cumulative days within a 20-day period, from earning full wages, but if the incapacity extends for 5 or more consecutive days, or 5 cumulative days within a 20-day period, compensation must then be computed from the date of the injury. 2. The period prescribed in this section does not apply to: (a) Accident benefits, whether they are furnished pursuant to NRS 616C.255 or 616C.265, if the injured employee is otherwise covered by the provisions of chapters 616A to 616D, inclusive, of NRS and entitled to those benefits. (b) Compensation paid to the injured employee pursuant to subsection 1 of NRS 616C.477. (c) A claim which is filed pursuant to NRS 617.453, 617.455 or 617.457. In addition, **AB 267** also amends the following sections of the Nevada Occupational Diseases Act: **Section 2. 617.420 Minimum duration of incapacity; payment of medical benefits.** 1. No compensation may be paid under this chapter for temporary total disability which does not incapacitate the employee for at least 5 cumulative days within a 20-day period from earning full wages, but if the incapacity extends for 5 or more days within a 20-day period, the compensation must then be computed from the date of disability. 2. The limitations in this section do not apply to medical benefits, including, without limitation, medical benefits pursuant to NRS 617.453, 617.455 or 617.457, which must be paid from the date of application for payment of medical benefits. **Section 3. 617.454 Physical examinations: required tests.** 1. Any physical examination administered pursuant to NRS 617.455 or 617.457 must include: (a) A thorough test of the functioning of the hearing of the employee; and (b) A purified protein derivative skin test to screen for exposure to tuberculosis. 2. Except as otherwise provided in subsection 8 of NRS 617.457, the tests required by this section must be paid for by the employer.	10/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		3. Except as otherwise provided by the provisions governing privacy in the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and applicable regulations, or an employee's collective bargaining agreement, whichever is more restrictive: (a) The results of a physical examination administered pursuant to NRS 617.455 or 617.457 may only be provided to: (1) The examining physician; (2) The employee; (3) The employer's officer who is responsible for risk management or human resources or his or her designee; and (4) If the employee has filed a claim pursuant to NRS 617.455 or 617.457, the insurer. (b) A person who receives the results of a physical examination pursuant to paragraph (a) may only use the results for the purposes of: (1) Complying with the requirements of NRS 617.455 or 617.457, as applicable; or (2) Creating a report pursuant to paragraph (c). (c) The employer's officer who is responsible for risk management or human resources or his or her designee may create and release a report that is based on the results of a physical examination administered pursuant to NRS 617.455 or 617.457 to any person whom the employer's officer determines has a need to know the information in the report. The report must only contain the following information: (1) The name of the employee who was the subject of the physical examination; and (2) A statement that the employee, as applicable: (I) Satisfies the physical qualifications required for his or her employment; or (II) Does not satisfy the physical qualifications required for his or her employment. **Section 4. 617.455 Lung diseases as occupational diseases of firefighters, police officers and arson investigators.** … 10. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that: (a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and (b) Continues until the date on which the claim is adjudicated to a final decision. 11. Except as otherwise provided in this subsection, if an employer, insurer or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, insurer or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than $200 for each day from that date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, insurer, or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is entitled to recover the amount paid pursuant to this subsection in accordance with the provisions of NRS 616C.138.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 5. 617.457 Heart diseases as occupational diseases of firefighters, arson investigators and police officers. … 15. The Administrator shall review a claim filed by a claimant pursuant to this section that has been in the appeals process for longer than 6 months to determine the circumstances causing the delay in processing the claim. As used in this subsection, "appeals process" means the period of time that: (a) Begins on the date on which the claimant first files or submits a request for a hearing or an appeal of a determination regarding the claim; and (b) Continues until the date on which the claim is adjudicated to a final decision. 16. Except as otherwise provided in this subsection, if an employer, insurer or third-party administrator denies a claim that was filed pursuant to this section and the claimant ultimately prevails, the Administrator may order the employer, insurer or third-party administrator, as applicable, to pay to the claimant a benefit penalty of not more than $200 for each day from that date on which an appeal is filed until the date on which the claim is adjudicated to a final decision. Such benefit penalty is payable in addition to any benefits to which the claimant is entitled under the claim and any fines and penalties imposed by the Administrator pursuant to NRS 616D.120. If a hearing before a hearing officer is requested pursuant to NRS 616C.315 and held pursuant to NRS 616C.330, the employer, insurer, or third-party administrator, as applicable, shall pay to the claimant all medical costs which are associated with the occupational disease and are incurred from the date on which the hearing is requested until the date on which the claim is adjudicated to a final decision. If the employer, insurer or third-party administrator, as applicable, ultimately prevails, the employer, insurer or third-party administrator, as applicable, is entitled to recover the amount paid pursuant to this subsection in accordance with the provisions of NRS 616C.138. **AB 267** also includes the following language: The amendatory provisions of sections 1, 2, 4 and 5 of this act apply only to claims filed on or after October 1, 2017.	
Nevada	AB 458	**AB 458** adds to and revises various provisions of ***Chapter 616C—Industrial Insurance: Benefits for Injuries or Death*** of the Nevada Revised Statutes as follows: • **Section 2** of this bill specifies that a physician or chiropractor may use interchangeably certain phrases that relate to a claim for compensation when determining the causation of an industrial injury or occupational disease • **Section 3:** o Sets forth that an injured employee is entitled to an independent medical examination for a claim for compensation that is open or when the closure of a claim is under dispute o Authorizes the injured employee to obtain an independent medical examination: (1) when a dispute arises from a determination issued by the insurer; (2) within 30 days after the injured employee receives a certain report generated by a medical examination; or (3) by leave of a hearing officer or appeals officer o Requires an injured employee to select a physician or chiropractor from the panel of physicians or chiropractors established by the Administrator of the Division of Industrial Relations of the Department of Business and Industry	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		○ Requires the insurer to: (1) pay for an independent medical examination; and (2) upon request, receive a copy of any report or other document that is generated as a result of the independent medical examination ○ Allows the injured employee to obtain only one independent medical examination per calendar year • **Section 4** provides for a vocational rehabilitation counselor to be appointed by the insurer and injured employee when a written assessment is requested or when a plan for a program of vocational rehabilitation is required. • Existing law requires, where there is a previous disability, the percentage of disability for a subsequent injury to be determined by deducting from the entire disability of the person the percentage of previous disability as it existed at the time of the subsequent injury (NRS 616C.490). The Division of Industrial Relations of the Department of Business and Industry previously implemented a regulation that required an apportionment to be made by subtracting the percentage of previous disability as it existed at the time of the previous disability from the percentage of present disability as it existed at the time of the present disability (NAC 616C.490). The Nevada Supreme Court in Pub. Agency Comp. Trust v. Blake, 127 Nev. 863 (2011), found this regulation to be invalid since it was in conflict with the existing statute. • **Section 8** incorporates the substance of the regulation at issue into existing law. • Existing law authorizes an insurer, after sending notice to the claimant, to close a claim if, during the first 12 months after a claim is opened, the medical benefits required to be paid for the claim are less than $300. Existing law further requires an insurer to send to a claimant who receives less than $300 in medical benefits within 6 months after the claim is opened a written notice that explains how the claim may be closed if, during the first 12 months after the claim is opened, the medical benefits required to be paid for the claim are less than $300 (NRS 616C.235). • **Section 7.3** increases the amount of medical benefits required to be paid for the claim from $300 to $800. • Existing law sets forth that if an employee's claim is reopened, the employee is not entitled to vocational rehabilitation services or benefits for a temporary total disability if, before the claim was reopened, the employee retired for reasons unrelated to the injury for which the claim was originally made (NRS 616C.390). • **Section 7.7** defines the term "retired" for the purposes of these existing provisions. • **Section 9**: ○ Specifies the maximum amount of a lump sum that a person injured on or after July 1, 1995, and before January 1, 2016, on or after January 1, 2016, and before July 1, 2017, and on or after July 1, 2017, may elect to receive as his or her compensation ○ Requires the tables used to calculate the lump sum to be adjusted on July 1 of each year	
New Hampshire	HB 150	**HB 150**, in part, amends ***sections 412:5 Approval of Form*** and ***412:15 Rate Standards*** of the New Hampshire Statutes as follows: **Section 412:5 Approval of Form.** I. Every insurer and advisory organization shall file policy forms, endorsements, and other contract language covered by this chapter and RSA 264, for a waiting period of 30 days before it becomes effective, which period may be extended by the commissioner for an additional period not to exceed 30 days if written notice or electronic notice is given within the initial 30-day waiting period to the insurer or advisory organization which made the filing that additional time is needed for the consideration of the filing. Upon written application by the insurer or advisory organization, the commissioner may authorize a filing which has been reviewed to become effective before the expiration of the waiting period or extension thereof. The commissioner may disapprove such form if it contains a provision that does not comply with the requirements of law, is not in the	8/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		public interest, is contrary to public policy, is inequitable, misleading, deceptive, or encourages misrepresentation of such policy. An approved filing and any supporting information that is not exempt from disclosure by law or rule shall be open to public inspection on or after the ~~effective~~ date ~~of the filing~~ that the filing is approved or the effective date, whichever is later. A filing shall be deemed to meet the requirements of this chapter unless disapproved by the commissioner within the waiting period or extension thereof. Every policy issued by an insurer on an unapproved form shall constitute a separate violation under RSA 412:40. … **Section 412:15 Rate Standards.** Rates shall be made in accordance with the following provisions: I. Rates shall not be excessive, inadequate, or unfairly discriminatory. (a) A rate in a competitive market ~~is not excessive~~ shall not be disapproved for being excessive. …	
New Hampshire	HB 517	**HB 517**, in part, amends ***section 281-A:2 Definitions*** of the New Hampshire Workers Compensation Law as follows: **281-A:2 Definitions.**—Any word or phrase defined in this section shall have the same meaning throughout RSA 281-A, unless the context clearly requires otherwise: … VII. (a) "Employee", with respect to public employment, means: … (5)(A) Any person who assists in a search for or an attempted rescue or rescue of another pursuant to RSA 206:26, XII, after January 1, 1982, and who is voluntarily under the direction of those authorized to give direction in searching for or attempting to rescue or rescuing another. A person who assists in the search for or attempted rescue or rescue of another shall, solely for the purposes of this chapter and not otherwise, be deemed to be an employee of the state with respect to such activity. Any payments required to be made as a result of this paragraph shall be a charge against the general fund. (B) Any person who is a regularly enrolled volunteer member or trainee of a volunteer search and rescue group recognized by the fish and game department who participates in a coordinated training exercise preapproved by the fish and game search and rescue coordinator or participates in a search and rescue mission or attempted search and rescue mission of another, pursuant to RSA 206:26, XII shall, solely for the purposes of this chapter and not otherwise, be deemed to be an employee of the state with respect to such activity. Any payments to be made as a result of this subparagraph shall be a charge against the general fund. …	7/1/17
New Hampshire	SB 24	**SB 24** amends ***section 400-A:37 Examinations*** of the New Hampshire Statutes as follows: **400-A:37 Examinations.** … (e) In order to assist in the performance of the commissioner's duties, the commissioner: …	8/27/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(4) May disclose the content of an examination report, preliminary examination report or results, or any matter relating thereto relative to workers' compensation audits, to the department of labor, and all such information disclosed and in the possession or control of the department of labor shall be confidential by law and privileged, shall not be subject to disclosure under RSA 91-A, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action. The commissioner of the department of labor shall agree in writing to hold such information confidential and in a manner consistent with this subparagraph. …	
New Mexico	SB 155 Committee Substitute	**SB 155 Committee Substitute** amends ***sections 52-1-25.1. Temporary total disability; return to work*** and ***52-1-26. Permanent Partial Disability*** of the New Mexico Statutes Annotated as follows: **52-1-25.1. Temporary total disability; return to work.** … B. If, prior to the date of maximum medical improvement, an injured worker's health care provider releases the worker to return to work ~~the worker is not entitled to temporary total disability benefits if:~~ ~~(1) the employer offers work at the worker's pre-injury wage; or~~ ~~(2) the worker accepts employment with another employer at the worker's pre-injury wage~~ and the employer does not make a reasonable work offer at the worker's pre-injury wage, the worker shall receive temporary total disability compensation benefits equal to two-thirds of the worker's pre-injury wage. C. If, prior to the date of maximum medical improvement, an injured worker's health care provider releases the worker to return to work and the ~~employer offers~~ worker returns to work at less than the worker's pre-injury wage, the worker shall receive temporary total disability compensation benefits equal to two-thirds of the difference between the worker's pre-injury wage and the worker's post-injury wage. D. ~~If the worker returns to work pursuant to the provisions of Subsection B of this section~~ A worker is not entitled to temporary total disability benefits as set forth in Subsection B or C of this section if: (1) the employer makes a reasonable work offer at or above the worker's pre-injury wage, within medical restrictions, if any, as stated by the health care provider pursuant to Section 52-1-49 NMSA 1978, and the worker rejects the offered employment; (2) the worker accepts employment with another employer at or above the worker's pre-injury wage; or (3) the worker is terminated for misconduct connected with the employment that is unrelated to the workplace injury; if the workers' compensation judge finds that an employer terminated the worker for pretextual reasons as a way of attempting to avoid payment of benefits to the worker or as retaliation against the worker for seeking benefits, the worker shall be entitled to temporary total disability benefits and the employer shall be subject to penalties as set forth in Sections 52-1-28.1 and 52-1-28.2 NMSA 1978. E. Upon a finding that an employer has terminated a worker for pretextual reasons, the workers' compensation judge at the judge's discretion may also impose an additional fine, not to exceed ten thousand dollars ($10,000), on the employer to be paid to the worker. F. Notwithstanding the provisions of this section, the employer shall continue to provide reasonable and necessary medical care pursuant to Section 52-1-49 NMSA 1978. G. If there is a dispute between the parties regarding the reasonableness of the employer's work offer or the worker's refusal to return to work, the workers' compensation judge shall decide if the work offer or the worker's refusal to return to work is reasonable based on all of the circumstances.	6/16/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		52-1-26. Permanent Partial Disability. … C. Permanent partial disability shall be determined by calculating the worker's impairment as modified by ~~his~~ the worker's age, education and physical capacity, pursuant to Sections 52-1-26.1 through 52-1-26.4 NMSA 1978; provided that, regardless of the actual calculation of impairment as modified by the worker's age, education and physical capacity, the percentage of disability awarded shall not exceed ninety-nine percent. D. ~~If~~ On or after the date of maximum medical improvement, ~~an injured worker returns to work at a wage equal to or greater than the worker's pre-injury wage~~ the worker's permanent partial disability rating shall be equal to ~~his~~ the worker's impairment and shall not be subject to the modifications calculated pursuant to Sections 52-1-26.1 through 52-1-26.4 NMSA 1978 if: (1) the worker returns to work at a wage at or above the worker's pre-injury wage; (2) the worker accepts employment with another employer at or above the worker's pre-injury wage; (3) the employer makes a reasonable work offer, at or above the worker's pre-injury wage, within medical restrictions, if any, as stated by the health care provider pursuant to Section 52-1-49 NMSA 1978, and the worker rejects the offered employment; or (4) the worker is terminated for misconduct connected with the employment that is unrelated to the workplace accident; if the workers' compensation judge finds that an employer terminates the worker for pretextual reasons to avoid payment of benefits to the worker or as retaliation against the worker for seeking benefits, the worker shall be entitled to modifier benefits and the employer shall be subject to penalties as set forth in Sections 52-1-28.1 and 52-1-28.2 NMSA 1978. E. Upon a finding that an employer has terminated a worker for pretextual reasons, the workers' compensation judge at the judge's discretion may also impose an additional fine, not to exceed ten thousand dollars ($10,000), on the employer to be paid to the worker. ~~E.~~ F. In considering a claim for permanent partial disability, a workers' compensation judge shall not receive or consider the testimony of a vocational rehabilitation provider offered for the purpose of determining the existence or extent of disability. G. If there is a dispute between the parties regarding the reasonableness of the employer's work offer or the worker's refusal to return to work, the workers' compensation judge shall decide if the work offer or the worker's refusal to return to work is reasonable based on all of the circumstances	
North Carolina	HB 26	**HB 26** amends ***sections 97-82 Memorandum of agreement between employer and employee to be submitted to Commission on prescribed forms for approval; direct payment as award***, and ***97-90 Legal and medical fees to be approved by Commission; misdemeanor to receive fees unapproved by Commission, or to solicit employment in adjusting claims; agreement for fee or compensation*** of the North Carolina General Statues as follows: **§ 97-82. Memorandum of agreement between employer and employee to be submitted to Commission on prescribed forms for approval; direct payment as award.** … (b) If approved by the Commission, a memorandum of agreement shall for all purposes be enforceable by the court's decree as hereinafter specified. Payment pursuant to G.S. 97-18(b), or payment pursuant to G.S. 97-18(d) when compensability and liability are not contested prior to expiration of the period for payment without prejudice, shall constitute an award of the Commission on the question of compensability of and the insurer's liability for the injury as reflected on a form prescribed by the Commission pursuant to G.S. 97-18(b) or G.S. 97-18(d) for which payment	7/20/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		was made. An award of the Commission arising out of G.S. 97-18(b) or G.S. 97-18(d) shall not create a presumption that medical treatment for an injury or condition not identified in the form prescribed by the Commission pursuant to G.S. 97-18(b) or G.S. 97-18(d) is causally related to the compensable injury. An employee may request a hearing pursuant to G.S. 97-84 to prove that an injury or condition is causally related to the compensable injury. Compensation paid in these circumstances shall constitute payment of compensation pursuant to an award under this Article. **§ 97-90 Legal and medical fees to be approved by Commission; misdemeanor to receive fees unapproved by Commission, or to solicit employment in adjusting claims; agreement for fee or compensation.** **…** (f) ~~The~~ If a dispute arises between an employee's current and past attorney or attorneys regarding the division of a fee as approved by the Commission pursuant to this section, the Commission shall hear ~~and determine any dispute between an employee's current and past attorney or attorneys regarding the division of a fee as approved by the Commission pursuant to this section.~~ any dispute after the Commission has approved the settlement agreement. The Commission shall give notice to each of the employee's current and past attorneys of record of the total amount of the approved fee prior to determining how the fee shall be divided between those attorneys. An attorney who is ~~a~~ an interested party to an action under this subsection shall have the same rights of appeal as outlined in subsection (c) of this section. In addition, **HB 26** includes the following clause: Except as otherwise provided, this act is effective when it becomes law and applies to claims pending on or after that date.	
North Carolina	SB 407	SECTION 1. **SB 407** creates new ***Article 82*** in ***Chapter 143*** of the North Carolina General Statutes to read: **Article 82.** **Employee Fair Classification Act.** **§ 143-761. Title.** This Article shall be known and may be cited as the "Employee Fair Classification Act." **§ 143-762. Definitions; scope.** (a) The following definitions apply in this Article: (1) Chairman.—The Chairman of the Industrial Commission. (2) Employ.—As defined by G.S. 95-25.2(3). For the purposes of this Article, an entity or individual shall not be deemed to be an employer of an individual hired or otherwise engaged by or through the entity or individual's independent contractor. (3) Employee.—Any individual that is defined as an employee by either G.S. 95-25.2(4), 96-1(10), 97-2(2), or 105-163.1(4). The term does not mean an individual who is an independent contractor. (4) Employee Classification Section or Section.—The Employee Classification Section within the Industrial Commission.	12/31/17, for bill sections 1, 2, and 3. The remainder of the bill is effective 8/11/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(5) Employee misclassification.—Avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the General Statutes by misclassifying an employee as an independent contractor. (6) Employer.—Any individual or entity that employs one or more employees as defined by G.S. 97-2(3). (7) Public notice statement.—Notice as set forth in G.S. 143-764(a)(5). (b) Nothing in this Article shall be construed or is intended to change the definition of "employer" or "employee" under any other provision of law. **§ 143-763. Establishment of Employee Classification Section.** (a) The Employee Classification Section is established within the Industrial Commission. (b) The Chairman shall appoint a director of the Section to serve at the Chairman's pleasure with such authority as the Chairman deems necessary to direct and oversee the Section in carrying out the purposes of this Article. (c) The Chairman may employ clerical staff, investigators, and other staff within the Section as is necessary for the Section to perform its duties under this Article. (d) The Office of the State Chief Information Officer shall ensure that the Section is provided with all necessary access to the Government Data Analytics Center and all other information technology services. (e) The Secretary of Revenue, the Commissioner of Labor, the Chairman, and the Assistant Secretary of Commerce for the Division of Employment Security shall each designate an employee of their respective agencies to serve as liaisons to the Section. **§ 143-764. Section powers and duties.** (a) The Section shall have the following duties: (1) Be available during business hours to receive reports of employee misclassification by telephonic, written, or electronic communication. (2) Investigate reports of employee misclassification and coordinate with and assist all relevant State agencies in recovering any back taxes, wages, benefits, penalties, or other monies owed as a result of an employer engaging in employee misclassification. (3) Coordinate with relevant State agencies and District Attorneys' offices in the prosecution of employers and individuals who fail to pay civil assessments or penalties assessed as a result of the employer's or individual's involvement in employee misclassification. (4) Provide all relevant information pertaining to each instance of reported employee misclassification to the North Carolina Department of Labor, the Division of Employment Security within the North Carolina Department of Commerce, the North Carolina Department of Revenue, and the North Carolina Industrial Commission to facilitate investigation of potential violations of Chapter 95, 96, 97, 105, or 143 of the General Statutes. (5) Create a publicly available notice that includes the definition of employee misclassification. (6) Develop methods and strategies for information sharing between State agencies in order to proactively identify possible instances of employee misclassification. (7) Develop methods and strategies to educate employers, employees, and the public about proper classification of employees and the prevention of employee misclassification. (b) No later than October 1 of each year, the Section shall publish annually to the Office of the Governor and to the Joint Legislative Commission on Governmental Operations a report of the administration of this Article, together with any recommendations as the Section deems advisable. This	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		report shall include, at a minimum, the number of reports of employee misclassification received, the number and amount of back taxes, wages, benefits, penalties, or other monies assessed, the amount of back taxes, wages, benefits, penalties, or other monies collected, and the number of cases referred to each State agency. (c) The Section may adopt rules in accordance with Article 2A of Chapter 150B of the General Statutes for the purpose of carrying out the provisions of this Article and establishing the processes and procedures to be used under this Article. **§ 143-765. Occupational licensing boards and commissions; notice requirement; applicant certification and disclosure.** (a) Every State occupational licensing board or commission that is authorized to issue any license, permit, or certification shall include on every application for licensure, permit, or certification, or application for renewal of the same, the following: (1) Certification by the applicant that the applicant has read and understands the public notice statement. (2) Disclosure by the applicant of any investigations for employee misclassification and the result of the investigations for a time period determined by the occupational licensing board or commission. (b) An occupational licensing board or commission shall deny the license, permit, or certification application of any applicant who fails to comply with the certification and disclosure requirements of this section. **§ 143-766. Confidentiality; access to records.** (a) The records of the Section are not public records under G.S. 132-1. (b) The Section shall exchange information as required by this Article. (c) The Section may share information with other State and federal agencies as permitted or required by law. **§ 143-767. Exchange of information among coordinating agencies**. The North Carolina Department of Revenue, the North Carolina Department of Labor, the Division of Employment Security within the North Carolina Department of Commerce, and the North Carolina Industrial Commission shall disclose all reports and investigations of employee misclassification to the Section. The Section shall distribute the information to the other agencies to allow each agency to conduct an investigation. In addition, **SB 407** amends ***sections 105-259. Secrecy required of officials; penalty for violation*** and ***95-25.15. Investigations and inspection of records; notice of law*** and repeals section 97-81(c) of the North Carolina General Statutes as follows: SECTION 2. **§ 105-259. Secrecy required of officials; penalty for violation.** … (53) To furnish to the North Carolina Department of Labor, the Division of Employment Security within the North Carolina Department of Commerce, the North Carolina Industrial Commission, and the Employee Classification Section within the Industrial Commission employee misclassification information pursuant to Article 82 of Chapter 143 of the General Statutes.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		SECTION 3. **§ 95-25.15. Investigations and inspection of records; notice of law.** … (c) A poster summarizing the major provisions of this Article shall be displayed in every establishment subject to this Article. This poster shall also include notice indicating the following in plain language: (1) Any worker who is defined as an employee by either G.S. 95-25.2(4), 143-761(2), 96-1(10), 97-2(2), or 105-163.1(4) shall be treated as an employee unless the individual is an independent contractor. (2) Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the Industrial Commission. (3) The physical location, mailing address, telephone number, and e-mail address where alleged incidents of employee misclassification may be reported to the Employee Classification Section within the Industrial Commission. SECTION 5. **§ 97-81. Blank forms and literature; statistics; safety provisions; accident reports; studies and investigations and recommendations to General Assembly; to cooperate with other agencies for prevention of injury.** … ~~(c) The Commission shall make studies and investigations with respect to safety provisions and the causes of injuries in employments covered by this Article, and shall from time to time make to the General Assembly and to employers and carriers such recommendations as it may deem proper as to the best means of preventing such injuries.~~ … **SB 407** also includes the following language: SECTION 4.(a) The Industrial Commission shall adopt rules and guidelines, consistent with G.S. 97-25.4, for the utilization of opioids, related prescriptions, and pain management treatment. SECTION 4.(b) The Industrial Commission is exempt from the fiscal note requirement of G.S. 150B-21.4 in developing and implementing the rules and guidelines for opioids, related prescriptions, and pain management treatment. SECTION 6. Section 3.2(b) of S.L. 2017-8 reads as rewritten:	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		SECTION 3.2.(b) This section becomes effective July 1, 2018, applies to claims for benefits filed on or after that date, and applies to tax calculations on or after that date.	
North Carolina	SB 489	**SB 489** amends sections ***58-36-105. Certain workers' compensation insurance policy cancellations prohibited*** (relating to the North Carolina Rating Bureau), **58-2-255. Electronic insurance communications and records**, and ***97-84. Determination of disputes by Commission or deputy*** of the North Carolina General Statutes as follows: Section 1 **§ 58-36-105. Certain workers' compensation insurance policy cancellations prohibited** … (b) Any cancellation permitted by subsection (a) of this section is not effective unless written notice of cancellation has been given to the insured not less than 15 days before the proposed effective date of cancellation. The notice may be given by registered or certified mail, return receipt requested, to the insured and any other person designated in the policy to receive notice of cancellation at their addresses shown in the policy or, if not indicated in the policy, at their last known addresses. The notice shall state the precise reason for cancellation. Whenever notice of intention to cancel is given by registered or certified mail, no cancellation by the insurer shall be effective unless and until such method is employed and completed. Notice of intent to cancel given by registered or certified mail shall be conclusively presumed completed three days after the notice is sent if, on the same day that the notice is sent by registered or certified mail, the insurer also provides notice by first-class mail and by electronic means if available as defined in G.S. 58-2-255(a) to the insured and any other person designated in the policy to receive notice. Any such supplemental notice given by electronic means shall be effective for the limited purpose of establishing this conclusive presumption. Notice of cancellation, termination, or nonrenewal may also be given by any method permitted for service of process pursuant to Rule 4 of the North Carolina Rules of Civil Procedure. Failure to send this notice, as provided in this section, to any other person designated in the policy to receive notice of cancellation invalidates the cancellation only as to that other person's interest. … Section 2 **§ 58-2-255. Electronic insurance communications and records.** … (b) When any insurance law of this ~~State, except for cancellation, termination, or nonrenewal of workers' compensation policies pursuant to G.S. 58-36-105(b),~~ State requires a communication to be provided to a party in writing, signed by a party, provided by means of a specific delivery method, or retained by an insurer, those requirements are satisfied if the insurer complies with Article 40 of Chapter 66 of the General Statutes. … Section 3 **§ 97-84. Determination of disputes by Commission or deputy** The Commission or any of its members or deputies shall hear the parties at issue and their representatives and witnesses, and shall determine the dispute in a summary manner. The ~~Commission shall decide the~~ case shall be decided and ~~issue~~ findings of fact issued based upon the	7/20/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		preponderance of the evidence in view of the entire record. The award, together with a statement of the findings of fact, rulings of law, and other matters pertinent to the questions at issue shall be filed with the record of the proceedings, within 180 days of the close of the hearing record unless time is extended for good cause by the Commission, and a copy of the award shall immediately be sent to the parties in dispute. ~~The parties may be heard by a deputy, in which event the hearing shall be conducted in the same way and manner prescribed for hearings which are conducted by a member of the Industrial Commission, and said deputy shall proceed to a complete determination of the matters in dispute, file his written opinion within 180 days of the close of the hearing record unless time is extended for good cause by the Commission, and the deputy shall cause to be issued an award pursuant to such determination.~~ If the deputy or member of the Commission that heard the parties at issue and their representatives and witnesses is unable to determine the matters in dispute and issue an award, the Commission may assign another deputy or member to decide the case and issue an award. Section 4 Notwithstanding G.S. 97-31.1, Section 3 of this act is effective when it becomes law and applies to claims pending on or after the effective date of this act. The remainder of this act is effective when it becomes law and applies to notices of cancellation of workers' compensation policies sent on or after that date.	
North Carolina	SB 615	**SB 615**, in part, amends ***section 97-2 Definitions.*** of the North Carolina Workers Compensation Act as follows: **§ 97-2. Definitions.** When used in this Article, unless the context otherwise requires: ... (2) Employee.—The term "employee" means every person engaged in an employment under any appointment or contract of hire or apprenticeship, express or implied, oral or written, including aliens, and also minors, whether lawfully or unlawfully employed, but excluding persons whose employment is both casual and not in the course of the trade, business, profession, or occupation of his employer, and as relating to those so employed by the State, the term "employee" shall include all officers and employees of the State, including such as are elected by the people, or by the General Assembly, or appointed by the Governor to serve on a per diem, part-time or fee basis, either with or without the confirmation of the Senate; as relating to municipal corporations and political subdivisions of the State, the term "employee" shall include all officers and employees thereof, including such as are elected by the people. … "Employee" shall not include any person elected or appointed and empowered as an executive officer, director, or committee member under the charter, articles, or bylaws of a nonprofit corporation subject to Chapter 47A, 47C, 47F, 55A, or 59B of the General Statutes, or any organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, who performs only voluntary service for the nonprofit corporation, provided that the person receives no remuneration for the voluntary service other than reasonable reimbursement for expenses incurred in connection with the voluntary service. When a nonprofit corporation as described herein employs one or more persons who do receive remuneration other than reasonable reimbursement for expenses, then any volunteer officers, directors, or committee members excluded from the definition of "employee" by operation of this paragraph shall be counted as employees for the sole purpose of determining the number of persons regularly employed in the same business or establishment pursuant to G.S. 97-2(1). Other than for the limited purpose of determining the number	7/12/17 for the section listed

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		of persons regularly employed in the same business or establishment, such volunteer nonprofit officers, directors, or committee members shall not be "employees" under the Act. Nothing herein shall prohibit a nonprofit corporation as described herein from voluntarily electing to provide for workers' compensation benefits in the manner provided in G.S. 97-93 for volunteer officers, directors, or committee members excluded from the definition of "employee" by operation of this paragraph. This paragraph shall not apply to any volunteer firefighter, volunteer member of an organized rescue squad, an authorized ~~pickup firefighter~~ emergency worker when that individual is engaged in emergency fire suppression activities for the North Carolina Forest Service, a duly appointed and sworn member of an auxiliary police department organized pursuant to G.S. 160A-282, or a senior member of the State Civil Air Patrol functioning under Subpart C of Part 5 of Article 13 of Chapter 143B of the General Statutes, even if such person is elected or appointed and empowered as an executive officer, director, or committee member under the charter, articles, or bylaws of a nonprofit corporation as described herein. Any sole proprietor or partner of a business or any member of a limited liability company may elect to be included as an employee under the workers' compensation coverage of such business if he or she is actively engaged in the operation of the business and if the insurer is notified of his election to be so included. Any such sole proprietor or partner or member of a limited liability company shall, upon such election, be entitled to employee benefits and be subject to employee responsibilities prescribed in this Article. "Employee" shall include an authorized ~~pickup firefighter~~ emergency worker of the North Carolina Forest Service of the Department of Agriculture and Consumer Services when that individual is engaged in emergency ~~fire suppression~~ activities for the North Carolina Forest Service. As used in this section, "authorized ~~pickup firefighter"~~ emergency worker" means an individual who has completed required ~~fire suppression~~ emergency response training as ~~a wildland firefighter~~ required by the North Carolina Forest Service and who is available as needed by the North Carolina Forest Service for emergency ~~fire suppression~~ activities, including immediate dispatch to ~~wildfires~~ wildfires, snow events, hurricanes, earthquakes, floods, or other emergencies, and standby for initial attack on fires during periods of high fire danger. …	
Oklahoma	HB 2423	**HB 2423** amends ***title 40 section 418 Payments to Commission—Refunds—Collection of payments—Disposition of funds*** of the Oklahoma Statues as follows: ***§40-418 Payments to Commission—Refunds—Collection of payments—Disposition of funds*** (1) Each insurance carrier writing workers' compensation insurance in this state and each self-insured employer authorized to make workers' compensation payments directly to employees shall pay to the Oklahoma Tax Commission up to a sum equal to three-fourths of one percent (3/4 of 1%) of the total workers' compensation losses, excluding medical payments and temporary total disability compensation, based on the records of the Workers' Compensation Court of Existing Claims or the Workers' Compensation Commission, paid out or payable during each quarter-year period of the calendar year, said percentage to be fixed by the Commissioner of Labor and based upon ~~his~~ the Commissioner's certification that the proceeds thereof are reasonable and necessary to accomplish the objectives of ~~Section 401 et seq. of this title~~ the Oklahoma Occupational Health and Safety Standards Act. Such payments to the Oklahoma Tax Commission shall be made not later than the fifteenth day of the month following the close of the quarter-year in which compensation is paid or becomes payable. Payments made, under the provisions of this section, shall be considered losses for the purpose of computing workers' compensation rates.	5/31/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(2) The refund provisions of Sections 227 through 229 of Title 68 of the Oklahoma Statutes shall be applicable to any payments made under the provisions of ~~this act~~ the Oklahoma Occupational Health and Safety Standards Act. (3) In making and entering awards for compensation, the Workers' Compensation Court of Existing Claims or the Workers' Compensation Commission shall determine and fix the amounts that shall be paid to the Oklahoma Tax Commission under the provisions of this section. The total amount so determined and fixed shall have the same force and effect as an award of the Workers' Compensation Court of Existing Claims or the Workers' Compensation Commission for compensation and all provisions of law relating to the collection of awards of said court or Commission shall apply to such judgments or awards. (4) It shall be the duty of the Oklahoma Tax Commission to collect the payments provided for herein, and said Commission is hereby given authority to bring an action for the recovery of any delinquent and unpaid payment or payments. In the alternative, the Oklahoma Tax Commission may enforce payments by proceeding in accordance with the provisions of Section ~~346~~ 79 of Title ~~85~~ 85A of the Oklahoma Statutes. (5) The Oklahoma Tax Commission shall, monthly, as the same are collected, pay to the State Treasurer of this state, to the credit of the Special Occupational Health and Safety Fund, all monies collected under the provisions of this section. Monies shall be paid out of said Fund exclusively for the operation and administration of ~~Section 401 et seq. of this title~~ the Oklahoma Occupational Health and Safety Standards Act and for other necessary expenses of the Department of Labor pursuant to appropriations by the Oklahoma Legislature. (6) The Commissioner shall determine the needs of the program, considering statistical data on disabling work injuries, depth and scope of the program as evidenced by the needs and demands of employers and the present, planned and anticipated budgetary needs of the program, and submit same to the Legislature.	
Oregon	HB 2186	**HB 2186** amends ***section 656.430 Certification of self-insured employer; employer groups; insurance policy requirements; revocation of certification; rules*** of the Oregon Revised Statues as follows: **656.430 Certification of self-insured employer; employer groups; insurance policy requirements; revocation of certification; rules.** … (3) Two or more entities ~~shall~~ may not be included in the certification of one employer unless in each entity the same person, or group of persons, or corporation owns a majority interest. If an entity owns a majority interest in another entity which in turn owns the majority interest in another entity, all entities so related may be combined regardless of the number of entities in succession. If more than one entity is included in the certification of one employer, each entity included is jointly and severally liable for any compensation and other amounts due the Department of Consumer and Business Services under this chapter by any entity included in the certification. … (6) If the entity is a partnership, majority interest ~~shall~~ must be determined in accordance with the participation of each general partner in the profits of the partnership. (7)(a) Notwithstanding any other provision of this section, the director may certify five or more subject employers as a self-insured employer group, which ~~shall be considered~~ is an employer for purposes of this chapter, if: (A) The director finds that the employers as a group meet the requirements of ORS 656.407 (1)(b) and (2); (B) The director determines that the employers as a group meet the insurance coverage retention and combined net worth requirements adopted by the director by rule;	1/1/18

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(C) The director finds that the grouping is likely to improve accident prevention and claims handling for the employer; (D) Each employer executes and files with the designated entity a written agreement, in such form as the director may prescribe, in which: (i) The employer agrees to be jointly and severally liable for the payment of any compensation and other amounts due to the Department of Consumer and Business Services under this chapter incurred by a member of the group; or (ii) The employer, if a city, county, special district described and listed in ORS 198.010 or 198.180, translator district formed under ORS 354.605 to 354.715, weed control district organized under ORS 569.350 to 569.445, intergovernmental agency created under ORS 225.050, school district as defined in ORS 255.005 (9), public housing authority created under ORS chapter 456 or regional council of governments created under ORS chapter 190, agrees to be individually liable for the payment of any compensation and other amounts due to the department under this chapter incurred by the employer during the period of group self-insurance; (E) The director finds that the employer group is organized as a corporation or cooperative pursuant to ORS chapter 60, 62 or 65, is an intergovernmental entity created under ORS 190.003 to 190.130 or is a self-insurance program under ORS 30.282 (3), and the bylaws of the employer group require the ~~governing~~ employer group to obtain fidelity bonds; …	
Oregon	HB 2335	**HB 2335** amends ***section 656.268 Claim closure; termination of temporary total disability benefits; reconsideration of closure; medical arbiter to make findings of impairment for reconsideration; credit or offset for fraudulently obtained or overpaid benefits; rules*** of the Oregon Revised Statutes as follows: **656.268 Claim closure; termination of temporary total disability benefits; reconsideration of closure; medical arbiter to make findings of impairment for reconsideration; credit or offset for fraudulently obtained or overpaid benefits; rules.** … (8) … (b) If ~~neither party requests a medical arbiter and~~ the director determines that insufficient medical information is available to determine disability, the director may appoint, and refer the claim to, a medical arbiter ~~appointed by the director~~. (c) At the request of either of the parties, the director shall appoint a panel of as many as three medical arbiters ~~shall be appointed~~ in accordance with criteria that the director sets by rule. (d) The arbiter, or panel of medical arbiters, ~~shall~~ must be chosen from among a list of physicians qualified to be attending physicians referred to in ORS 656.005 (12)(b)(A) ~~who were selected by~~ whom the director selected in consultation with the Oregon Medical Board and the committee referred to in ORS 656.790. (e) … (C) At the conclusion of the 60-day postponement period, if the worker has not attended and cooperated with a medical arbiter examination or established good cause, ~~there shall be no further opportunity for~~ the worker ~~to~~ may not attend a medical arbiter examination for this claim closure. The reconsideration record ~~shall~~ must be closed, and the director shall issue an order on reconsideration based upon the existing record. (D) All disability benefits suspended ~~pursuant to~~ under this subsection, including all disability benefits awarded in the order on reconsideration, or by an Administrative Law Judge, the Workers' Compensation Board or upon court review, ~~shall not be~~ are not due and payable to the worker.	1/1/18

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(f) The insurer or self-insured employer shall pay the costs of examination and review by the medical arbiter or panel of medical arbiters ~~shall be paid by the insurer or self-insured employer~~. (g) The findings of the medical arbiter or panel of medical arbiters ~~shall~~ must be submitted to the director for reconsideration of the notice of closure. (h) After reconsideration, no subsequent medical evidence of the worker's impairment is admissible before the director, the Workers' Compensation Board or the courts for purposes of making findings of impairment on the claim closure. (i)(A) ~~When~~ If the basis for objection to a notice of closure issued under this section is a disagreement with the impairment used in rating the worker's disability, and the director determines that the worker is not medically stationary at the time of the reconsideration or that the closure was not made pursuant to this section, the director is not required to appoint a medical arbiter ~~prior to the completion of~~ before completing the reconsideration proceeding. … (13) An insurer or self-insured employer may take a credit or offset of previously paid workers' compensation benefits or payments against any further workers' compensation benefits or payments due a worker from that insurer or self-insured employer when the worker admits to having obtained the previously paid benefits or payments through fraud, or a civil judgment or criminal conviction is entered against the worker for having obtained the previously paid benefits through fraud. Benefits or payments obtained through fraud by a worker ~~shall~~ may not be included in any data used for ratemaking or individual employer rating or dividend calculations by an insurer, a rating organization licensed pursuant to ORS chapter 737, the State Accident Insurance Fund Corporation or the director. …	
Oregon	HB 2336	**HB 2336**, as amended, amends ***sections 656.443 Procedure upon default by employer or self-insured employer group***, ***656.591 Election not to bring action operates as assignment of cause of action***, and ***656.593 Procedure when worker elects to bring action; release of liability and lien of paying agency in certain cases*** of the Oregon Revised Statutes as follows: Section 1. **656.443 Procedure upon default by employer or self-insured employer group.** … (2) ~~Prior to~~ Before any default by the employer or self-insured employer group, the employer or group is entitled to all interest and dividends on securities on deposit and to exercise all voting rights, stock options and other similar incidents of ownership of the securities. (3) If for any reason the certification of a self-insured employer or self-insured employer group is canceled or terminated, the surety bond or other security deposited with the director ~~shall~~must remain on deposit or in effect, as the case may be, for a period of at least 62 months after the employer ceases to be a self-insured employer. The surety bond or other security ~~shall~~ must be maintained in an amount necessary to secure the outstanding and contingent liability arising from the accidental injuries secured by the surety bond or other security~~,~~ and to ~~assure~~ ensure the payment of claims for aggravation and claims arising under ORS 656.278 based on those accidental injuries. At the expiration of the 62-month period, or of another period the director may consider proper, the director may accept in lieu of the surety bond or other security deposited with the director a policy of paid-up insurance in a form approved by the director. (4) If a self-insured employer or self-insured employer group is in default, is decertified by the director or cancels ~~its~~ the employer's or the group's certification under ORS 656.434, the director may:	1/1/18

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(a) Order members of the group to pay an assessment for the continuing claim liabilities as specified in ORS 656.430 (7)(a)(D)(i); and (b) Determine the claims processing agent that ~~shall process~~ processes claims of the self-insured employer or self-insured employer group. The claims processing agent may be the assigned claims agent selected under ORS 656.054. (5) Member assessments collected under subsection (4) of this section ~~shall~~ must be deposited in the Consumer and Business Services Fund created in ORS 705.145. (6) Failure to pay an assessment ordered under subsection (4) of this section subjects members of the self-insured employer group to civil penalties as provided in ORS 656.745. (7) A claims processing agent that the director designates under subsection (4) of this section, other than the State Accident Insurance Fund Corporation, may choose the legal counsel the claims processing agent employs for representation under this section. Section 2. **656.591 Election not to bring action operates as assignment of cause of action.** (1) An election made pursuant to ORS 656.578 not to proceed against ~~the~~ an employer or third person operates as an assignment to the paying agency of the cause of action, if any, of ~~the~~ a worker~~,~~ or the beneficiaries or legal representative of ~~the~~ a deceased worker~~,~~ against the employer or third person, and the paying agency may bring action against ~~such~~ the employer or third person in the name of the ~~injured~~ worker or other beneficiaries. (2) Any sum ~~recovered by~~ the paying agency recovers in excess of the expenses the paying agency incurred in making ~~such~~ the recovery and the amount ~~expended by~~ the paying agency expended for compensation, first aid or other medical, surgical or hospital service, together with the present ~~worth~~ value of the monthly payments of compensation to which ~~such~~ the worker or other beneficiaries may be entitled under this chapter, ~~shall~~ must be paid ~~such~~ to the worker or other beneficiaries. (3) A paying agency shall repay the Department of Consumer and Business Services for any expenditures from the Consumer and Business Services Fund, the Self-Insured Employer Adjustment Reserve, the Self-Insured Employer Group Adjustment Reserve or the Workers' Benefit Fund that the department makes, together with the present value of any reasonably expected future expenditures from the funds or reserves that the department may make, to reimburse the paying agency for the paying agency's costs and to compensate or pay other costs of a worker's claim because of a self-insured employer's or self-insured employer group's insolvency, default or decertification. Section 3. **656.593 Procedure when worker elects to bring action; release of liability and lien of paying agency in certain cases.** (1) If ~~the~~ a worker or the beneficiaries of the worker elect to recover damages from ~~the~~ an employer or third person, the worker or beneficiaries shall give notice of ~~such~~ the election ~~shall be given~~ to the paying agency by personal service or by registered or certified mail. The paying agency likewise ~~shall~~ must be given notice of the name of the court in which ~~such~~ the action is brought, and a return showing service of ~~such~~ the notice on the paying agency ~~shall~~ must be filed with the clerk of the court but ~~shall not be~~ is not a part of the record except to give notice to the defendant of the lien of the paying agency, as provided in this section. The proceeds of any damages ~~recovered~~ the worker or beneficiaries recover from an employer or third person ~~by the worker or beneficiaries shall be~~ are subject to a lien of the paying agency for ~~its~~ the paying agency's share of the proceeds as set forth in this section. ~~When~~ If the proceeds are paid in a series of payments, each payment ~~shall~~ must be distributed proportionately to each recipient according to the formula provided in this section, unless the parties otherwise ~~agreed by the parties~~ agree. The total proceeds ~~shall~~ must be distributed as follows:	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(a) Costs and attorney fees incurred ~~shall~~ must be paid, ~~such~~ and the attorney fees ~~in no event to~~ may not exceed the advisory schedule of fees established by the Workers' Compensation Board for such actions. (b) The worker or the beneficiaries of the worker ~~shall~~ must receive at least 33-1/3 percent of the balance of ~~such~~ the recovery. (c) The paying agency ~~shall~~ must be paid and retain the balance of the recovery, but only to the extent that ~~it~~ the paying agency is compensated for ~~its~~ the paying agency's expenditures for compensation, first aid or other medical, surgical or hospital service, and for the present value of ~~its~~ reasonably ~~to be~~ expected future expenditures the paying agency makes for compensation and other costs of the worker's claim under this chapter. ~~Such~~ Other costs include expenditures ~~of~~ that the Department of Consumer and Business Services makes from the Consumer and Business Services Fund, the Self-Insured Employer Adjustment Reserve, the Self-Insured Employer Group Adjustment Reserve and the Workers' Benefit Fund ~~in reimbursement of~~ to reimburse the costs of the paying agency. ~~Such~~ Other costs also include assessments for the Workers' Benefit Fund~~,~~ and ~~include~~ any compensation ~~which~~ that may become payable under ORS 656.273 or 656.278. (d) The balance of the recovery ~~shall~~ must be paid to the worker or the beneficiaries of the worker forthwith. The board shall resolve any conflict as to the amount of the balance ~~which~~that the paying agency may ~~be retained by the paying agency shall be resolved by the board~~ retain. (2) The amount ~~retained by~~ the worker or the beneficiaries of the worker ~~shall~~ retain must be in addition to the compensation or other benefits to which ~~such~~ the worker or beneficiaries are entitled under this chapter. (3) A claimant may settle any third party case with the approval of the paying agency, in which event the paying agency ~~is authorized to~~ may accept ~~such~~ a share of the proceeds ~~as may be~~ that is just and proper and the worker or the beneficiaries of the worker ~~shall~~ must receive the amount to which the worker would be entitled for a recovery under subsections (1) and (2) of this section. The board shall resolve any conflict as to what may be a just and proper distribution ~~shall be resolved by the board~~. (4) As used in this section, "paying agency" includes the Department of Consumer and Business Services with respect to ~~its~~ expenditures from the Consumer and Business Services Fund, the Self-Insured Employer Adjustment Reserve, the Self-Insured Employer Group Adjustment Reserve and the Workers' Benefit Fund ~~in reimbursement of~~ the department makes, together with the present value of any reasonably expected future expenditures from the funds or reserves that the department may make, to reimburse the costs of another paying agency ~~for vocational assistance and the costs of claims of noncomplying employers.~~ and to compensate or pay other costs of a worker's claim because of a self-insured employer's or self-insured employer group's insolvency, default or decertification. (5) The department ~~shall~~ must be repaid for ~~its~~ the department's expenditures from the proceeds the paying agency recovered ~~by the paying agency~~ in an amount proportional to the amount of the department's reimbursement of the paying agency's costs. The department shall deposit all moneys ~~received by~~ the department receives under this section ~~shall be deposited~~ in the same fund from which the ~~paying agency's costs originally had been reimbursed~~ department's expenditures originated. (6) ~~Prior to~~ Before, and instead of, the distribution of proceeds ~~as~~ described in subsection (1) of this section, ~~when the~~ if a worker or the beneficiaries of ~~the~~ a worker are entitled to receive payment pursuant to a judgment or a settlement in ~~the~~ a third party action in the amount of $1 million or more, the worker or the beneficiaries of the worker may elect to release the paying agency from all further liability on the workers' compensation claim, thereby canceling the lien of the paying agency as to the present value of ~~its~~ the paying agency's reasonably expected future expenditures for workers' compensation and other costs of the worker's claim, if all of the following conditions are met as part of the claim release: (a) The worker or the beneficiaries of the worker are represented by an attorney.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) The release of the claim is presented in writing and is filed with the Workers' Compensation Board, with a copy served on the paying agency, including the Department of Consumer and Business Services with respect to ~~its~~ the department's expenditures from ~~the Workers' Benefit Fund,~~ the Consumer and Business Services Fund, ~~and~~ the Self-Insured Employer Adjustment Reserve, the Self-Insured Employer Group Adjustment Reserve and the Workers' Benefit Fund. (c) The claim release specifies that the worker or the beneficiaries of the worker understand that the claim release means that no further benefits of any nature whatsoever ~~shall~~ will be paid to the worker or the beneficiaries of the worker. (d) The release of the claim is accompanied by a settlement stipulation with the paying agency, outlining terms of reimbursement to the paying agency, covering ~~its~~ the paying agency's incurred expenditures for compensation, first aid or other medical, surgical or hospital service and for expenditures from ~~the Workers' Benefit Fund,~~ the Consumer and Business Services Fund, ~~and~~ the Self-Insured Employer Adjustment Reserve, the Self-Insured Employer Group Adjustment Reserve and the Workers' Benefit Fund to the date the release becomes final or the order of the board becomes final. If the payment of such incurred expenditures is in dispute, the release of the claim ~~shall~~ must be accompanied by a written submission of the dispute by the worker or the beneficiaries of the worker to the board for resolution of the dispute by order of the board under procedures allowing for board resolution under ORS 656.587, in which case the release of the claim ~~shall not be~~ is not final until such time as the order of the board becomes final. In such a case, the only issue to be decided by the board is the amount of incurred expenses by the paying ~~agent~~ agency. (e) If a service, item or benefit has been provided but a bill for that service, item or benefit has not been received by the paying agency before the release or order becomes final, the reimbursement payment ~~shall~~ must cover the bill ~~pursuant to~~ in accordance with the following process: (A) The paying agency may maintain a contingency fund in an amount reasonably sufficient to cover reimbursement for the billing. (B) If a dispute arises as to reimbursement for any bill first received by the paying agency not later than 180 days after the date the release or order became final, the dispute ~~shall~~ must be resolved by order of the board. (C) Any amount remaining in the contingency fund after the 180-day period ~~shall~~ must be paid to the worker or the beneficiaries of the worker. (D) Any billing for a service, item or benefit that is first received by the paying agency more than 180 days after the date the release or order became final is unenforceable by the person who issued the bill. (f) The settlement or judgment proceeds are available for payment or actually have been paid out and are available in a trust fund or similar account, or are available through a legally enforceable structured settlement agreement if sufficient funds are available to make payment to the paying agency. (g) The agreed-upon payment to the paying agency, or the payment to the paying agency ordered by the board, is made within 30 days of the filing of the withdrawal of the claim with the board or within 30 days after the board has entered a final order resolving any dispute with the paying agency. (7) ~~When~~ If a release of further liability on a claim, as provided in subsection (6) of this section, has been filed, and ~~when~~ if payment to the paying agency has been made, the effect of the release is that the worker or the beneficiaries of the worker ~~shall~~ have no further right to seek benefits ~~pursuant to~~ under the original claim, or any independent workers' compensation claim regarding the same circumstances, and the claim ~~shall~~ may not be reasserted, refiled or reestablished through any legal proceeding. **HB 2336** also includes the following clause:	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 4. The amendments to ORS 656.443, 656.591 and 656.593 by sections 1 to 3 of this 2017 Act apply to determinations as to a claims processing agent for, and expenditures that occur to or on behalf of, any self-insured employer or self-insured employer group that is insolvent or in default, that has canceled the employer's or group's certification under ORS 656.434 or that the Director of the Department of Consumer and Business Services has decertified, regardless of the date on which the insolvency, default, cancellation or decertification occurred.	
Oregon	HB 2337	**HB 2337** amends ***section 656.206 Permanent Total Disability*** of the Oregon Revised Statutes, in part, as follows: Section 1. **656.206 Permanent Total Disability.** … (2) ~~When~~ If permanent total disability results from ~~the~~ a worker's injury, the worker shall receive during the period of that disability compensation benefits equal to 66-2/3 percent of wages ~~not to exceed 100~~, no more than 133 percent of the average weekly wage ~~nor~~ or no less than ~~the amount of 90 percent of wages a week or the amount of $50, whichever amount is lesser~~ 33 percent of the average weekly wage. … **HB 2337** also includes the following clause: Section 2. The amendments to ORS 656.206 by section 1 of this 2017 Act apply to injuries occurring on or after the effective date of this 2017 Act.	1/1/18
Oregon	HB 2338	**HB 2338** amends ***sections 656.005 Definitions***, ***656.204 Death***, and ***656.208 Death during permanent total disability*** of the Oregon Revised Statutes, in part, as follows: Section 1. **656.005 Definitions.** … (5) "Child" means a child of an injured worker, including: (a) ~~includes~~ A posthumous child~~,~~ ; (b) A child legally adopted ~~prior to~~ before the injury~~,~~ ; (c) A child toward whom the worker stands in loco parentis~~,~~ ; (d) A child born out of wedlock ; (e) ~~and~~ A stepchild, if ~~such~~ the stepchild was, at the time of the injury, a member of the worker's family and substantially dependent upon the worker for support~~.~~ ; and (f) A ~~dependent~~ child of any age who ~~is an invalid is a child, for purposes of benefits, regardless of age, so long as the child was an invalid at the time of the accident and thereafter remains an invalid substantially dependent on the worker for support. For purposes of this chapter, a dependent child who is an invalid is considered to be a child under 18 years of age~~ was an invalid at the time of the accident and thereafter remains an invalid substantially dependent on the worker for support. … (10) (a) "Dependent" means any of the ~~following named~~ following relatives of the worker who, at the time of an accident, depended in whole or in part for the relative's support on the earnings of a worker ~~whose death results from any~~ who dies as a result of an injury: ~~Parent, grandparent, stepparent, grandson, granddaughter, brother, sister, half sister, half brother, niece or nephew, who at the time of the accident, are dependent in~~	1/1/18

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~whole or in part for their support upon the earnings of the worker. Unless otherwise provided by treaty, aliens not residing within the United States at the time of the accident other than parent, spouse in a marriage or children are not included within the term "dependent."~~ (A) A parent, grandparent or stepparent; (B) A grandson or granddaughter; (C) A brother or sister or half-brother or half-sister; and (D) A niece or nephew. (b) "Dependent" does not include an alien who does not reside within the United States at the time of the accident, other than a parent, a spouse or children, unless a treaty provides otherwise. … Section 2. **656.204 Death.** If death results from ~~the~~ an accidental injury, payments ~~shall~~ must be made as follows: (1)(a) The cost of final disposition of the body and funeral expenses, including but not limited to transportation of the body, ~~shall~~ must be paid, not to exceed 20 times the average weekly wage in any case. (b) The insurer or self-insured employer shall pay bills submitted for disposition and funeral expenses up to the benefit limit established in paragraph (a) of this subsection. If any part of the benefit remains unpaid 60 days after the date of death or the date of claim acceptance, whichever is later, the insurer or self-insured employer shall pay the unpaid amount to the estate of the worker. (2)(a) If ~~the~~ a worker is survived by a spouse, monthly benefits ~~shall~~ must be paid in an amount equal to 4.35 times 66-2/3 percent of the average weekly wage to the surviving spouse until remarriage. The payment shall cease at the end of the month in which the remarriage occurs. ~~(b) If the worker is survived by a spouse, monthly benefits also shall be paid in an amount equal to 4.35 times 10 percent of the average weekly wage for each child of the deceased who is substantially dependent on the spouse for support, until such child becomes 18 years of age.~~ ~~(c) If the worker is survived by a spouse, monthly benefits also shall be paid in an amount equal to 4.35 times 25 percent of the average weekly wage for each child of the deceased who is not substantially dependent on the spouse for support, until such child becomes 18 years of age.~~ ~~(d) If a surviving spouse receiving monthly payments dies, leaving a child who is entitled to compensation on account of the death of the worker, a monthly benefit equal to 4.35 times 25 percent of the average weekly wage shall be paid to each such child until the child becomes 18 years of age or the child's entitlement to benefits under subsection (8) of this section ceases, whichever is later.~~ ~~(e) If a child who has become 18 years of age is a full-time high school student, benefits shall be paid as provided in subsection (8) of this section.~~ ~~(f) In no event shall the total monthly benefits provided for in this subsection exceed 4.35 times 133-1/3 percent of the average weekly wage. If the sum of the individual benefits exceeds this maximum, the benefit for each child will be reduced proportionally.~~ ~~(3)(a)~~ (b) Upon remarriage, a surviving spouse ~~shall~~ must be paid 36 times the monthly benefit in a lump sum as final payment of the ~~claim, but the monthly payments for each child shall continue as before~~ surviving spousal benefit. ~~(b)~~ (c) If, after the date of the subject worker's death, the surviving spouse cohabits with another person for an aggregate period of more than one year and a child has resulted from the relationship, the surviving spouse ~~shall~~ must be paid 36 times the monthly benefit in a lump sum as final payment of the ~~claim, but the monthly payment for any child who is entitled to compensation on account of the death of the worker shall continue as before~~ surviving spousal benefit.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(4)(a)~~ (3)(a) If ~~the~~ a worker ~~does not leave a spouse but~~ leaves a child under ~~18~~ 19 years of age, a monthly benefit equal to 4.35 times 25 percent of the average weekly wage ~~shall~~ must be paid to each such child until the child becomes ~~18~~ 19 years of age. ~~(b) If a child who has become 18 years of age is a full-time high school student, benefits shall be paid as provided in subsection (8) of this section.~~ ~~(c)~~ (b) ~~In no event shall~~ The total benefits provided for in this subsection may not exceed 4.35 times 133-1/3 percent of the average weekly wage. If the sum of the individual benefits exceeds this maximum, the benefit for each child ~~will~~ must be reduced proportionally. ~~(5)(a)~~ (4)(a) If ~~the~~ a worker leaves a dependent ~~other than a surviving spouse or a child~~, a monthly payment ~~shall~~ must be made to each dependent that is equal to 50 percent of the average monthly support the dependent actually received ~~by such dependent~~ from the worker during the 12 months ~~next~~ preceding the occurrence of the accidental injury. If a dependent is under the age of ~~18~~ 19 years at the time of the accidental injury, the payment to the dependent ~~shall~~ must cease when ~~such~~ the dependent becomes ~~18~~ 19 years of age. The payment to any dependent ~~shall~~ must cease under the same circumstances that would have terminated the dependency had the injury not happened. ~~(b) If the dependent who has become 18 years of age is a full-time high school student, benefits shall be paid as provided in subsection (8) of this section.~~ ~~(c)~~ (b) ~~In no event shall~~ The total benefits provided for in this subsection may not exceed 4.35 times 10 percent of the average weekly wage. If the sum of the individual benefits exceeds this maximum, the benefit for each dependent ~~will~~ must be reduced proportionally. ~~(6)~~ (5) If a child is an invalid at the time the child otherwise becomes ineligible for benefits under this section, the payment to the child ~~shall~~ must continue while the child remains an invalid. If a person is entitled to payment because the person is an invalid, payment ~~shall~~ must terminate when the person ceases to be an invalid. ~~(7) If, at the time of the death of a worker, the child of the worker or dependent has become 17 years of age but is under 18 years of age, the child or dependent shall receive the payment provided in this section for a period of one year from the date of the death. However, if after such period the child is a full-time high school student, benefits shall be paid as provided in subsection (8) of this section.~~ ~~(8)(a)~~ (6)(a) ~~Benefits under this section which are to be paid as provided in this subsection shall be paid for the child or dependent until the child or dependent becomes 19 years of age. If, however, the child or dependent is attending higher education or begins attending higher education within six months of the date the child or dependent leaves high school, benefits shall be paid until the child or dependent becomes 23 years of age, ceases attending higher education or graduates from an approved institute or program, whichever is earlier.~~ If a child or dependent is between 19 and 26 years of age at the time of a worker's death, or becomes 19 years of age after the worker's death, monthly benefits must be paid for not more than 48 months until the age of 26 during a period in which the child or dependent is completing secondary education, is obtaining a general educational development certificate or is attending a program of higher education. The child or dependent must provide an insurer or self-insured employer with documentation that enables the insurer or self-insured employer to determine the child's or dependent's eligibility for monthly benefits. (b) If a child or dependent who is eligible for benefits under this subsection ~~has no~~ does not have a surviving parent, the child or dependent ~~shall~~ must receive 4.35 times 66-2/3 percent of the average weekly wage ~~until the child or dependent becomes 23 years of age, ceases attending higher education or graduates from an approved institute or program, whichever is earlier~~. (c) As used in this subsection, "attending a program of higher education" means regularly attending community college, college or university, or regularly attending a course of vocational or technical training designed to prepare the participant for gainful employment. A child or dependent enrolled in an educational course load of less than one-half of that determined by the educational facility to constitute "full-time" enrollment is not "attending a program of higher education."	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(9)~~ (7) As used in this section, "average weekly wage" has the meaning for that term provided in ORS 656.211. Section 3. **656.208 Death during permanent total disability**. ~~(1)~~ If ~~the~~ an injured worker dies during the period of the worker's permanent total disability, whatever the cause of death, ~~leaving a spouse or any dependents listed in ORS 656.204,~~ and the worker leaves a beneficiary, payment ~~shall~~ must be made in the same manner and in the same amounts as provided in ORS 656.204. ~~(2) If any surviving spouse to whom the provisions of this section apply remarries, the payments on account of a child or children shall continue to be made to the child or children the same as before the remarriage.~~ **HB 2338** also includes the following clauses: Section 4. The Director of the Department of Consumer and Business Services shall adjust under ORS 656.506 (7) the amount and duration of benefits that accrue on and after the effective date of this 2017 Act for injuries that occurred before the effective date of this 2017 Act. An insurer, or a self-insured employer, shall pay benefits that exceed the amount and duration of benefits that would have been due to a worker under the law that existed at the time of the worker's injury and the director shall reimburse the insurer or selfinsured employer from the Workers' Benefit Fund. Section 5. The amendments to ORS 656.005, 656.204 and 656.208 by sections 1 to 3 of this 2017 Act apply to injuries that occur on or after the effective date of this 2017 Act, except that ORS 656.204 (6)(a) applies to benefits that accrue on or after the effective date of this 2017 Act regardless of the date on which the injury occurred. The insurer shall deduct from the 48-month maximum specified for benefits in ORS 656.204 (6)(a) the number of months during which a child or dependent received benefits after the age of 19 if the child or dependent became 19 years of age before the effective date of this 2017 Act.	
Rhode Island	HB 5934	**HB 5934**, in part, deletes ***section 27-9-51 Excess profits for workers' compensation and employer's liability insurance prohibited***, as follows: ~~**27-9-51. Excess profits for workers' compensation and employer's liability insurance prohibited.**~~ ~~(a) Each insurance group shall file with the department prior to July 1 of each year, on a form prescribed by the department, the following data for workers' compensation and employers' liability insurance:~~ ~~(1) The calendar year earned premium;~~ ~~(2) Accident year incurred losses and loss adjustment expenses;~~ ~~(3) The administrative and selling expenses incurred in Rhode Island or allocated to Rhode Island for the calendar year; and~~ ~~(4) Policyholder dividends applicable to the calendar year.~~ ~~(b) (1) Excess profit has been realized if the underwriting gain is greater than the anticipated underwriting profit plus five percent (5%) of earned premiums for the three (3) most recent calendar years;~~ ~~(2) As used in this section with respect to any three (3) year period, "anticipated underwriting profit" means the sum of the dollar amounts obtained by multiplying, for each rate filing of the insurance group in effect during that period, the earned premiums applicable to the rate filing during that period by the percentage factor included in the rate filing for profit and contingencies, the percentage factor having been determined with due recognition to investment income from funds generated by Rhode Island business. Separate calculations need not be made for consecutive rate filings containing the same percentage factor for profits and contingencies.~~	6/30/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(c) Each insurance group shall also file a schedule of Rhode Island loss and loss adjustment experience for each of the three (3) most recent accident years. The incurred losses and loss adjustment expenses shall be valued as of December 31 of the accident year, developed to an ultimate basis, and two (2) twelve (12) month intervals after this, each developed to an ultimate basis so that a total of three (3) evaluations will be provided for each accident year. For reporting purposes unrelated to determining excessive profits, the loss and loss adjustment experience of each accident year shall continue to be reported until each accident year has been reported at eight (8) stages of development.~~ ~~(d) Each insurance group's underwriting gain or loss for each calendar accident year shall be computed as follows: The sum of the accident year incurred losses and loss adjustment expenses as of December 31 of the year, developed to an ultimate basis, plus the administrative and selling expenses incurred in the calendar year, plus policyholder dividends applicable to the calendar year, shall be subtracted from the calendar year earned premium to determine the underwriting gain or loss.~~ ~~(e) For the three (3) most recent calendar accident years, the underwriting gain or loss shall be compared to the anticipated underwriting profit.~~ ~~(f) If the insurance group has realized an excess profit, the department shall order a return of the excess amounts after affording the insurance group an opportunity for a hearing and complying with the provisions of the Administrative Procedures Act, chapter 35 of title 42. The excess amounts shall be refunded in all instances unless the insurance group affirmatively demonstrates to the department that the refund of the excess amounts will render the insurance group insolvent under the provisions of this title.~~ ~~(g) Any excess profit of an insurance group offering workers' compensation or employers' liability insurance shall be returned to policyholders in the form of a cash refund or be returned to policyholders in the form of a credit toward the future purchase of insurance. The excess amount shall be refunded on a pro rata basis in relation to the final compilation year earned premiums to the workers' compensation policyholders of record of the insurance group on December 31 of the final compilation year.~~ ~~(h) (1) Cash refunds to policyholders may be rounded to the nearest dollar;~~ ~~(2) Data in required reports to the department may be rounded to the nearest dollar;~~ ~~(3) Rounding, if elected by the insurance group, shall be applied consistently.~~ ~~(i) (1) Refunds shall be completed in one of the following ways:~~ ~~(i) If the insurance group elects to make a cash refund, the refund shall be completed within sixty (60) days of the entry of a final order indicating that excess profits have been realized; or~~ ~~(ii) If the insurance group elects to make refunds in the form of a credit to renewal policies, the credits shall be applied to policy renewal premium notices which are forwarded to insured more than sixty (60) calendar days after the entry of a final order indicating that excess profits have been realized. If an insurance group has made this election, but an insured after this cancels his or her policy or allows his or her policy to terminate, the insurance group shall make a cash refund not later than sixty (60) days after the termination of the coverage;~~ ~~(2) Upon completion of the renewal credits or refund payments, the insurance group shall immediately certify to the department that the refunds have been made.~~ ~~(j) Any refund or renewal credit made pursuant to this section, for the purposes of reporting under this section for subsequent years, shall be treated as a policyholder dividend applicable to the year in which it is incurred.~~	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Rhode Island	HB 6224 Substitute A	**HB 6224 Substitute A**, in part, amends sections **28-33-18.3. Continuation of benefits—Partial incapacity, 28-53-2. Establishment—Sources—Administration**, and **28-53-7. Payments to employees of uninsured employers** of the Rhode Island Workers Compensation Act as follows: **§ 28-33-18.3 Continuation of benefits—Partial incapacity.** (a) (1) For all injuries occurring on or after September 1, 1990, in those cases where the employee has received a notice of intention to terminate partial-incapacity benefits pursuant to § 28-33-18, the employee, or his or her duly authorized representative, may file with the workers' compensation court a petition for continuation of benefits on forms prescribed by the workers' compensation court. In any proceeding before the workers' compensation court on a petition for continuation of partial-incapacity benefits, where the employee demonstrates by a fair preponderance of the evidence that his or her partial incapacity poses a material hindrance to obtaining employment suitable to his or her limitation, partial-incapacity benefits shall continue. ~~For injuries on and after July 1, 2023, "material hindrance" is defined to include only compensable injuries causing a greater than sixty-five percent (65%) degree of functional impairment and/or disability.~~ Any period of time for which the employee has received benefits for total incapacity shall not be included in the calculation of the three hundred and twelve-week (312) period. (2) ~~The provisions of this subsection apply to all injuries from Sept. 1, 1990, to July 1, 2023.~~ … **§ 28-53-2. Establishment—Sources—Administration.** (a) There shall be established within the department of labor and training a special restricted receipt account to be known as the Rhode Island uninsured employers fund. The fund shall be capitalized from excise taxes assessed against uninsured employers pursuant to the provisions of § 28-53-9 of this chapter and from general revenues appropriated by the legislature. Beginning in state fiscal year ending ~~June 30, 2017~~ June 30, 2018, the legislature may appropriate up to two million dollars ($2,000,000) in general revenue funds annually for deposit into the Rhode Island uninsured employers fund. … **§ 28-53-7. Payments to employees of uninsured employers.** (a) Where it is determined that the employee was injured in the course of employment while working for an employer who fails to maintain a policy of workers' compensation insurance as required by § 28-36-1 et seq., the uninsured employers fund shall pay the benefits to which the injured employee would be entitled pursuant to chapters 29 to 38 of this title subject to the limitations set forth herein. (b) The workers' compensation court shall hear all petitions for payment from the fund pursuant to § 28-30-1 et seq.; provided, however, that the uninsured employers fund and the employer shall be named as parties to any petition seeking payment of benefits from the fund. (c) Where an employee is deemed to be entitled to benefits from the uninsured employers fund, the fund shall pay benefits for disability and medical expenses as provided pursuant to chapters 29 to 38 of this title except that the employee shall not be entitled to receive benefits for loss of function and disfigurement pursuant to the provisions of § 28-33-19. (d) The fund shall pay cost, counsel, and witness fees, as provided in § 28-35-32, to any employee who successfully prosecutes any petitions for compensation; petitions for medical expenses; petitions to amend a pretrial order or memorandum of agreement; and all other employee petitions; and to employees who successfully defend, in whole or in part, proceedings seeking to reduce or terminate any and all workers' compensation benefits; provided, however, that the attorney's fees awarded to counsel who represent the employee in petitions for lump-sum commutation filed	6/29/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		pursuant to § 28-33-25, or in the settlement of disputed cases pursuant to § 28- 33-25.1, shall be limited to the maximum amount paid to counsel who serve as court-appointed attorneys in workers' compensation proceedings as established by rule or order of the Rhode Island supreme court. (e) In the event that the uninsured employer makes payment of any monies to the employee to compensate the employee for lost wages or medical expenses, the fund shall be entitled to a credit for all such monies received by, or on behalf of, the employee against any future benefits payable directly to the employee. (f) This section shall apply to injuries that occur on or after ~~July 1, 2017~~ July 1, 2018. **Note: HB 6224 Substitute A** is identical to **SB 917 Substitute A** and was not included in any previous version of NCCI's ***Legislative Activity Report***.	
Rhode Island	SB 917	**SB 917 Substitute A**, in part, amend sections **28-33-18.3. Continuation of benefits—Partial incapacity, 28-53-2. Establishment—Sources—Administration**, and **28-53-7. Payments to employees of uninsured employers** of the Rhode Island Workers Compensation Act as follows: **§ 28-33-18.3 Continuation of benefits—Partial incapacity.** (a) (1) For all injuries occurring on or after September 1, 1990, in those cases where the employee has received a notice of intention to terminate partial-incapacity benefits pursuant to § 28-33-18, the employee, or his or her duly authorized representative, may file with the workers' compensation court a petition for continuation of benefits on forms prescribed by the workers' compensation court. In any proceeding before the workers' compensation court on a petition for continuation of partial-incapacity benefits, where the employee demonstrates by a fair preponderance of the evidence that his or her partial incapacity poses a material hindrance to obtaining employment suitable to his or her limitation, partial-incapacity benefits shall continue. ~~For injuries on and after July 1, 2023, "material hindrance" is defined to include only compensable injuries causing a greater than sixty-five percent (65%) degree of functional impairment and/or disability.~~ Any period of time for which the employee has received benefits for total incapacity shall not be included in the calculation of the three hundred and twelve-week (312) period. (2) ~~The provisions of this subsection apply to all injuries from Sept. 1, 1990, to July 1, 2023.~~ … **§ 28-53-2. Establishment—Sources—Administration.** (a) There shall be established within the department of labor and training a special restricted receipt account to be known as the Rhode Island uninsured employers fund. The fund shall be capitalized from excise taxes assessed against uninsured employers pursuant to the provisions of § 28-53-9 of this chapter and from general revenues appropriated by the legislature. Beginning in state fiscal year ending ~~June 30, 2017~~ June 30, 2018, the legislature may appropriate up to two million dollars ($2,000,000) in general revenue funds annually for deposit into the Rhode Island uninsured employers fund. … **§ 28-53-7. Payments to employees of uninsured employers.** (a) Where it is determined that the employee was injured in the course of employment while working for an employer who fails to maintain a policy of workers' compensation insurance as required by § 28-36-1 et seq., the uninsured employers fund shall pay the benefits to which the injured employee would be entitled pursuant to chapters 29 to 38 of this title subject to the limitations set forth herein.	6/29/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) The workers' compensation court shall hear all petitions for payment from the fund pursuant to § 28-30-1 et seq.; provided, however, that the uninsured employers fund and the employer shall be named as parties to any petition seeking payment of benefits from the fund. (c) Where an employee is deemed to be entitled to benefits from the uninsured employers fund, the fund shall pay benefits for disability and medical expenses as provided pursuant to chapters 29 to 38 of this title except that the employee shall not be entitled to receive benefits for loss of function and disfigurement pursuant to the provisions of § 28-33-19. (d) The fund shall pay cost, counsel, and witness fees, as provided in § 28-35-32, to any employee who successfully prosecutes any petitions for compensation; petitions for medical expenses; petitions to amend a pretrial order or memorandum of agreement; and all other employee petitions; and to employees who successfully defend, in whole or in part, proceedings seeking to reduce or terminate any and all workers' compensation benefits; provided, however, that the attorney's fees awarded to counsel who represent the employee in petitions for lump-sum commutation filed pursuant to § 28-33-25, or in the settlement of disputed cases pursuant to § 28- 33-25.1, shall be limited to the maximum amount paid to counsel who serve as court-appointed attorneys in workers' compensation proceedings as established by rule or order of the Rhode Island supreme court. (e) In the event that the uninsured employer makes payment of any monies to the employee to compensate the employee for lost wages or medical expenses, the fund shall be entitled to a credit for all such monies received by, or on behalf of, the employee against any future benefits payable directly to the employee. (f) This section shall apply to injuries that occur on or after ~~July 1, 2017~~ July 1, 2018. **Note: SB 917 Substitute A** is identical to **HB 6224 Substitute A**, which was enacted on June 30, 2017, and included in NCCI's July 7, 2017 ***Legislative Activity Report*** (RLA-2017-26)**.**	
Rhode Island	SB 1003	**SB 1003** repeals multiple sections of the State of Rhode Island General Laws related to insurance, including, but not limited to the following: ~~**§ 27-9-51. Excess profits for workers' compensation and employer's liability insurance prohibited.**~~ ~~(a) Each insurance group shall file with the department prior to July 1 of each year, on a form prescribed by the department, the following data for workers' compensation and employers' liability insurance:~~ ~~(1) The calendar year earned premium;~~ ~~(2) Accident year incurred losses and loss adjustment expenses;~~ ~~(3) The administrative and selling expenses incurred in Rhode Island or allocated to Rhode Island for the calendar year; and~~ ~~(4) Policyholder dividends applicable to the calendar year.~~ ~~(b) (1) Excess profit has been realized if the underwriting gain is greater than the anticipated underwriting profit plus five percent (5%) of earned premiums for the three (3) most recent calendar years;~~ ~~(2) As used in this section with respect to any three (3) year period, "anticipated underwriting profit" means the sum of the dollar amounts obtained by multiplying, for each rate filing of the insurance group in effect during that period, the earned premiums applicable to the rate filing during that period by the percentage factor included in the rate filing for profit and contingencies, the percentage factor having been determined with due recognition to investment income from funds generated by Rhode Island business. Separate calculations need not be made for consecutive rate filings containing the same percentage factor for profits and contingencies.~~	9/19/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(c) Each insurance group shall also file a schedule of Rhode Island loss and loss adjustment experience for each of the three (3) most recent accident years. The incurred losses and loss adjustment expenses shall be valued as of December 31 of the accident year, developed to an ultimate basis, and two (2) twelve (12) month intervals after this, each developed to an ultimate basis so that a total of three (3) evaluations will be provided for each accident year. For reporting purposes unrelated to determining excessive profits, the loss and loss adjustment experience of each accident year shall continue to be reported until each accident year has been reported at eight (8) stages of development.~~ ~~(d) Each insurance group's underwriting gain or loss for each calendar accident year shall be computed as follows: The sum of the accident year incurred losses and loss adjustment expenses as of December 31 of the year, developed to an ultimate basis, plus the administrative and selling expenses incurred in the calendar year, plus policyholder dividends applicable to the calendar year, shall be subtracted from the calendar year earned premium to determine the underwriting gain or loss.~~ ~~(e) For the three (3) most recent calendar accident years, the underwriting gain or loss shall be compared to the anticipated underwriting profit.~~ ~~(f) If the insurance group has realized an excess profit, the department shall order a return of the excess amounts after affording the insurance group an opportunity for a hearing and complying with the provisions of the Administrative Procedures Act, chapter 35 of title 42. The excess amounts shall be refunded in all instances unless the insurance group affirmatively demonstrates to the department that the refund of the excess amounts will render the insurance group insolvent under the provisions of this title.~~ ~~(g) Any excess profit of an insurance group offering workers' compensation or employers' liability insurance shall be returned to policyholders in the form of a cash refund or be returned to policyholders in the form of a credit toward the future purchase of insurance. The excess amount shall be refunded on a pro rata basis in relation to the final compilation year earned premiums to the workers' compensation policyholders of record of the insurance group on December 31 of the final compilation year.~~ ~~(h) (1) Cash refunds to policyholders may be rounded to the nearest dollar;~~ ~~(2) Data in required reports to the department may be rounded to the nearest dollar;~~ ~~(3) Rounding, if elected by the insurance group, shall be applied consistently.~~ ~~(i) (1) Refunds shall be completed in one of the following ways:~~ ~~(i) If the insurance group elects to make a cash refund, the refund shall be completed within sixty (60) days of the entry of a final order indicating that excess profits have been realized; or~~ ~~(ii) If the insurance group elects to make refunds in the form of a credit to renewal policies, the credits shall be applied to policy renewal premium notices which are forwarded to insured more than sixty (60) calendar days after the entry of a final order indicating that excess profits have been realized. If an insurance group has made this election, but an insured after this cancels his or her policy or allows his or her policy to terminate, the insurance group shall make a cash refund not later than sixty (60) days after the termination of the coverage;~~ ~~(2) Upon completion of the renewal credits or refund payments, the insurance group shall immediately certify to the department that the refunds have been made.~~ ~~(j) Any refund or renewal credit made pursuant to this section, for the purposes of reporting under this section for subsequent years, shall be treated as a policyholder dividend applicable to the year in which it is incurred.~~	
South Carolina	HB 3406	**HB 3406**, in part, amends ***Section 2*** of ***Act 95 of 2013***, relating to the maintenance tax imposed by the Workers' Compensation Commission on self-insurers as follows:	5/19/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Time effective Section 2. This act takes effect ~~July 1, 2013,~~ July 1, 2017, and must be terminated five years after the effective date of the act unless otherwise authorized by the General Assembly. Beginning on July 1, 2014, and on each July first thereafter, the South Carolina Workers' Compensation Commission must report to the Chairman of House Ways and Means Committee, the Chairman of Senate Finance, and the Governor the amount of money the agency has received in the previous fiscal year pursuant to this act.	
South Carolina	HB 3879	**HB 3879** amends ***section 42-9-290. Amount of compensation for death of employee due to accident*** of the South Carolina Code of Laws, in part, as follows: **Section 42-9-290. Amount of compensation for death of employee due to accident** (A) If death results proximately from an accident and within two years of the accident or while total disability still continues and within six years after the accident, the employer shall pay or cause to be paid, subject, however, to the provisions of the other sections of this title, in one of the methods provided in this chapter, to the dependents of the employee wholly dependent upon his earnings for support at the time of the accident, a weekly payment equal to sixty-six and two-thirds percent of his average weekly wages, but not less than seventy-five dollars a week so long as this amount does not exceed his average weekly wages; if this amount does exceed his average weekly wages, the amount payable may not be less than his average weekly wages nor more than the average weekly wage in this State for the preceding fiscal year, for a period of five hundred weeks from the date of the injury, and burial expenses up to but not exceeding ~~twenty-five hundred~~ twelve thousand dollars. If the employee leaves dependents, only partly dependent upon his earnings for support at the time of the injury, the weekly compensation to be paid must equal the same proportion of the weekly payments for the benefit of persons wholly dependent as the amount contributed by the employee to such partial dependence bears to the annual earnings of the deceased at the time of his injury. When weekly payments have been made to an injured employee before his death, the compensation to dependents begins from the date of the last of such payments but does not continue more than five hundred weeks from the date of the injury. Compensation under this title to aliens not residents (or about to become nonresidents) of the United States or Canada is the same in amount as provided for residents, except that dependents in any foreign country are limited to a surviving spouse and child or children or, if there be no surviving spouse or child, to a surviving father or mother whom the employee has supported, either wholly or in part, for a period of three years before the date of the injury, and except that the commission may, at its option, or upon the application of the insurance carrier, commute all future installments of compensation to be paid to such aliens by paying or causing to be paid to them one-half of the commuted amount of future installments of compensation as determined by the commission. …	5/11/17
Tennessee	SB 297	**SB 297**, as amended, amends ***sections 50-6-124. Utilization review system—Pre-admission review—Penalties for rendering excessive or inappropriate services—Legislative intent—Treatment guidelines*** and ***50-6-204. Medical treatment, attendance and hospitalization—Release of medical records—Reports—Disputes—Reimbursement or payment of expenses—Burial expenses—Physical examinations—Pain management—Impairment ratings*** of the Tennessee Code as follows: **50-6-124. Utilization review system—Pre-admission review—Penalties for rendering excessive or inappropriate services—Legislative intent—Treatment guidelines.** …	5/19/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(j) (1) Except as otherwise provided in subdivision (j)(2), the system of utilization review established by the administrator or provided by an employer shall not apply to: (A) Diagnostic procedures ordered in accordance with the treatment guidelines by the authorized treating physician or chiropractor in the first thirty (30) days after the date of injury; or (B) Diagnostic studies recommended by the treating physician in the event the initial treatment regimen is nonsurgical, without diagnostic testing, and is not successful in returning the injured worker to employment. (2) A recommended invasive procedure shall be subject to utilization review at any time. (3) For purposes of this subsection (j): (A) "Diagnostic procedures" includes, but is not limited to, routine and specialty radiography, magnetic resonance imaging that is not for low back pain without radiculopathy, a computerized tomography scan, a myelogram, an arthrogram, an ultrasound, and electromyogram and nerve conduction velocity testing; and (B) "Initial treatment" means the first series of treatments or therapies or first two (2) medication trials ordered by the authorized treating physician in accordance with the adopted treatment guidelines within sixty (60) days of a reported injury. **50-6-204. Medical treatment, attendance and hospitalization—Release of medical records—Reports—Disputes—Reimbursement or payment of expenses—Burial expenses—Physical examinations—Pain management—Impairment ratings.** (a) … (3) … (B) If three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups not associated in practice together are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors, or specialty practice groups within a one-hundred-twenty-five ~~(100)~~ mile radius of the employee's community of residence. For purposes of this subdivision (a)(3)(B), "not associated in practice together" means at least one (1) physician, surgeon, chiropractor, or specialty practice group is not associated in practice with another physician, surgeon, chiropractor, or specialty practice group that is on the list or panel provided to an employee pursuant to this section. … (c) In case death results from the injury or occupational disease, as defined in § 50-6-102, the employer shall, in addition to the medical services, etc., referred to in subsections (a) and (b), pay the burial expenses of the deceased employee, not exceeding ~~seven thousand five hundred dollars ($7,500)~~ten thousand dollars ($10,000). If the deceased employee leaves no dependents entitled to compensation under this chapter, the employer shall pay to the employee's estate the additional benefits provided in § 50-6-209(b)(2) and (3), and shall also be liable for the medical and hospital services and burial expenses provided for in this section. …	
Tennessee	SB 1214	**SB 1214** makes various changes to the Tennessee Workers' Compensation Law as follows:	5/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		• Renames the Second Injury Fund the Subsequent Injury and Vocational Recovery Fund. • Authorizes a sole proprietor, a partner, and members of a Limited Liability Company (LLC) who devote full time to the company to elect to be a covered employee for workers compensation purposes by filing written notice of the election with the partnership, proprietorship, or LLC; and requires that the election be filed with the insurer. Such a sole proprietor, a partner, or member of an LLC may at any time withdraw the election by giving notice of the withdrawal to the partnership, proprietorship, or LLC. • Specifies, with regard to an officer of a corporation electing to be exempt from the Workers' Compensation Law, that notice of such election will not be effective until filed with the corporation; and adds provisions regarding the revocation of the exemption. • Requires that only the employer must be provided the notice and affidavit. Present law authorizes corporate officers, other than corporate officers engaged in the construction industry, to elect exemption from the Workers' Compensation Law by providing notice of the election to the bureau and the officer's employer along with an affidavit affirming that the election was not advised, counseled, or encouraged by the employer. • Requires that an employer with less than five regular employees who wants to opt into the law must purchase a workers compensation insurance policy rather than provide notice to the bureau. Present law generally exempts nonconstruction services employers who have less than five regular employees from the Workers' Compensation Law; and any such exempt employer may opt into the law by filing a notice with the bureau. • Authorizes any employee who has exhausted eligibility for permanent partial disability benefits and, following a workers compensation injury, has not returned to work with any employer or has returned to work and is receiving wages or a salary that is less than 100% of the wages or salary the employee received from the employee's pre-injury employer on the date of injury, to request vocational recovery assistance from the subsequent injury and vocational recovery fund. Vocational recovery assistance may include, but is not limited to, vocational assessment, employment training, job analysis, vocational testing, GED classes and testing, and education through a public Tennessee higher education institution, including books and materials required for courses. All vocational recovery assistance is subject to the maximum limit of $5,000 per eligible employee in a fiscal year, not to exceed a total sum of $20,000 per employee who participates in the program for all years. The total aggregate amount to be paid from the subsequent injury and vocational recovery fund as to all eligible employees will be limited to a total of $500,000 in a calendar year. The administrator of the bureau will determine whether to grant requests for vocational recovery assistance. The bill also sets financial parameters for use of the monies in the subsequent injury and vocational recovery fund for vocational recovery assistance and deletes the present law requirement that the administrator cause the bureau of workers' compensation to refer all feasible cases for vocational rehabilitation to the department of education. The provisions described here are limited to injuries that occur on or after July 1, 2018, but before July 1, 2021. • Specifies that oral argument may be heard for appeals to the workers compensation appeals board; deletes from present law the authorization for the workers compensation appeals board to reverse or modify and remand the decision of a workers compensation judge when the rights of any party have been prejudiced because findings, inferences, conclusions, or decisions of a workers compensation judge: (A) Violate constitutional or statutory provisions; (B) Exceed the statutory authority of the workers' compensation judge; (C) Do not comply with lawful procedure;	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(D) Are arbitrary, capricious, characterized by abuse of discretion, or clearly an unwarranted exercise of discretion; or (E) Are not supported by evidence that is both substantial and material in the light of the entire record • Requires any employer of a construction services provider to, upon request by the bureau, provide proof of valid workers' compensation insurance coverage at the employer's place of business and at job sites where the employer is providing construction services; authorizes the administrator to assess a penalty of $50 to $5,000 per violation for failure to provide proof of valid workers' compensation insurance coverage, and the administrator may assess not less than $50 nor more than $5,000 per violation for subsequent violations. • Authorizes the administrator to assess a penalty of $50 to $5,000 per violation against any person or representative of an entity who knowingly enters or directs a party to enter false or unauthorized information on a construction services provider's application to the secretary of state. Present law generally requires all construction services providers to carry workers compensation insurance; provided, that a construction service provider who meets certain criteria may apply to the secretary of state for an exemption. • Requires insurers to advise policy holders who are construction services providers about the availability of electronic downloads of policy information to facilitate field inspection of proof of workers compensation coverage.	
Texas	HB 451	**HB 451** adds ***section 451.0025. Waiver of Immunity; Permission for First Responders to Sue*** to the Texas Labor Code, Workers Compensation Title, as follows: **Sec. 451.0025. Waiver of Immunity; Permission for First Responder to Sue.** (a) In this section, "first responder" has the meaning assigned by Section 421.095, Government Code. (b) A first responder who alleges a violation of Section 451.001 by a state or local governmental entity that employs the first responder may sue the governmental entity for the relief provided by this chapter. Sovereign or governmental immunity from suit is waived and abolished to the extent of liability created by this chapter. (c) To the extent a person has official or individual immunity from a claim for damages, this section does not affect that immunity. **HB 451** also amends ***section 504.002. Application of General Workers' Compensation Laws; Limit on Actions and Damages*** of the Texas Labor Code as follows: **Sec. 504.002. Application of General Workers' Compensation Laws; Limit on Actions and Damages.** (a) The following provisions of Subtitles A and B apply to and are included in this chapter except to the extent that they are inconsistent with this chapter: (1) Chapter 401, other than Section 401.011(18) defining "employer" and Section 401.012 defining "employee"; (2) Chapter 402; (3) Chapter 403, other than Sections 403.001–403.005; (4) Chapters 404 and 405; (5) Sections 406.006–406.009 and Subchapters B and D–G, Chapter 406, other than Sections 406.033, 406.034, 406.035, 406.091, and 406.096; (6) Chapter 408, other than Sections 408.001(b) and (c); (7) Chapters 409–412; (8) Chapter 413, except as provided by Section 504.053;	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(9) Chapters 414–417; and (10) Chapter 451, subject to the limitations of Subsection (a-1). (a-1) The liability of a political subdivision under Chapter 451 is limited to money damages in a maximum amount of $100,000 for each person aggrieved by and $300,000 for each single occurrence of a violation of that chapter. For purposes of this subsection, a single occurrence is considered to be a single employment policy or employment action that results in discrimination against or discharge of one or more employees concurrently. **HB 451** also states the following: The change in law made by this Act applies only to a cause of action that accrues on or after the effective date of this Act. A cause of action that accrues before the effective date of this Act is governed by the law in effect on the date the cause of action accrued, and the former law is continued in effect for that purpose. This Act takes effect September 1, 2017.	
Texas	HB 919	**HB 919** adds ***section 88.126. Workers' Compensation Insurance Coverage: Intrastate Fire Mutual Aid System and Regional Incident Management Teams*** of the Texas Education Code to read as follows: **Section 88.126. Workers' Compensation Insurance Coverage: Intrastate Fire Mutual Aid System and Regional Incident Management Teams.** (a) In this section: (1) "Intrastate fire mutual aid system team" means an intrastate fire mutual aid system team established under the state emergency management plan under Section 418.042, Government Code, or the statewide mutual aid program for fire emergencies under Section 418.110, Government Code, and coordinated by the Texas A&M Forest Service to assist the state with fire suppression and all-hazard emergency response activities before and following a natural or man-made disaster. (2) "Local government employee member" means a member employed by a local government, as defined by Section 102.001, Civil Practice and Remedies Code. (3) "Member" means an individual, other than an employee of The Texas A&M University System, who has been officially designated as a member of an intrastate fire mutual aid system team or a regional incident management team. (4) "Nongovernment member" means a member who is not a state employee member, a local government employee member, or an employee of The Texas A&M University System. (5) "Regional incident management team" means a regional incident management team established under Section 88.122 or under the state emergency management plan under Section 418.042, Government Code, and coordinated by the Texas A&M Forest Service to assist the state with managing incident response activities before and following a natural or man-made disaster. (6) "State employee member" means a member employed by an agency of the state other than a component of The Texas A&M University System. (b) Notwithstanding any other law, during any period in which an intrastate fire mutual aid system team or a regional incident management team is activated by the Texas Division of Emergency Management, or during any training session sponsored or sanctioned by the Texas Division of Emergency Management for an intrastate fire mutual aid system team or a regional incident management team, a participating nongovernment	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		member or local government employee member is included in the coverage provided under Chapter 501, Labor Code, in the same manner as an employee, as defined by Section 501.001, Labor Code. (c) Service with an intrastate fire mutual aid system team or a regional incident management team by a state employee member who is activated is considered to be in the course and scope of the employee's regular employment with the state. (d) Service with an intrastate fire mutual aid system team or a regional incident management team by an employee of The Texas A&M University System is considered to be in the course and scope of the employee's regular employment with The Texas A&M University System. **HB 919** also amends ***Section 408.0445. Average Weekly Wage for Members of State Military Forces and Texas Task Force 1, Section 501.001 Definitions,*** and ***Section 501.002 Application of General Workers™ Compensation Laws; Limit on Actions and Damages*** of the Texas Labor Code as follows: **Sec. 408.0445. Average Weekly Wage For Members of State Military Forces, ~~And~~ Texas Task Force 1, Intrastate Fire Mutual Aid System Teams, and Regional Incident Management Teams.** … (c) For purposes of computing income benefits or death benefits under Section 88.126, Education Code, the average weekly wage of an intrastate fire mutual aid system team member or a regional incident management team member, as defined by Section 88.126, Education Code, who is engaged in authorized training or duty is an amount equal to the sum of the member's regular weekly wage at any employment, including self-employment, that the member holds in addition to serving as a member of an intrastate fire mutual aid system team or a regional incident management team, as applicable, except that the amount may not exceed 100 percent of the state average weekly wage as determined under Section 408.047. A member for whom an average weekly wage cannot be computed shall be paid the minimum weekly benefit established by the division. **Section 501.001 Definitions** … (5) "Employee" means a person who is: (A) in the service of the state pursuant to an election, appointment, or express oral or written contract of hire; (B) paid from state funds but whose duties require that the person work and frequently receive supervision in a political subdivision of the state; (C) a peace officer employed by a political subdivision, while the peace officer is exercising authority granted under: (i) Article 2.12, Code of Criminal Procedure; or (ii) Articles 14.03(d) and (g), Code of Criminal Procedure; (D) a member of the state military forces, as defined by Section 437.001, Government Code, who is engaged in authorized training or duty; ~~or~~ (E) a Texas Task Force 1 member, as defined by Section 88.301, Education Code, who is activated by the Texas Division of Emergency Management or is injured during training sponsored or sanctioned by Texas Task Force 1; or (F) an intrastate fire mutual aid system team member or a regional incident management team member, as defined by Section 88.126, Education Code, who is activated by the Texas Division of Emergency Management or is injured during training sponsored or sanctioned by the Texas Division of Emergency Management on behalf of an intrastate fire mutual aid system team or a regional incident management team, as applicable.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 501.002 Application of General Workers™ Compensation Laws; Limit on Actions and Damages … (g) For purposes of this chapter and Section 88.126, Education Code, the Texas A&M Forest Service shall perform all duties of an employer in relation to an intrastate fire mutual aid system team member or a regional incident management team member who is injured and receives benefits under this chapter. **HB 919** also states the following: The change in law made by this Act applies only to a claim for workers' compensation benefits based on a compensable injury that occurs on or after the effective date of this Act. A claim based on a compensable injury that occurs before the effective date of this Act is governed by the law in effect on the date the compensable injury occurred, and the former law is continued in effect for that purpose. This Act takes effect September 1, 2017.	
Texas	HB 1456	**HB 1456** amends ***section 415.035. Judicial Review.*** of the Texas Labor Code as follows: **415.035. Judicial Review.** ~~(a)~~ A decision under Section 415.034 is subject to judicial review in the manner provided for judicial review under Chapter 2001, Government Code. ~~(b) If an administrative penalty is assessed, the person charged shall:~~ ~~(1) forward the amount of the penalty to the division for deposit in an escrow account; or~~ ~~(2) post with the division a bond for the amount of the penalty, effective until all judicial review of the determination is final.~~ ~~(c) Failure to comply with Subsection (b) results in a waiver of all legal rights to contest the violation or the amount of the penalty.~~ ~~(d) If the court determines that the penalty should not have been assessed or reduces the amount of the penalty, the division shall:~~ ~~(1) remit the appropriate amount, plus accrued interest, if the administrative penalty was paid; or~~ ~~(2) release the bond.~~ **HB 1456** also states the following: Section 415.035, Labor Code, as amended by this Act, applies only to judicial review of a decision issued on or after the effective date of this Act. Judicial review of a decision issued before the effective date of this Act is governed by the law in effect on the date the decision was issued, and the former law is continued in effect for that purpose.	5/26/17
Texas	HB 1983	**HB 1983** adds ***Section 504.019. Coverage for Post-Traumatic Stress Disorder for Certain First Responders*** to the Texas Labor Code as follows: **Sec. 504.019. Coverage for Post-Traumatic Stress Disorder for Certain First Responders.** (a) In this section: (1) "First responder" means an individual employed by a political subdivision of this state who is: (A) a peace officer under Article 2.12, Code of Criminal Procedure; (B) a person licensed under Chapter 773, Health and Safety Code, as an emergency care attendant, emergency medical technician, emergency medical technician-intermediate, emergency medical technician-paramedic, or licensed paramedic; or	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(C) a firefighter subject to certification by the Texas Commission on Fire Protection under Chapter 419, Government Code, whose principal duties are firefighting and aircraft crash and rescue. (2) "Post-traumatic stress disorder" means a disorder that meets the diagnostic criteria for post-traumatic stress disorder specified by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition, or a later edition adopted by the commissioner of workers' compensation. (b) Post-traumatic stress disorder suffered by a first responder is a compensable injury under this subtitle only if it is based on a diagnosis that: (1) the disorder is caused by an event occurring in the course and scope of the first responder's employment; and (2) the preponderance of the evidence indicates that the event was a substantial contributing factor of the disorder. **HB 1983** also amends ***Section 408.006 Mental Trauma Injuries*** of the Texas Labor Code as follows: **Section 408.006 Mental Trauma Injuries** … (b) Notwithstanding Section 504.019, a ~~A~~ mental or emotional injury that arises principally from a legitimate personnel action, including a transfer, promotion, demotion, or termination, is not a compensable injury under this subtitle. **HB 1983** also states the following: The change in law made by this Act applies only to a claim for workers' compensation benefits based on a compensable injury that occurs on or after the effective date of this Act. A claim based on a compensable injury that occurs before that date is governed by the law as it existed on the date the compensable injury occurred, and the former law is continued in effect for that purpose.	
Texas	HB 1989	**HB 1989** amends ***section 407.045 Withdrawal from Self-Insurance*** of the Texas Labor Code as follows: **407.045 Withdrawal from Self-Insurance** … (a-1) For purposes of Subsection (a), an adequate program includes a program in which the certified self-insurer has insured or reinsured all workers' compensation obligations incurred by the self-insurer with an authorized insurer under an agreement that is filed with and approved in writing by the commissioner. The obligations incurred include: (1) all known claims and expenses associated with those claims; and (2) all incurred but not reported claims and expenses associated with those claims. …	9/1/17
Texas	HB 2053	**HB 2053** amends ***sections 414.005. Investigation Unit***, ***414.006. Referral to Other Authorities***, ***418.001. Penalty for Fraudulently Obtaining or Denying Benefits***, and ***418.002. Penalty for Fraudulently Obtaining Workers' Compensation Insurance Coverage*** of the Texas Labor Code as follows: **Sec. 414.005. Investigation Unit.** (a) The division shall maintain an investigation unit to conduct investigations relating to:	6/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(1) alleged violations of this subtitle, commissioner rules, or a commissioner order or decision, with particular emphasis on violations of Chapters 415 and 416; and (2) alleged offenses under this subtitle, with particular emphasis on offenses under Chapter 418. **Sec. 414.006. Referral to Other Authorities.** (a) For further investigation or the institution of appropriate proceedings, the division may refer the persons involved in a case subject to an investigation to other appropriate authorities, including licensing agencies, district and county attorneys, or the attorney general. (b) The division may provide technical or litigation assistance regarding the investigation referred under Subsection (a) to the appropriate authority. **Sec. 418.001. Penalty for Fraudulently Obtaining or Denying Benefits.** … (b) An offense under Subsection (a) is: (1) a Class A misdemeanor if the value of the benefits is less than $2,500 ~~$1,500~~; and (2) a state jail felony if the value of the benefits is $2,500 ~~$1,500~~ or more. **Sec. 418.002. Penalty for Fraudulently Obtaining Workers' Compensation Insurance Coverage.** … (b) An offense under Subsection (a) is: (1) a Class A misdemeanor if the amount of premium avoided is less than $2,500 ~~$1,500~~; and (2) a state jail felony if the amount of the premium avoided is $2,500 ~~$1,500~~ or more. **HB 2053** also amends the heading to Chapter 418 to read: **Chapter 418. Criminal Investigations and Penalties** In addition, **HB 2053** adds ***section 418.004. Subpoena Authority*** to the Texas Labor Code as follows: **Sec. 418.004. Subpoena Authority.** (a) The commissioner may issue a subpoena to compel the attendance and testimony of a witness or the production of materials relevant to an investigation of an offense under this chapter. (b) The commissioner may issue a subpoena under Subsection (a) regarding a witness or materials located in this state or in another state. **HB 2053** also states the following: Sections 418.001(b) and 418.002(b), Labor Code, as amended by this Act, apply only to an offense committed on or after September 1, 2017. An offense committed before September 1, 2017, is governed by the law in effect when the offense was committed, and the former law is continued in effect for that purpose. For purposes of this section, an offense was committed before September 1, 2017, if any element of the offense occurred before that date.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 418.004, Labor Code, as added by this Act, applies to a subpoena issued on or after the effective date of this Act, regardless of whether the offense investigated was committed before, on, or after that date.	
Texas	HB 2061	**HB 2061** amends ***sections 410.253. Service; Notice*** and ***410.258. Notification of Division of Proposed Judgments and Settlements; Right to Intervene*** of the Texas Labor Code as follows: **Sec. 410.253. Service~~; Notice~~.** (a) A party seeking judicial review shall simultaneously: (1) file a copy of the party's petition with the court; (2) serve any opposing party to the suit; and (3) provide a copy ~~written notice~~ of the party's petition ~~suit or notice of appeal~~ to the division. (b) A party may not seek judicial review under Section 410.251 unless the party has provided the copy ~~written notice~~ of the petition ~~suit~~ to the division under Subsection (a)(3) ~~as required by this section~~. **Sec. 410.258. Notification of Division of Proposed Judgments and Settlements; Right to Intervene.** (a) The party who initiated a proceeding under this subchapter or Subchapter G must file any proposed judgment or settlement ~~made by the parties to the proceeding~~, including a proposed default judgment or proposed agreed judgment, with the division not later than the 30th day before the date on which the court is scheduled to enter the judgment or approve the settlement. (a-1) If the terms of the proposed settlement or proposed agreed judgment, including all payments to be made, are not described in the proposed settlement or proposed agreed judgment, the party must also file with the division at the time of filing the proposed settlement or proposed agreed judgment a separate document that fully describes the terms of the proposed settlement or proposed agreed judgment. (a-2) The proposed ~~judgment or~~ settlement or proposed agreed judgment and any separate document described by Subsection (a-1) must be mailed to the division by certified mail, return receipt requested. (a-3) The separate document filed with the division under Subsection (a-1) is not subject to disclosure under Chapter 552, Government Code. **HB 2061** also states the following: Section 410.253, Labor Code, as amended by this Act, applies to a petition for judicial review filed on or after the effective date of this Act. Section 410.258, Labor Code, as amended by this Act, applies to a proposed judgment or settlement related to a proceeding under Subchapter F or G, Chapter 410, Labor Code, initiated on or after the effective date of this Act.	9/1/17
Texas	HB 2082	**HB 2082** adds new ***section 404.1525. First Responder Liaison*** to the Texas Labor Code to read: **Sec. 404.1525. First Responder Liaison.** (a) In this section, "first responder" has the meaning assigned by Section 504.055. (b) The public counsel shall designate an employee of the office to act as first responder liaison. (c) The first responder liaison shall assist an injured first responder and, if applicable, the ombudsman assigned to the first responder's case, during a workers' compensation administrative dispute resolution process.	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(d) The first responder liaison: (1) must meet the qualifications for designation as an ombudsman under this subchapter; and (2) is subject to the training and education requirements for an ombudsman under this subchapter. In addition, **HB 2082** amends ***section 404.153. Employer Notification; Administrative Violation.*** of the Texas Labor Code as follows: **Sec. 404.153. Employer Notification; Administrative Violation.** (a) Each employer shall notify its employees of the ombudsman program in the manner prescribed by the office. (a-1) An employer that employs first responders or supervises volunteer first responders shall notify the first responders of the first responder liaison in the manner prescribed by the office. In this subsection, "first responder" has the meaning assigned by Section 504.055. (b) An employer commits an administrative violation if the employer fails to comply with this section.	
Texas	HB 2112	**HB 2112** amends various provisions of the Texas Labor Code as follows: **Section 402.066. Recommendations to Legislature.** (a) The commissioner shall consider and recommend to the legislature changes to this subtitle~~, including any statutory changes required by an evaluation conducted under Section 402.074~~. … **Section 406.007. Termination of Coverage by Employer; Notice.** (a) An employer who terminates workers' compensation insurance coverage obtained under this subtitle shall file a written notice with the division ~~by certified mail~~ not later than the 10th day after the date on which the employer notified the insurance carrier to terminate the coverage. The notice must include a statement certifying the date that notice was provided or will be provided to affected employees under Section 406.005. … **Section 406.008. Cancellation or Nonrenewal of Coverage by Insurance Company; Notice.** (a) An insurance company that cancels a policy of workers' compensation insurance or that does not renew the policy by the anniversary date of the policy shall deliver notice of the cancellation or nonrenewal to the division, and by certified mail or in person to the employer, ~~and the division~~ not later than: (1) the 30th day before the date on which the cancellation or nonrenewal takes effect; or (2) the 10th day before the date on which the cancellation or nonrenewal takes effect if the insurance company cancels or does not renew because of: (A) fraud in obtaining coverage; (B) misrepresentation of the amount of payroll for purposes of premium calculation; (C) failure to pay a premium when due; (D) an increase in the hazard for which the employer seeks coverage that results from an act or omission of the employer and that would produce an increase in the rate, including an increase because of a failure to comply with:	6/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(i) reasonable recommendations for loss control; or (ii) recommendations designed to reduce a hazard under the employer's control within a reasonable period; or (E) a determination made by the commissioner of insurance that the continuation of the policy would place the insurer in violation of the law or would be hazardous to the interest of subscribers, creditors, or the general public. … **Section 406.144. Election to Provide Coverage; Agreement.** … (d) The hiring contractor shall send a copy of an agreement under this section to: (1) the hiring contractor's workers' compensation insurance carrier; and (2) the division, on the division's request ~~on filing of the agreement with the division~~. … **Section 406.145. Joint Agreement.** … (c) The hiring contractor shall send a copy of a joint agreement signed under this section to: (1) the hiring contractor's workers' compensation insurance carrier; and (2) the division, on the division's request ~~on filing of the joint agreement with the division~~. … **Section 408.150. Vocational Rehabilitation.** (a) The division shall refer an employee to the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services~~ with a recommendation for appropriate services if the division determines that an employee could be materially assisted by vocational rehabilitation or training in returning to employment or returning to employment more nearly approximating the employee's preinjury employment. ~~The division shall also notify insurance carriers of the need for vocational rehabilitation or training services.~~ The insurance carrier may provide vocational rehabilitation or training services through a private provider of vocational rehabilitation services ~~under Section 409.012~~. (b) An employee who refuses services or refuses to cooperate with services provided under this section by the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services~~ or a private provider loses entitlement to supplemental income benefits. **Section 409.010. Information Provided to Employee or Legal Beneficiary.** Immediately on receiving notice of an injury or death from any person, the division shall send ~~mail~~ to the employee or legal beneficiary a clear and concise description of: (1) the services provided by: (A) the division; and (B) the office of injured employee counsel, including the services of the ombudsman program;	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(2) the division's procedures; and (3) the person's rights and responsibilities under this subtitle. **Section 409.011. Information Provided to Employer; Employer's Rights.** (a) Immediately on receiving notice of an injury or death from any person, the division shall send ~~mail~~ to the employer a description of: (1) the services provided by the division and the office of injured employee counsel; (2) the division's procedures; and (3) the employer's rights and responsibilities under this subtitle. … **Section 409.012. Vocational Rehabilitation Information.** … (b) If the division determines that an injured employee would be assisted by vocational rehabilitation, the division shall notify: (1) the injured employee in writing of the services and facilities available through the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services~~ and private providers of vocational rehabilitation; and (2) the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services and the affected insurance carrier~~ that the injured employee has been identified as one who could be assisted by vocational rehabilitation. (c) The division shall cooperate with the office of injured employee counsel, the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services~~, and private providers of vocational rehabilitation in the provision of services and facilities to employees by the Texas Workforce Commission ~~Department of Assistive and Rehabilitative Services~~. … **Section 409.013. Plain Language Information; Notification of Injured Employee** … (b) On receipt of a report under Section 409.005, the division shall: (1) contact the affected employee; ~~by mail or by telephone~~ and (2) ~~shall~~ provide the information required under Subsection (a) to that employee, together with any other information that may be prepared by the office of injured employee counsel or the division for public dissemination that relates to the employee's situation, such as information relating to back injuries or occupational diseases. **HB 2112** also repeals the following provisions of the Labor Code as follows: ~~**Section 402.074. Strategic Management; Evaluation.**~~ ~~The commissioner shall implement a strategic management plan that:~~ ~~(1) requires the division to evaluate and analyze the effectiveness of the division in implementing:~~	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(A) the statutory goals adopted under Section 402.021, particularly goals established to encourage the safe and timely return of injured employees to productive work roles; and~~ ~~(B) the other standards and requirements adopted under this code, the Insurance Code, and other applicable laws of this state; and~~ ~~(2) modifies the organizational structure and programs of the division as necessary to address shortfalls in the performance of the workers' compensation system of this state.~~ **Section 406.144. Election to Provide Coverage; Agreement.** … ~~(c) An agreement under this section shall be filed with the division either by personal delivery or by registered or certified mail and is considered filed on receipt by the division.~~ … **Sections 406.145. Joint Agreement** … ~~(b) A joint agreement shall be delivered to the division by personal delivery or registered or certified mail and is considered filed on receipt by the division.~~ … ~~(d) The division shall maintain a system for accepting and maintaining the joint agreements.~~ … ~~**Section 408.032. Study on Interdisciplinary Pain Rehabilitation Program and Facility Accreditation Requirement.**~~ ~~The division shall study the issue of required accreditation of interdisciplinary pain rehabilitation programs or interdisciplinary pain rehabilitation treatment facilities that provide services to injured employees and shall report to the legislature regarding any statutory changes that the division considers necessary to require that accreditation.~~ ~~**Section 408.086. Division Determination of Extended Unemployment or Underemployment.**~~ ~~(a) During the period that impairment income benefits or supplemental income benefits are being paid to an employee, the commissioner shall determine at least annually whether any extended unemployment or underemployment is a direct result of the employee's impairment.~~ ~~(b) To make this determination, the commissioner may require periodic reports from the employee and the insurance carrier and, at the insurance carrier's expense, may require physical or other examinations, vocational assessments, or other tests or diagnoses necessary to perform the commissioner's duty under this section and Subchapter H.~~ **Section 409.012. Vocational Rehabilitation Information.** … ~~(d) A private provider of vocational rehabilitation services may register with the division.~~	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… In addition, **HB 2112** includes the following clauses: The change in law made by this Act applies only to a notice, agreement, description, or information required to be sent or provided on or after the effective date of this Act.	
Texas	HB 2119	**HB 2119** amends ***section 408.183 Duration of Death Benefits*** of the Texas Labor Code as follows: **Sec. 408.183 Duration of Death Benefits.** … (b) An eligible spouse is entitled to receive death benefits for life or until remarriage. On remarriage, the eligible spouse is entitled to receive 104 weeks of death benefits, commuted as provided by commissioner rule. (b-1) Notwithstanding Subsection (b), an eligible spouse who remarried is eligible for death benefits for life if the employee was a first responder, as defined by Section 504.055, who suffered death in the course and scope of employment or while providing services as a volunteer. This subsection applies regardless of the date on which the death of the first responder occurred. … **HB 2119** also repeals Chapter 1018 (H.B. 1094), Acts of the 84th Legislature, Regular Session, 2015. In addition, **HB 2119** states the following: The change in law made by this Act to Section 408.183, Labor Code, applies only to an eligible spouse who remarries on or after the effective date of this Act. An eligible spouse who remarried before that date is governed by the law as it existed immediately before the effective date of this Act, and the former law is continued in effect for that purpose.	9/1/17
Texas	HB 2546	**HB 2546** amends ***section 408.025 Reports and Records Required from Health Care Providers*** of the Texas Labor Code as follows: **408.025 Reports and Records Required from Health Care Providers** … (a-1) A treating doctor may delegate to a physician assistant who is licensed to practice in this state under Chapter 204, Occupations Code, the authority to complete and sign a work status report regarding an injured employee's ability to return to work. The delegating treating doctor is responsible for the acts of the physician assistant under this subsection. …	6/9/17
Texas	SB 877	**SB 877** amends ***section 504.053 Election*** of the Texas Labor Code as follows: **504.053 Election** … (e) Nothing in this chapter waives sovereign immunity or creates a new cause of action, except that a political subdivision that self-insures either individually or collectively is liable for attorney's fees as provided by Section 417.003.	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Texas	SB 1494	**SB 1494** amends ***section 413.014. Preauthorization Requirements; Concurrent Review and Certification of Health Care*** of the Texas Labor Code as follows: **Sec. 413.014. Preauthorization Requirements; Concurrent Review and Certification of Health Care.** … (c) The commissioner's rules adopted under this section must provide that preauthorization and concurrent review are required at a minimum for: (1) spinal surgery, as provided by Section 408.026; (2) work-hardening or work-conditioning services ~~provided by a health care facility that is not credentialed by an organization recognized by commissioner rules~~; (3) inpatient hospitalization, including any procedure and length of stay; (4) physical and occupational therapy; (5) outpatient or ambulatory surgical services, as defined by commissioner rule; and (6) any investigational or experimental services or devices. (c-1) Notwithstanding Subsection (c)(2), the commissioner by rule may exempt from preauthorization and concurrent review work-hardening or work-conditioning services provided by a health care facility that is credentialed by an organization designated by commissioner rule. … **SB 1494** also states the following: The change in law made by this Act applies only to health care services provided on or after the effective date of this Act in conjunction with a claim for workers' compensation benefits, regardless of the date on which the compensable injury that is the basis of the claim occurred.	9/1/17
Texas	SB 1895	**SB 1895** amends ***section 415.021 Assessment of Administrative Penalties*** of the Texas Labor Code as follows: **415.021 Assessment of Administrative Penalties** … (c) In assessing an administrative penalty: (1) the commissioner shall consider: (A) the seriousness of the violation, including the nature, circumstances, consequences, extent, and gravity of the prohibited act; (B) the history and extent of previous administrative violations; (C) the demonstrated good faith of the violator, including actions taken to rectify the consequences of the prohibited act; (D) the penalty necessary to deter future violations; ~~and~~ (E) whether the administrative violation has negative impact on the delivery of benefits to an injured employee; (F) the history of compliance with electronic data interchange requirements; and (G) other matters that justice may require; and (2) the commissioner shall, to the extent reasonable, consider the economic benefit resulting from the prohibited act. (c-1) The commissioner shall adopt rules that require the division, in the assessment of an administrative penalty against a person, to communicate to the person information about the penalty, including:	9/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(1) the relevant statute or rule violated; (2) the conduct that gave rise to the violation; and (3) the factors considered in determining the penalty. **SB 1895** also states the following: Section 415.021(c), Labor Code, as amended by this Act, applies only to an administrative violation that occurs on or after the effective date of this Act. The commissioner of workers' compensation shall adopt rules under Section 415.021(c-1), Labor Code, as added by this Act, as soon as practicable after the effective date of this Act.	
Utah	HB 90	**HB 90 Substitute**, in part, creates ***sections 31A-22-615. Insurance coverage for opioids—Policies—Reports, 34A-2-424.*** and ***49-20-414. Prescribing policies for certain opioid prescriptions*** of the Utah Code Annotated as follows: **31A-22-615. Insurance coverage for opioids—Policies—Reports.** (1) For purposes of this section: (a) "Health care provider" means an individual, other than a veterinarian, who: (i) is licensed to prescribe a controlled substance under Title 58, Chapter 37, Utah Controlled Substances Act; and (ii) possesses the authority, in accordance with the individual's scope of practice, to prescribe Schedule II controlled substances and Schedule III controlled substances that are applicable to opioids and benzodiazapines. (b) "Health insurer" means: (i) an insurer who offers health care insurance as that term is defined in Section 31A-1-301; (ii) health benefits offered to state employees under Section 49-20-202; and (iii) a workers' compensation insurer: (A) authorized to provide workers' compensation insurance in the state; or (B) that is a self-insured employer as defined in Section 34A-2-201. (c) "Opioid" has the same meaning as "opiate," as that term is defined in Section 58-37-2. (d) "Prescribing policy" means a policy developed by a health insurer that includes evidence based guidelines for prescribing opioids, and may include the 2016 Center for Disease Control Guidelines for Prescribing Opioids for Chronic Pain, or the Utah Clinical Guidelines on Prescribing Opioids for the treatment of pain. (2) A health insurer that provides prescription drug coverage may enact a policy to minimize the risk of opioid addiction and overdose from: (a) chronic co-prescription of opioids with benzodiazapines and other sedating substances; (b) prescription of very high dose opioids in the primary care setting; and (c) the inadvertent transition of short-term opioids for an acute injury into long-term opioid dependence. (3) A health insurer that provides prescription drug coverage may enact policies to facilitate: (a) non-narcotic treatment alternatives for patients who have chronic pain; and (b) medication-assisted treatment for patients who have opioid dependence disorder. (4) The requirements of this section apply to insurance plans entered into or renewed on or after July 1, 2017.	Projected 5/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(5) (a) A health insurer subject to this section shall on or before September 1, 2017, and before each September 1 thereafter, submit a written report to the Utah Insurance Department regarding whether the insurer has adopted a policy and a general description of the policy. (b) The Utah Insurance Department shall, on or before October 1, 2017, and before each October 1 thereafter, submit a written summary of the information under Subsection (5)(a) to the Health and Human Services Interim Committee. (6) A health insurer subject to this section may share the policies developed under this section with other health insurers and the public. (7) This section sunsets in accordance with Section 63I-1-231. **34A-2-424. Prescribing policies for certain opioid prescriptions.** (1) This section applies to a person regulated by this chapter or Chapter 3, Utah Occupational Disease Act. (2) A self-insured employer, as that term is defined in Section 34A-2-201.5, an insurance carrier, and a managed health care program under Section 34A-2-111 may implement a prescribing policy for certain opioid prescriptions in accordance with Section 31A-22-615. **49-20-414. Prescribing policies for certain opioid prescriptions.** A plan offered to state employees under this chapter may implement a prescribing policy for certain opioid prescriptions in accordance with Section 31A-22-615.	
Utah	SB 57	**SB 57**, in part, amends ***section 59-9-101. Tax basis—Rates—Exemptions—Rate reductions*** of the Utah Code Annotated as follows: **59-9-101. Tax basis—Rates—Exemptions—Rate reductions** … (2) (a) An admitted insurer writing workers' compensation insurance in this state, including the Workers' Compensation Fund created under Title 31A, Chapter 33, Workers' Compensation Fund, shall pay to the tax commission, on or before March 31 in each year, a premium assessment on the basis of the total workers' compensation premium income received by the insurer from workers' compensation insurance in this state during the preceding calendar year as follows: (i) on or before December 31, 2010, an amount of equal to or greater than 1%, but equal to or less than 5.75% of the total workers' compensation premium income described in this Subsection (2); (ii) on and after January 1, 2011, but on or before December 31, ~~2017~~ 2022, an amount of equal to or greater than 1%, but equal to or less than 4.25% of the total workers' compensation premium income described in this Subsection (2); and (iii) on and after January 1, ~~2018~~ 2023, an amount equal to 1.25% of the total workers' compensation premium income described in this Subsection (2). (b) Total workers' compensation premium income means the net written premium as calculated before any premium reduction for any insured employer's deductible, retention, or reimbursement amounts and also those amounts equivalent to premiums as provided in Section 34A-2-202. (c) The percentage of premium assessment applicable for a calendar year shall be determined by the Labor Commission under Subsection (2)(d). The total premium income shall be reduced in the same manner as provided in Subsections (1)(c)(i) and (1)(c)(ii), but not as provided in Subsection (1)(c)(iii). The commission shall promptly remit from the premium assessment collected under this Subsection (2):	Projected 5/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(i) income to the state treasurer for credit to the Employers' Reinsurance Fund created under Subsection 34A-2-702(1) as follows: (A) on or before December 31, 2009, an amount of up to 5% of the total workers' compensation premium income; (B) on and after January 1, 2010, but on or before December 31, 2010, an amount of up to 4.5% of the total workers' compensation premium income; (C) on and after January 1, 2011, but on or before December 31, ~~2017~~ 2022, an amount of up to 3% of the total workers' compensation premium income; and (D) on and after January 1, ~~2018~~ 2023, 0% of the total workers' compensation premium income; (ii) an amount equal to ~~0.25%~~ .25% of the total workers' compensation premium income to the state treasurer for credit to the Workplace Safety Account created by Section 34A-2-701; (iii) an amount of up to ~~0.5%~~ .5% and any remaining assessed percentage of the total workers' compensation premium income to the state treasurer for credit to the Uninsured Employers' Fund created under Section 34A-2-704; and (iv) beginning on January 1, 2010, ~~0.5%~~ .5% of the total workers' compensation premium income to the state treasurer for credit to the Industrial Accident Restricted Account created in Section 34A-2-705. …	
Utah	SB 62	**SB 62 Substitute** amends ***sections 34A-2-104. "Employee," "worker," and "operative" defined—Specific circumstances—Exemptions***, ***34A-2-1003. Issuance of a waiver***, and ***34A-2-1004. Information required to obtain a waiver*** of the Utah Code Annotated as follows: **34A-2-104. "Employee," "worker," and "operative" defined—Specific circumstances—Exemptions.** … (3) (a) (i) ~~A~~ Except as provided in Subsection (3)(b), a partnership or sole proprietorship may elect to include any partner of the partnership or owner of the sole proprietorship as an employee of the partnership or sole proprietorship under this chapter and Chapter 3, Utah Occupational Disease Act. ~~(b)~~ (ii) If a partnership or sole proprietorship makes an election under Subsection (3)(a), the partnership or sole proprietorship shall serve written notice upon its insurance carrier naming the persons to be covered. ~~(c)~~ (iii) A partner of a partnership or owner of a sole proprietorship may not be considered an employee of the partner's partnership or the owner's sole proprietorship under this chapter or Chapter 3, Utah Occupational Disease Act, until the notice described in Subsection (3)(b) is given. ~~(d)~~ (iv) For premium rate making, the insurance carrier shall assume the salary or wage of the partner or sole proprietor electing coverage under Subsection (3)(a) to be 100% of the state's average weekly wage. (b) A partner of a partnership or an owner of a sole proprietorship is an employee of the partnership or sole proprietorship under this chapter and Chapter 3, Utah Occupational Disease Act, if: (i) the partnership or sole proprietorship: (A) is a motor carrier; and (B) employs at least one individual who is not a partner or an owner; and (ii) the partner or owner personally operates a motor vehicle for the motor carrier.	Projected 5/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(4) (a) ~~A~~ Except as provided in Subsection (4)(g), a corporation may elect not to include any director or officer of the corporation as an employee under this chapter and Chapter 3, Utah Occupational Disease Act. … (g) Subsection (4)(a) does not apply to a director or an officer of a motor carrier if the director or officer personally operates a motor vehicle for the motor carrier. … (7) ~~For purposes of Subsection (5)(d)~~ As used in this section: (a) "Motor carrier" means a person engaged in the business of transporting freight, merchandise, or other property by a commercial vehicle on a highway within this state. (b) "Motor vehicle" means a self-propelled vehicle intended primarily for use and operation on the highways, including a trailer or semitrailer designed for use with another motorized vehicle. (c) "Occupational accident related insurance" means insurance that provides the following coverage at a minimum aggregate policy limit of $1,000,000 for all benefits paid, including medical expense benefits, for an injury sustained in the course of working under a written agreement described in Subsection (5)(d)(iii): (i) disability benefits; (ii) death benefits; and (iii) medical expense benefits, which include: (A) hospital coverage; (B) surgical coverage; (C) prescription drug coverage; and (D) dental coverage. (8) For an individual described in Subsection (5)(d)~~,~~ : (a) if the individual is not covered by a workers' compensation policy, the individual shall obtain: (i) occupational accident related insurance; and (ii) a waiver in accordance with Part 10, Workers' Compensation Coverage Waivers Act; and (b) the commission shall verify the existence of occupational accident insurance coverage with the coverage and benefit limits listed in Subsection (7)(c) before the commission may issue a workers' compensation coverage waiver to the individual pursuant to Part 10, Workers' Compensation Coverage Waivers Act. **34A-2-1003. Issuance of a waiver.** (1) The commission shall issue a workers' compensation coverage waiver to a business entity that: (a) elects not to include an owner, partner, or corporate officer or director as an employee under a workers' compensation policy in accordance with Section 34A-2-103 and Subsection 34A-2-104(3) or (4); …	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		34A-2-1004. Information required to obtain a waiver. To obtain or renew a waiver, a business entity shall submit to the commission: … (2) a copy of one item listed in Subsection (1) and a copy of two or more of the following: … (c) an advertisement of services showing the business entity's name and contact information: (i) in a newspaper of general circulation ~~or~~ ; (ii) in a telephone directory ~~showing the business entity's: (i) name; and (ii) contact information.~~ ; (iii) on a website or social media; or (iv) in a trade magazine.	
Utah	SB 92	**SB 92** creates, repeals, and amends numerous sections of the Utah Code to, in part: • Repeal the statute creating the Workers' Compensation Fund • Remove statutory references to the Workers' Compensation Fund • Address the obligation to write workers' compensation insurance and residual market mechanisms • Provide for the Workers' Compensation Fund's transition to a mutual corporation • Modify membership on the workers' compensation advisory council • Address methods to obtain workers' compensation insurance • Amend the provision addressing penalty for failure to obtain workers' compensation • Modify the provision addressing exemptions for employees temporarily in state	5/9/17, for section 31A-22-2014. All other sections included in the bill are effective 12/31/17
Utah	SB 120	**SB 120** amends section ***34A-2-702. Employers' Reinsurance Fund—Injury causing death—Burial expenses—Payments to dependents*** of the Utah Code, in part, as follows: **34A-2-702. Employers' Reinsurance Fund—Injury causing death—Burial expenses—Payments to dependents.** … (5) (a) If injury causes death within a period of 312 weeks from the date of the accident, the employer or insurance carrier shall pay: (i) the burial expenses of the deceased as provided in Section 34A-2-418; and (ii) benefits in the amount and to a person provided for in this Subsection (5). (b) (i) If there is a wholly dependent person at the time of the death, the payment by the employer or ~~its~~ the employer's insurance carrier shall be: (A) subject to Subsections (5)(b)(i)(B) and (C), 66-2/3% of the decedent's average weekly wage at the time of the injury; (B) not more than a maximum of 85% of the state average weekly wage at the time of the injury per week; and (C) (I) not less than a minimum of $45 per week, plus: (Aa) ~~$5~~ $20 for a dependent spouse; and (Bb) ~~$5~~ $20 for each dependent minor child under the age of 18 years, up to a maximum of four such dependent minor children; and (II) not exceeding:	Projected 5/9/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(Aa) the average weekly wage of the employee at the time of the injury; and (Bb) 85% of the state average weekly wage at the time of the injury per week. …	
Vermont	HB 515	**HB 515**, in part, amends ***Title 21, Chapter 009, section 711. Workers' Compensation Administration Fund*** of the Vermont Statutes Annotated as follows: **§ 711. Workers' Compensation Administration Fund** (a) A Workers' Compensation Administration Fund is created pursuant to 32 V.S.A. chapter 7, subchapter 5 to be expended by the Commissioner for the administration of the workers' compensation and occupational disease programs. The Fund shall consist of contributions from employers made at a rate of ~~1.75~~ 1.4 percent of the direct calendar year premium for workers' compensation insurance, one percent of self-insured workers' compensation losses, and one percent of workers' compensation losses of corporations approved under this chapter. Disbursements from the Fund shall be on warrants drawn by the Commissioner of Finance and Management in anticipation of receipts authorized by this section. …	7/1/17
Vermont	SB 56	**SB 56**, in part, requires the following reports and studies: **Workers Compensation; Industries and Occupations with High Risk, High Premiums, and Few Policy Holders; Study; Report** (a) The Commissioner of Financial Regulation, in consultation with the Commissioner of Labor, the National Council on Compensation Insurance, and other interested stakeholders, shall identify and study industries and occupations in Vermont that experience a high risk of workplace and on-the job injuries and whose workers' compensation insurance is characterized by high premiums and few policy holders in the insurance pool. The industries and occupations addressed in the study shall include, among others, logging and log hauling, as well as arborists, roofers, and occupations in saw mills and wood manufacturing operations. In particular, the Commissioner shall: (1) examine difference in the potential for loss, premium rates, and experience and participation in the workers' compensation marketplace between the industries and occupations identified, and the average for all industries and occupations in Vermont; (2) study potential methods for reducing workers' compensation premium rates and costs for high-risk industries and occupations, including risk pooling between multiple high-risk industries or occupations, creating self-insured trusts; creating voluntary safety certification programs, and programs or best practices employed by other states; and (3) model the potential impact on workers' compensation premiums and costs from each of the methods identified pursuant to subdivision (2) of this subsection. (b) On or before January 15, 2018, the Commissioner of Financial Regulation shall submit a written report to the House Committee on Commerce and Economic Development and the Senate Committee on Finance regarding his or her findings and any recommendations for legislative action to reduce the workers' compensation premium rates and costs for the industries identified in the study. **Short-Term Workers Compensation Policies; Study; Report** The Commissioner of Financial Regulation, in consultation with the Commissioner of Labor, shall examine potential measures to encourage the creation of affordable seasonal and short-term workers' compensation policies and measures to reduce the cost of workers' compensation insurance coverage for small employers in seasonal occupations. On or before January 15, 2018, the Commissioner shall report to the House	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Committee on Commerce and Economic Development and the Senate Committee on Finance regarding his or her finding and any recommendations for legislative action. **Regional Assigned Risk Pool; Study; Report** The Commissioner of Financial Regulation shall examine potential mechanisms for joining with neighboring states to create a regional assigned risk pool for workers' compensation insurance and whether the creation of a regional assigned risk pool could reduce the cost of administering Vermont's assigned risk pool. On or before January 15, 2018, the Commissioner shall submit a written report to the House Committee on Commerce and Economic Development and the Senate Committee on Finance with his or her findings and any recommendations for legislative action related to the implementation of a regional assigned risk pool for workers' compensation insurance. **Administration of Assigned Risk Pool; Study; Report** The Commissioner of Financial Regulation shall examine whether any premium savings or reductions in costs could be realized if the assigned risk pool for workers' compensation was administered directly by the Department of Financial Regulation rather than through a third-party. On or before January 15, 2018, the Commissioner shall submit a written report to the House Committee on Commerce and Economic Development and the Senate Committee on Finance with his or her findings and any recommendations for legislative action. **Emergency Personnel Post-Traumatic Stress Disorder; Study of Experience and Costs; Report** (a) The Commissioner of Labor, in consultation with the Secretary of Administration, the Commissioner of Financial Regulation, the Vermont League of Cities and Towns, and the National Council on Compensation Insurance, shall examine claims for workers' compensation made pursuant to 21 V.S.A. § 601(11)(I) and (J) between July 1, 2017 and January 1, 2020, including: (1) the number of claims made; (2) the cost of the workers compensation benefits provided for those claims; and (3) any changes in administrative and premium costs associated with those claims. (b) On or before January 15 of each year from 2018 through 2020, the Commissioner shall report to the House Committees on Appropriations, on Commerce and Economic Development, and on Health Care, and the Senate Committees on Appropriations, on Finance, and on Health and Welfare regarding its findings and any recommendations for legislative changes. **SB 56**, in part, also amends ***section 601 Definitions*** of Title 21 of the Vermont Statutes Annotated as follows: **§ 601 Definitions** Unless the context otherwise requires, words and phrases used in this chapter shall be construed as follows: … (11) "Personal injury by accident arising out of and in the course of employment" includes an injury caused by the willful act of a third person directed against an employee because of that employment. …	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(I)(i) In the case of police officers, rescue or ambulance workers, or firefighters, post-traumatic stress disorder that is diagnosed by a mental health professional shall be presumed to have been incurred during service in the line of duty and shall be compensable, unless it is shown by a preponderance of the evidence that the post-traumatic stress disorder was caused by nonservice connected risk factors or nonservice-connected exposure. (ii) A police officer, rescue or ambulance worker, or firefighter who is diagnosed with post-traumatic stress disorder within three years of the last active date of employment as a police officer, rescue or ambulance worker, or firefighter shall be eligible for benefits under this subdivision (11). (iii) As used in this subdivision (11)(I): (I) "Firefighter" means a firefighter as defined in 20 V.S.A. § 3151(3) and (4). (II) "Mental health professional" means a person with professional training, experience, and demonstrated competence in the treatment and diagnosis of mental conditions, who is certified or licensed to provide mental health care services and for whom diagnoses of mental conditions are within his or her scope of practice, including a physician, nurse with recognized psychiatric specialties, psychologist, clinical social worker, mental health counselor, or alcohol or drug abuse counselor. (III) "Police officer" means a law enforcement officer who has been certified by the Vermont Criminal Justice Training Council pursuant to 20 V.S.A. chapter 151. (IV) "Rescue or ambulance worker" means ambulance service, emergency medical personnel, first responder service, and volunteer personnel as defined in 24 V.S.A. § 2651. (J)(i) A mental condition resulting from a work-related event or work-related stress shall be considered a personal injury by accident arising out of and in the course of employment and be compensable if it is demonstrated by the preponderance of the evidence that: (I) the work-related event or work-related stress was extraordinary and unusual in comparison to pressures and tensions experienced by the average employee across all occupations; and (II) the work-related event or work-related stress, and not some other event or source of stress, was the predominant cause of the mental condition. (ii) A mental condition shall not be considered a personal injury by accident arising out of and in the course of employment if it results from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or similar action taken in good faith by the employer.	
Vermont	HB 515/ SB 135	**SB 135**, in part, amends ***Title 21, Chapter 9, Section 711, Workers' Compensation Administration Fund*** of the Vermont Statutes Annotated as follows: **§711 Workers' Compensation Administration Fund** (a) A Workers' Compensation Administration Fund is created pursuant to 32 V.S.A. chapter 7, subchapter 5 to be expended by the Commissioner for the administration of the workers' compensation and occupational disease programs. The Fund shall consist of contributions from employers made at a rate of ~~1.75~~ 1.4 percent of the direct calendar year premium for workers' compensation insurance, one percent of self-insured workers' compensation losses, and one percent of workers' compensation losses of corporations approved under this chapter. Disbursements from the Fund shall be on warrants drawn by the Commissioner of Finance and Management in anticipation of receipts authorized by this section. …	HB 515: 7/1/17 SB 135: 6/8/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Virginia	HB 1571	**HB 1571** amends ***Section 65.2-605. Liability of employer for medical services ordered by Commission; fee schedules for medical services; malpractice; assistants-at-surgery; coding*** of the Code of Virginia as follows: **§ 65.2-605. Liability of employer for medical services ordered by Commission; fee schedules for medical services; malpractice; assistants-at-surgery; coding** A. As used in this section, unless the context requires a different meaning: … "Codes" means, as applicable, CPT codes, HCPCS codes, ~~or~~ DRG classifications, or revenue codes. … "Health Care Common Procedure Coding System codes" or "HCPCS codes" means the medical coding system, including all subsets of codes by alphabetical letter, used to report hospital outpatient and certain physician services as published by the National Uniform Billing Committee, including Temporary National Code (Non-Medicare) S0000-S-9999. … "Medical service provided for the treatment of a serious burn" includes any professional service rendered during the dates of service of the admission or transfer to a burn center. "Medical service provided for the treatment of a traumatic injury" includes any professional service rendered during the dates of service of the admission or transfer to a Level I or Level II trauma center. … "New type of technology" means an item resulting or derived from an advance in medical technology, including an implantable medical device or an item of medical equipment, that is supplied by a third party, provided that the item has been cleared or approved by the federal Food and Drug Administration (FDA) after the transition date and prior to the date of the provision of the medical service using the item. … "Professional service" means any medical or surgical service required to be provided to an injured person pursuant to this title that is provided by a physician or any health care practitioner licensed, accredited, or certified to perform the service consistent with state law. … "Revenue codes" means a method of coding used by hospitals or health care systems to identify the department in which medical service was rendered to the patient or the type of item or equipment used in the delivery of medical services. … B. The pecuniary liability of the employer for a: … 3. Medical service provided on or after the transition date ~~in~~ for the treatment of a traumatic injury or serious burn, regardless of the date of injury, shall be limited to: … E. The maximum pecuniary liability of the employer for a fee scheduled medical service that is not included in a Virginia fee schedule when it is provided shall be determined by the Commission. The Commission's determination of the employer's maximum pecuniary liability for such fee scheduled medical service shall be effective until the Commission sets a maximum fee for the fee scheduled medical service and incorporates such	3/13/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		maximum fee into an adjusted Virginia fee schedule adopted pursuant to subsection D. If the fee scheduled medical service is not included in a Virginia fee schedule because it is: 1. A new type of technology, ~~including an implantable medical device or item of medical equipment, that is supplied by a third party, provided that such technology has been cleared or approved by the federal Food and Drug Administration (FDA) prior to the date of the provision of the medical service,~~ the employer's maximum pecuniary liability shall not exceed 130 percent of the provider's invoiced cost for such device, as evidenced by a copy of the invoice. If the new type of technology has not been cleared or approved by the FDA prior to such date, then the provider shall not be entitled to payment or reimbursement therefor unless the employer or its insurer agree; or … F. The Commission shall: … 2. Utilize a 10-member regulatory advisory panel to assist in the development of regulations adopting initial Virginia fee schedules pursuant to subsection C ~~and~~ , in adjusting initial Virginia fee schedules pursuant to subsection D, and on all matters involving or related to the fee schedule as deemed necessary by the Commission. One member of the regulatory advisory panel shall be selected by the Commission from each of the following: (i) the American Insurance Association; (ii) the Property and Casualty Insurers Association of America; (iii) the Virginia Self-Insurers Association, Inc.; (iv) the Medical Society of Virginia; (v) the Virginia Hospital and Healthcare Association; (vi) a Type One teaching hospital; (vii) the Virginia Orthopaedic Society; (viii) the Virginia Trial Lawyers Association; (ix) a group self-insurance association representing employers; and (x) a local government group self-insurance pool formed under Chapter 27 (Section 15.2-2700 et seq.) of Title 15.2. The Commission shall meet with the regulatory advisory panel and consider the recommendations of its members in its development of the Virginia fee schedules pursuant to subsections C and D. … H. When the total charges of a hospital or Type One teaching hospital, based on such provider's charge master, for inpatient hospital services covered by a DRG code exceed the charge outlier threshold, then the Commission shall establish the maximum fee for such scheduled inpatient hospital services at an amount equal to the total of (i) the maximum fee for the service as set forth in the applicable fee schedule and (ii) initially equal to 80 percent of the provider's total charges for the service in excess of the charge outlier threshold. The charge outlier threshold for such services initially shall equal ~~150~~ 300 percent of the maximum fee for the service set forth in the applicable fee schedule; however, the Commission, in consultation with the firm retained pursuant to subdivision C 4, is authorized on a biennial basis to ~~decrease~~ adjust such percentage if it finds that the number of such claims for which the total charges of the hospital or Type One teaching hospital exceed the charge outlier threshold is less than five percent or to increase such percentage if such number is greater than 10 percent of all such claims. … In addition, **HB 1571** extends the deadline by which the regulatory advisory panel is required to meet, review, and make recommendations to the Virginia Workers' Compensation Commission from July 1, 2017, to July 1, 2018.	

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Virginia	HB 1659 Substitute /SB 1175	**HB 1659 Substitute** amends ***Section 65.2-309. Lien against settlement proceeds or verdict in third party suit; subrogation of employer to employee's rights against third parties; evidence; recovery***; ***compromise*** of the Code of Virginia as follows: **§ 65.2-309. Lien against settlement proceeds or verdict in third party suit; subrogation of employer to employee's rights against third parties; evidence; recovery; compromise** … E. Any arbitration held by the employer in the exercise of such right of subrogation (i) shall be limited solely to arbitrating the amount and validity of the employer's lien, (ii) shall not affect the employee's rights in any way, and (iii) shall not be held unless: 1. Prior to the commencement of such arbitration the employer has provided the injured employee and his attorney, if any, with an itemization of the expenses associated with the lien that is the subject of the arbitration; 2. Upon receipt of the itemization of the lien, the employee shall have 21 days to provide a written objection to any expenses included in the lien to the employer, and if the employee does not do so any objections to the lien to be arbitrated shall be deemed waived; 3. The employer shall have 14 days after receipt of the written objection to notify the employee of any contested expenses that the employer does not agree to remove from the lien, and if the employer does not do so any itemized expense objected to by the employee shall be deemed withdrawn and not included in the arbitration; and 4. Any contested expenses remaining shall have been submitted to the Commission for a determination of their validity and the Commission has made such determination of validity prior to the commencement of the arbitration.	7/1/17
Virginia	SB 1201	**SB 1201** amends ***section 65.2-603. Duty to furnish medical attention, etc., and vocational rehabilitation; effect of refusal of employee to accept*** of the Code of Virginia as follows: **§ 65.2-603. Duty to furnish medical attention, etc., and vocational rehabilitation; effect of refusal of employee to accept.** A. Pursuant to this section: 1. As long as necessary after an accident, the employer shall furnish or cause to be furnished, free of charge to the injured employee, a physician chosen by the injured employee from a panel of at least three physicians selected by the employer and such other necessary medical attention. Where such accident results in the amputation or loss of use of an arm, hand, leg, or foot or the enucleation of an eye or the loss of any natural teeth or loss of hearing, the employer shall furnish prosthetic or orthotic appliances, as well as wheelchairs, walkers, canes, or crutches, proper fitting and maintenance thereof, and training in the use thereof, as the nature of the injury may require. In awards entered for incapacity for work, under this title, upon determination by the treating physician and the Commission that the same is medically necessary, the Commission may ~~require~~ : a. Require that the employer either (i) furnish and maintain ~~(i)~~ modifications to or equipment for the employee's automobile or (ii) if there is a loss of function to either or both feet, legs, hands, or arms and if the Commission determines that modifications to or equipment for the employee's automobile pursuant to clause (i) are not technically feasible, will not render the automobile operable by the employee, or will cost more than is available for such purpose after payment for any items provided under subdivision b, order that the balance of funds available under the aggregate cap of $42,000 be applied towards the purchase by the employee of a suitable automobile or to furnish or maintain modifications to such automobile; and	7/1/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		b. Require that the employer furnish and maintain bedside lifts, adjustable beds, and modification of the employee's principal home consisting of ramps, handrails, or any appliances prescribed by the treating physician and doorway alterations~~, provided that the~~ . The aggregate cost of all such items and modifications required to be furnished pursuant to ~~clauses (i)~~ subdivisions a and ~~(ii)~~ b on account of any one accident shall not exceed $42,000. The employee shall accept the attending physician, unless otherwise ordered by the Commission, and in addition, such surgical and hospital service and supplies as may be deemed necessary by the attending physician or the Commission. …	
West Virginia	HB 2857	**HB 2857** creates new ***Article 3E*** in **Chapter 21. Labor** of the Code of West Virginia, which includes, but is not limited to, the following language: **Article 3E. The West Virginia Safer Workplace Act.** … **§21-3E-16. Employer testing; notice; termination; forfeiture.** If an employer implements a drug-free workplace program in accordance with this article, which includes notice, education and procedural requirements for testing for drugs and alcohol pursuant to this law, the employer may require the employee to submit to a test for the presence of drugs or alcohol. If a drug or alcohol is found to be present in the employee's system at a level proscribed by the employer's policy, the employee may be terminated and forfeits his or her eligibility for unemployment compensation benefits and, if injured at the time of the intoxication, indemnity benefits under the Worker Compensation Laws. However, the employer's drug-free workplace program must notify all employees that it is a condition of employment for an employee to refrain from reporting to work or working with the presence of drugs or alcohol in his or her body and that policy must also state that if an injured employee refuses to submit to a test for drugs or alcohol, that employee forfeits eligibility for unemployment compensation benefits, and if injured, for indemnity benefits under the Worker Compensation Laws. Employers who do not notify their employees of this condition of employment waive their right to assert that eligibility for benefits is entirely forfeited. Nothing herein may be construed or deemed to affect subsection (a), section two, article four, chapter twenty-three of this code and the provisions of said section shall be the sole manner in which intoxication may be proven to establish such intoxication as the proximate cause of an injury for purposes of said chapter.	7/7/17
West Virginia	SB 398	**SB 398** creates several new sections in the Code of West Virginia, including, but not limited to, the following: **§ 29-30-11. Rulemaking** The Secretary of the Department of Health and Human Resources may promulgate rules pursuant to article three, chapter twenty-nine-a of this code to implement the provisions of this article. These rules shall include measures to facilitate the receipt of benefits for injury or death pursuant to the workers' compensation laws of this state by volunteer health practitioners who reside in other states.	Projected 7/4/17
West Virginia	SB 1010	**SB 1010** amends and reenacts ***section 33-3-33a Excess moneys of Fire Protection Fund deposited into Volunteer Fire Department Workers' Compensation Premium Subsidy Fund; other funding; special report from State Fire Marshal by December 15, 2015; termination of program June 30, 2016*** of the Code of West Virginia to provide for the: • Deposit of moneys into the Volunteer Fire Department Workers' Compensation Premium Subsidy Fund until June 30, 2020	5/24/17

© 2017 National Council on Compensation Insurance (NCCI), Inc. All Rights Reserved.

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2017 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/17)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		• Expiration of Volunteer Fire Department Workers' Compensation Subsidy Program and closure of the Volunteer Fire Department Workers' Compensation Premium Subsidy Fund on June 30, 2020 • Transfer of any remaining moneys in the Volunteer Fire Department Workers' Compensation Premium Subsidy Fund upon closure of such fund	

Contact Information
If you have any questions about the legislation or proposals mentioned, please contact the appropriate NCCI state relations executive or a representative of your local insurance trade association.

© 2017 National Council on Compensation Insurance (NCCI) Inc., All Rights Reserved

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

This report is furnished "As Is" "With All Defects" and includes information available at the time of publication only. NCCI makes no representations or warranties relating to this report of any kind and expressly disclaims any and all express, statutory, or implied warranties including the implied warranty of merchantability, fitness for a particular purpose, completeness or currentness. Additionally, you assume all responsibility for the use of, and for any and all results derived or obtained through, the report. No employee or agent of NCCI or its affiliates is authorized to make any warranties of any kind regarding this report. Any and all results, conclusions, analyses, or decisions developed or derived from, on account of, or through your use of the report are yours, and NCCI does not endorse, approve, or otherwise acquiesce in your actions, results, analyses, or decisions, nor shall NCCI have any liability thereto.