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

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 4/30/19)

BILLS ENACTED SINCE LAST UPDATE

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Arizona	HB 2137	**HB 2137** amends ***section 23-966*** of the Arizona Revised Statutes to read: **23-966. Failure of employer to pay claim or comply with commission order; reimbursement of funds** … C. The special fund is the successor in interest to all excess insurance policies in effect at the time of an assignment under subsection a of this section that insure any part of the self-insured employer's financial obligations under the workers' compensation laws. The special fund's recovery rights under this subsection are subject to applicable coverage terms and policy limits in the excess policy. The excess insurer shall make payment directly to the special fund for all covered amounts spent under this section, including administrative costs, necessary expenses and attorney fees to the extent covered by the excess policy. Unless recovered from an excess insurer, the special fund shall have a claim against the employer for all monies that are spent or anticipated to be spent under this section, including administrative costs, necessary expenses and attorney fees. Any claim by the special fund shall be made on the cash, securities or bond filed under section 23-961 or applicable rules or on any other asset of the employer.	Projected 7/27/19
Arkansas	HB 1850	**HB 1850**, in part, adds a new subchapter and amends sections ***11-9-102*** and ***11-9-103*** of the Arkansas Workers' Compensation Law as follows: **Chapter 1. General Provisions** … **Subchapter 1—Empower Independent Contractors Act of 2019** **11-1-101. Title.** This subchapter shall be known and may be cited as the "Empower Independent Contractors Act of 2019". **11-1-102. Purpose.** The purpose of this subchapter is to help employers create jobs, help individuals return to work and no longer need public assistance, and grow the economy. **11-1-103. Definition.** As used in this title, "employment status" means the status of an individual as an employee or independent contractor for employment purposes, including without limitation wages, taxation, and workers' compensation issues. **11-1-104.** Determination of employment status. For purposes of this title, an employer or agency charged with determining the employment status of an individual shall use the twenty-factor test enumerated by the Internal Revenue Service in Rev. Rul. 87-41, 1987-1 C.B. 296, in making its determination and shall consider whether: (1) A person for whom a service is performed has the right to require compliance with instructions, including without limitation when, where, and how a worker is to work; (2) A worker is required to receive training, including without limitation through: (A) Working with an experienced employee;	7/23/19

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		(B) Corresponding with the person for whom a service is performed; (C) Attending meetings; or (D) Other training methods; (3) A worker's services are integrated into the business operation of the person for whom a service is performed and are provided in a way that shows the worker's services are subject to the direction and control of the person for whom a service is performed; (4) A worker's services are required to be performed personally, indicating an interest in the methods used and the results; (5) A person for whom a service is performed hires, supervises, or pays assistants; (6) A continuing relationship exists between a worker performing services and a person for whom a service is performed; (7) A worker performing a service has hours set by the person for whom a service is performed; (8) A worker is required to devote substantially full time to the business of the person for whom a service is performed, indicating the person for whom a service is performed has control over the amount of time the worker spends working and by implication restricts the worker from obtaining other gainful work; (9)(A) The work is performed on the premises of the person for whom a service is performed, or the person for whom a service is performed has control over where the work takes place. (B) A person for whom a service is performed has control over where the work takes place if the person has the right to: (i) Compel the worker to travel a designated route; (ii) Compel the worker to canvass a territory within a certain time; or (iii) Require that the work be done at a specific place, especially if the work could be performed elsewhere; (10) A worker is required to perform services in the order or sequence set by the person for whom a service is performed or the person for whom a service is performed retains the right to set the order or sequence; (11) A worker is required to submit regular oral or written reports to the person for whom a service is performed; (12) A worker is paid by the hour, week, or month except when he or she is paid by the hour, week, or month only as a convenient way of paying a lump sum agreed upon as the cost of a job; (13) A person for whom a service is performed pays the worker's business or traveling expenses; (14) A person for whom a service is performed provides significant tools and materials to the worker performing services; (15) A worker invests in the facilities used in performing the services; (16) A worker realizes a profit or suffers a loss as a result of the services performed that is in addition to the profit or loss ordinarily realized by an employee; (17) A worker performs more than de minimis services for more than one (1) person or firm at the same time, unless the persons or firms are part of the same service arrangement; (18) A worker makes his or her services available to the general public on a regular and consistent basis; (19) A person for whom a service is performed retains the right to discharge the worker; and (20) A worker has the right to terminate the relationship with the person for whom a service is performed at any time he or she wishes without incurring liability.	

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		11-9-102. Definitions. As used in this chapter: … (9)(A) "Employee" means any person an individual, including a minor, whether lawfully or unlawfully employed in the service of an employer under ~~any~~ a contract of hire or apprenticeship, written or oral, expressed or implied, and the individual's employment status has been determined by consideration of the twenty-factor test required by the Empower Independent Contractors Act of 2019, § 11-1-101 et seq~~, but excluding one whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer and excluding one who is required to perform work for a municipality or county or the state or federal government upon having been convicted of a criminal offense or while incarcerated~~. (B) The term "employee" shall not include: (i) ~~any~~ An individual who is both a licensee as defined in § 17-42-103(7) and a qualified real estate agent as that term is defined in section 3508(b)(1) of the Internal Revenue Code of 1986, including all regulations thereunder~~.~~; (ii) An individual whose employment is casual and not in the course of the trade, business, profession, or occupation of his or her employer; or (iii) An individual who is required to perform work for a municipality, county, state, or the United States Government upon having been convicted of a criminal offense or while incarcerated; … **11-9-103. Applicability.** … (d) For purposes of this chapter, employment status as an employee or independent contractor is determined by consideration of the twenty-factor test required by the Empower Independent Contractors Act of 2019, § 11-1-101 et seq.	
Colorado	HB 1105	**HB 1105** amends ***section 8-42-101*** of the Workers' Compensation Act of Colorado, in part, as follows: **8-42-101. Employer must furnish medical aid—approval of plan—fee schedule—contracting for treatment—no recovery from employee—medical treatment guidelines—accreditation of physicians and other medical providers—rules—repeal.** … (3.5) (a) (I) (D) an advanced practice nurse with prescriptive authority pursuant to section 12-38-111.6 may receive level I accreditation for purposes of receiving one hundred percent reimbursement under the medical fee schedule created in accordance with subsection (3) of this section. (E) nothing in this subsection (3.5)(a) grants any person other than a physician licensed under the "Colorado Medical Practice Act" the authority to determine that no permanent medical impairment has resulted from the injury pursuant to subsection (3.6)(b) of this section or that a claimant has attained maximum medical improvement pursuant to section 8-42-107 (8)(b)(I). …	8/2/19
Iowa	HF 327	**HF 327**, in part, establishes a new section in ***Chapter 85. Workers' Compensation*** of the Code of Iowa to read: **85.55 Franchisor-franchisee relationship.** 1. For purposes of this section, franchisee and franchisor mean the same as defined in section 523H.1.	7/1/19

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		2. For purposes of this chapter and chapters 86 and 87, a franchisor shall not be considered to be an employer of a franchisee or of an employee of a franchisee unless any of the following conditions apply: a. The franchisor has agreed in writing to be considered to be the employer of the franchisee or of the employees of the franchisee. b. The franchisor has been found by the workers' compensation commissioner to have exercised a type or degree of control over the franchisee or the franchisee's employees that is not customarily exercised by a franchisor for the purpose of protecting the franchisor's trademarks and brand.	
Iowa	SF 507	**SF 507** adds a new subchapter to ***section 85.61*** of the Code of Iowa to read: **85.61 Definitions.** In this chapter and chapters 86 and 87, unless the context otherwise requires, the following definitions of terms shall prevail: … 7. The words "personal injury arising out of and in the course of the employment" shall include injuries to employees whose services are being performed on, in, or about the premises which are occupied, used, or controlled by the employer, and also injuries to those who are engaged elsewhere in places where their employer's business requires their presence and subjects them to dangers incident to the business. … c. Personal injuries due to idiopathic or unexplained falls from a level surface onto the same level surface do not arise out of and in the course of employment and are not compensable under this chapter. …	7/1/19
Maryland	HB 595	**HB 595** amends ***section 9-503*** of the Annotated Code of Maryland to read: **§ 9-503. Occupational disease—Presumption—Firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and police officers** … **(c) Cancer.**—A paid firefighter, paid firefighting instructor, paid rescue squad member, paid advanced life support unit member, or a sworn member of the Office of the State Fire Marshal employed by an airport authority, a county, a fire control district, a municipality, or the State or a volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member who is a covered employee under § 9-234 of this title is presumed to be suffering from an occupational disease that was suffered in the line of duty and is compensable under this title if the individual: (1) has leukemia or prostate, rectal, throat, multiple myeloma, non-Hodgkin's lymphoma, brain, testicular, bladder, kidney or renal cell, or breast cancer that is caused by contact with a toxic substance that the individual has encountered in the line of duty; …	10/1/19
Maryland	HB 604	**HB 604** amends ***section 9-503*** of the Annotated Code of Maryland to read: **§ 9-503. Occupational disease—Presumption—Firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and police officers** … **(c) Cancer.—**A paid firefighter, paid fire fighting instructor, paid rescue squad member, paid advanced life support unit member, or a sworn member of the Office of the State Fire Marshal employed by an airport authority, a county, a fire control district, a municipality, or the State or a	10/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member who is a covered employee under § 9-234 of this title is presumed to be suffering from an occupational disease that was suffered in the line of duty and is compensable under this title if ~~the individual~~: (1) the individual has leukemia or prostate, rectal, throat, multiple myeloma, non-Hodgkin's lymphoma, brain, testicular, or breast cancer that is caused by contact with a toxic substance that the individual has encountered in the line of duty; (2) the individual has completed at least 10 years of cumulative service within the state as a firefighter, a fire fighting instructor, a rescue squad member, or an advanced life support unit member or in a combination of those jobs ~~in the department where the individual currently is employed or serves~~; (3) ~~is unable to perform the normal duties of a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member in the department where the individual currently is employed or serves because of the cancer or leukemia disability; and~~ the cancer or leukemia results in partial or total disability or death; and ~~(4)~~ in the case of a volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member, the individual has met a suitable standard of physical examination before becoming a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member. …	
Maryland	HB 795	**HB 795** amends ***section 9-628*** of the Annotated Code of Maryland to read: **§ 9-628. Compensation for less than 75 weeks.** **(a) "Public safety employee" defined.—**In this section, "public safety employee" means: … (9) a Baltimore County deputy sheriff, but only when the deputy sheriff sustains an accidental personal injury that arises out of and in the course and scope of performing duties directly related to: … (v) other administrative duties; ~~or~~ (10) a State correctional officer~~.~~; or (11) a Baltimore City Deputy Sheriff. … **HB 795** also includes the following language: And be it further enacted, 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 claims arising from events occurring before the effective date of this Act.	10/1/19
Maryland	SB 62	**SB 62** adds a new uncodified section to the Annotated Code of Maryland as follows: **Uninsured Employers' Fund—Solvency—Study**	7/1/19

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		(a) On or before October 1, 2019, the Director of the Uninsured Employers' Fund shall report to the Senate Finance Committee, the House Economic Matters Committee, and the Joint Committee on Workers' Compensation Benefit and Insurance Oversight, in accordance with § 2-1246 of the State Government Article, on: (1) the solvency of the Uninsured Employers' Fund, including the Fund's solvency during the period from October 1, 2012, through August 31, 2019, both inclusive; and (2) whether the General Assembly should adjust or provide authority to increase the assessment required under § 9-1007 of the Labor and Employment Article. (b) The report required under subsection (a) of this section shall include: (1) a discussion of payments for compensation to claimants made from the Uninsured Employers' Fund, from September 1, 2017, through August 31, 2019, both inclusive; (2) a discussion of the Uninsured Employers' Fund's prospective liabilities, and (3) a discussion of Bethlehem Steel Corporation hearing loss claims for compensation.	
Maryland	SB 646	**SB 646** amends ***section 9-503*** of the Annotated Code of Maryland to read: **§ 9-503. Occupational disease—Presumption—Firefighters, fire fighting instructors, rescue squad members, advanced life support unit members, and police officers** … **(c) Cancer.—**A paid firefighter, paid fire fighting instructor, paid rescue squad member, paid advanced life support unit member, or a sworn member of the Office of the State Fire Marshal employed by an airport authority, a county, a fire control district, a municipality, or the State or a volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member who is a covered employee under § 9-234 of this title is presumed to be suffering from an occupational disease that was suffered in the line of duty and is compensable under this title if ~~the individual~~: (1) the individual has leukemia or prostate, rectal, throat, multiple myeloma, non-Hodgkin's lymphoma, brain, testicular, or breast cancer that is caused by contact with a toxic substance that the individual has encountered in the line of duty; (2) the individual has completed at least 10 years of cumulative service within the state as a firefighter, a fire fighting instructor, a rescue squad member, or an advanced life support unit member or in a combination of those jobs ~~in the department where the individual currently is employed or serves~~; (3) ~~is unable to perform the normal duties of a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member in the department where the individual currently is employed or serves because of the cancer or leukemia disability; and~~ the cancer or leukemia results in partial or total disability or death; and ~~(4)~~ in the case of a volunteer firefighter, volunteer fire fighting instructor, volunteer rescue squad member, or volunteer advanced life support unit member, the individual has met a suitable standard of physical examination before becoming a firefighter, fire fighting instructor, rescue squad member, or advanced life support unit member. …	10/1/19

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		SB 646 also includes the following clause: And be it further enacted, 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 filed before the effective date of this Act.	
Mississippi	SB 2835	**SB 2835** creates the Mississippi First Responders Health and Safety Act and brings forward and amends ***section 71-3-9*** of the Mississippi Workers' Compensation Law to be included in the Act, to read: **SECTION 1.** This act shall be known and may be cited as the "Mississippi First Responders Health and Safety Act" and may also be referred to as the "Arson Investigator Danny Benton and Police Chief Henry Manuel, Sr., Act." **SECTION 2.** For purposes of this act, the following words shall have the following meanings unless the context clearly indicates otherwise: (a) "Cancer" means a disease caused by an uncontrolled division of abnormal cells in a part of the body or a malignant growth or tumor resulting from the division of abnormal cells. "Cancer" is limited to cancer affecting the bladder, brain, colon, liver, pancreas, skin, kidney, gastrointestinal tract, reproductive tract, leukemia, lymphoma, multiple myeloma, prostate, testicles and breast. (b) "Firefighter" means any firefighter, having ten (10) or more years of service, and employed by any political subdivision of the State of Mississippi on a full-time duty status, and any firefighter, having ten (10) or more years of service, registered with the State of Mississippi, or a political subdivision thereof, on a volunteer firefighting status. (c) "Police officer" means every officer, having ten (10) or more years of service, and authorized to direct or regulate traffic or to make arrests for violations of traffic regulations in the State of Mississippi. (d) "First responder" means every firefighter and police officer as defined in paragraphs (b) and (c) of this section. **SECTION 3.** (1) As an alternative to pursuing workers' compensation benefits, upon a diagnosis of cancer, a first responder is entitled to the following benefits: (a) Provided the diagnosis occurs on or after the first responder's effective date of coverage, a lump-sum benefit of Twenty-five Thousand Dollars ($25,000.00) of coverage for each diagnosis payable to the first responder upon acceptable proof to the insurance carrier or other payor of a diagnosis by a board certified physician in the medical specialty appropriate for the type of cancer diagnosed that there are one or more malignant tumors characterized by the uncontrollable and abnormal growth and spread of malignant cells with invasion of normal tissue and that either: (i) There is metastasis, and surgery, radiotherapy or chemotherapy is medically necessary; (iii) There is a tumor of the prostate, provided that it is treated with radical prostatectomy or external beam therapy; or (iv) The first responder has terminal cancer, his or her life expectancy is twenty-four (24) months or less from the date of diagnosis, and will not benefit from, or has exhausted, curative therapy. (b) Provided the diagnosis occurs on or after the first responder's effective date of coverage, a lump-sum benefit of Six Thousand Two Hundred Fifty Dollars ($6,250.00) for each diagnosis payable to the first responder upon acceptable proof to the insurance carrier or other payor of a diagnosis by a board-certified physician in the medical specialty appropriate for the type of cancer involved that:	7/1/21

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		(i) There is carcinoma in situ such that surgery, radiotherapy, or chemotherapy has been determined to be medically necessary; (ii) There are malignant tumors which are treated by endoscopic procedures alone; or (iii) There are malignant melanomas. (c) The combined total of benefits received by any first responder under paragraphs (a) and (b) of this subsection (1) during his or her lifetime shall not exceed Fifty Thousand Dollars ($50,000.00). (d) Provided the date of disability occurs on or after the first responder's effective date of coverage, a disability benefit payable as a result of a specific cancer to begin six (6) months after the date of disability and submission to the insurance carrier or other payor of acceptable proof of disability caused by the specified disease or events such that the illness precludes the first responder from serving as a first responder: (i) For nonvolunteer first responders, a monthly benefit equal to sixty percent (60%) of the first responder's monthly salary as an employed first responder with a fire or police department or a monthly benefit of Five Thousand Dollars ($5,000.00), whichever is less, of which the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subparagraph (iv) of this paragraph, at which time the payments shall cease the last day of the month of reevaluation; (ii) For volunteer firefighters, a monthly benefit of One Thousand Five Hundred Dollars ($1,500.00) of which the first payment shall be made six (6) months after the total disability and shall continue for thirty-six (36) consecutive monthly payments unless the first responder regains the ability to perform his or her duties as determined by reevaluation under subparagraph (iv) of this paragraph, at which time the payments shall cease the last day of the month of reevaluation; (iii) Such monthly benefit shall be subordinate to any other benefit actually paid to the first responder solely for such disability from any other source, not including private insurance purchased solely by the first responder; (iv) Any first responder receiving the monthly benefits may be required to have his or her condition reevaluated. In the event any such reevaluation reveals that such person has regained the ability to perform duties as a first responder, then his or her monthly benefits shall cease the last day of the month of reevaluation; and (v) In the event that there is a subsequent recurrence of a disability caused by a specified cancer, which precludes the first responder from serving as a first responder, he or she shall be entitled to receive any remaining monthly payments. (e) If a first responder who qualifies for benefits under this section dies, and he or she shall be considered to have been killed in the line of duty under Section 45-2-1, his or her beneficiary or beneficiaries shall be eligible for the line of duty death benefits as set forth in Section 45-2-1. (f) An eligible first responder who dies as a result of a compensable type of cancer, or circumstances arising out of the treatment of a compensable type of cancer, but does not submit sufficient proof of claim prior to the first responder's death, is entitled to receive benefits specified in paragraphs (a) and (b) of this subsection (1) and made available to the deceased first responder's beneficiary or beneficiaries. g) Any first responder who was simultaneously a member of more than one (1) fire or police department at the time of diagnosis shall not be entitled to receive benefits from or on behalf of more than one (1) fire or police department. The first responder's primary place of employment shall maintain coverage for the eligible first responder; and (h) An otherwise eligible first responder shall be precluded from the benefits listed under this section if he or she has filed for workers' compensation for the same diagnosis of cancer.	

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		SECTION 4. The costs of purchasing an insurance policy that provides for cancer coverage in compliance with this act, or the costs of providing such benefits through a self-funded system in compliance with this act, must be borne solely by the employer that employs the eligible first responder and may not be funded partially or wholly by individual first responders. In addition to any other purpose authorized, county governing authorities and municipal governing authorities may use proceeds from county and municipal taxes for the purposes of providing insurance in compliance with this act. The computation of premium amounts by an insurer for the coverage under this act shall be subject to generally accepted adjustments from insurance underwriting. **SECTION 5.** (1) The state, municipality, county or fire protection district shall, no later than January 1, 2020, show proof of insurance coverage to the Commissioner of Insurance that meets the requirements of this act, or shall show satisfactory proof of the ability to pay such compensation to ensure adequate coverage for all eligible first responders. Such coverage shall remain in effect until a fire or police department no longer has any first responders who could qualify for these benefits. (2) The Commissioner of Insurance shall adopt such rules and regulations as are reasonable and necessary to implement the provisions of this act. Such regulations shall include the process by which a first responder files a claim for cancer and the process by which claimants can appeal a denial of benefits. (3) The Commissioner of Insurance shall adopt rules to establish firefighter cancer prevention best practices as it relates to personal protective equipment, decontamination, fire suppression, apparatus and fire stations. **SECTION 6.** **§ 71-3-9. Exclusiveness of liability.** (1) Except as provided under subsection (2) of this section, the~~The~~ liability of an employer to pay compensation shall be exclusive and in place of all other liability of such employer to the employee, his legal representative, husband or wife, parents, dependents, next-of-kin, and anyone otherwise entitled to recover damages at common law or otherwise from such employer on account of such injury or death, except that if an employer fails to secure payment of compensation as required by this chapter, an injured employee, or his legal representative in case death results from the injury, may elect to claim compensation under this chapter, or to maintain an action at law for damages on account of such injury or death. In such action the defendant may not plead as a defense that the injury was caused by the negligence of a fellow servant, nor that the employee assumed the risk of his employment, nor that the injury was due to the contributory negligence of the employee. (2) An employer shall not be liable under this chapter to a first responder, as defined in Section 2 of this act, if such first responder elects to receive benefits under the "Mississippi First Responders Health and Safety Act." **SECTION 7**. This act shall take effect and be in force from and after January 1, 2020, and shall stand repealed from and after December 31, 2019.	

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Montana	SB 160	**SB 160** establishes the Firefighter Protection Act and amends ***sections 39-71-105, 39-71-124***, and ***39-71-407*** of the Montana Workers' Compensation Act as follows: ***Section 1.*** **Presumptive occupational disease for firefighters—rebuttal—applicability—definitions.** (1)(a) A firefighter for whom coverage is required under the Workers' Compensation Act is presumed to have a claim for a presumptive occupational disease under the Workers' Compensation Act if the firefighter meets the requirements of [section 2] and is diagnosed with one or more of the diseases listed in subsection (2) within the period listed. (b) Coverage under [section 2] and this section is optional for the employer of a firefighter for whom coverage under the Workers' Compensation Act is voluntary. An employer of a volunteer firefighter under 7-33-4109 or 7-33-4510 may elect as part of providing coverage under the Workers' Compensation Act to additionally obtain the presumptive occupational disease coverage, subject to the insurer agreeing to provide presumptive coverage. (2) The following diseases are presumptive occupational diseases proximately caused by firefighting activities, provided that the evidence of the presumptive occupational disease becomes manifest after the number of years of the firefighter's employment as listed for each occupational disease and within 10 years of the last date on which the firefighter was engaged in firefighting activities for an employer: (a) bladder cancer after 12 years; (b) brain cancer of any type after 10 years; (c) breast cancer after 5 years if the diagnosis occurs before the firefighter is 40 years old and is not known to be associated with a genetic predisposition to breast cancer; (d) myocardial infarction after 10 years; (e) colorectal cancer after 10 years; (e) esophageal cancer after 10 years; (f) kidney cancer after 15 years; (g) leukemia after 5 years; (h) mesothelioma or asbestosis after 10 years; (i) multiple myeloma after 15 years; (j) non-Hodgkin's lymphoma after 15 years; and (k) lung cancer after 4 years (3) for purposes of calculating the number of years of a firefighter's employment history under subsection (2), a firefighter's employment history after July 1, 2014, may be calculated. (4) The beneficiaries of a firefighter who otherwise would be eligible for presumptive occupational disease benefits under this section but who dies prior to filing a claim, as provided in [section 2], are eligible for death benefits in the same manner as for a death from an injury, as provided in 39-71-407. The beneficiaries under this subsection (4) are similarly bound by the provisions of exclusive remedy as provided in 39-71-411 and subject to the filing requirements in 39-71-601. (5) (a) Subject to the provisions of subsection (5)(c), an insurer is liable for the payment of compensation for presumptive occupational disease benefits under this chapter in the same manner as provided in 39-71-407, including objective medical findings of a disease listed in subsection (2)	7/1/19

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		but excluding the requirement in 39-71-407(10) that the objective medical findings trace a relationship between the presumptive occupational disease and the claimant's job history. For myocardial infarction or lung cancer under subsection (2), the diseases must be the type that can reasonably be caused by firefighting activities. (b) (i) An insurer under plan 1, 2, or 3 that disputes a presumptive occupational disease claim has the burden of proof in establishing by a preponderance of the evidence that the firefighter is not suffering from a compensable presumptive occupational disease. An insurer that disputes the claim may pay benefits under 39-71-608 or 39-71-615 and may pursue dispute mechanisms established in Title 39, chapter 71, part 24. (ii) An insurer is not liable for the payment of workers' compensation benefits for presumptive occupational disease if the insurer establishes by a preponderance of the evidence that the firefighter was not exposed during the course and scope of the firefighter's duties to smoke or particles in a quantity sufficient to have reasonably caused the disease claimed. (c) A total claim payment by an insurer under this section is limited to $5 million for each claim. (6) This section does not limit an insurer's ability to assert that the occupational disease was not caused by the firefighter's employment history as a firefighter. (7) A firefighter or the firefighter's beneficiaries may pursue the dispute remedies as provided in Title 39, chapter 71, part 24, if an insurer disputes a claim. (8) The use of the term "occupational disease" includes a presumptive occupational disease when used in the definitions in 39-71-116 for "claims examiner", "permanent partial disability", "primary medical services", and "treating physician" and when used in 39-71-107, 39-71-307, 39-71-412, 39-71-503, 39-71-601, 39-71-604, 39-71-606, 39-71-615, 39-71-703, 39-71-704, 39-71-713, 39-71-714, 39-71-717, 39-71-1011, 39-71-1036, 39-71-1041, 39-71-1042, 39-71-1101, 39-71-1110, 39-71-1504, 39-71-2311, 39-71-2312, 39-71-2313, 39-71-2316, and 39-71-4003. (9) [Section 2] and this section: (a) apply only to presumptive occupational diseases for firefighters; and (b) do not apply to any other issue relating to workers' compensation and may not be used or cited as guidance in the administration of title 33 or 37. (10) For the purposes of [section 2] and this section, the following definitions apply: (a) "Firefighter" means an individual whose primary duties involve extinguishing or investigating fires, with at least 1 year of firefighting operations in Montana beginning on or after July 1, 2019, as: (i) a firefighter defined in 19-13-104; (ii) a volunteer firefighter defined in 7-33-4510, but only if the volunteer firefighter's employer has elected coverage under Title 39, chapter 71, with an insurer that allows an election and the employer has opted separately to include presumptive occupational disease coverage under [section 2] and this section; or (iii) a volunteer described in 7-33-4109 for a firefighting entity that has elected coverage under Title 39, chapter 71, with an insurer that allows an election and that has opted separately to include presumptive occupational disease coverage. (b) "Firefighting activities" means actions required of a firefighter that expose the firefighter to extreme heat or inhalation or physical exposure to chemical fumes, smoke, particles, or other toxic gases arising directly out of employment as a firefighter.	

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		(c) "Presumptive occupational disease" means harm or damage from one or more of the diseases listed under subsection (2) that is established by objective medical findings and that is contracted in the course and scope of employment as a firefighter from either a single day or work shift or for more than a single day or work shift but that is not specific to an accident. ***Section 2.*** **Conditions for claiming presumptive occupational disease.** (1) Except as provided in subsection (4), the following must be satisfied for the presumption in [section 1] to apply: (a) the firefighter must timely file a claim for a presumptive occupational disease under Title 39, chapter 71, as soon as the firefighter knows or should have known that the firefighter's condition resulted from a presumptive occupational disease; and (b) (i) the firefighter must have undergone, within 90 days of hiring, a medical examination that did not reveal objective medical evidence or a family history of the presumptive occupational disease for which the presumption under [section 1] is sought; and (ii) the firefighter must have undergone subsequent periodic medical examinations at least once every 2 years. (2) (a) Subsection (1)(b) does not require the employer of a firefighter to provide or pay for a medical examination, either at the time of hiring or during the subsequent term of employment. (b) If the employer of a firefighter does not provide or pay for a medical examination under subsection (1)(b), the firefighter may satisfy the requirements of subsection (1)(b) by obtaining the medical examination at the firefighter's expense or at the expense of another party. (3) To qualify for a presumptive occupational disease, a firefighter may not: (a) be a regular user of tobacco products; (b) have a history of regular tobacco use in the 10 years preceding the filing of the claim under subsection (1)(a); or (c) have been exposed by a cohabitant who regularly and habitually used tobacco products within the home for a period of 10 or more years prior to the diagnosis. (4) A firefighter who, prior to [the effective date of this act], did not receive a medical examination as frequently as the intervals set forth in subsection (1)(b) is not ineligible on that basis for a presumptive occupational disease claim under [section 1] and this section. ***Section 3.*** **39-71-105. Declaration of public policy.** For the purposes of interpreting and applying this chapter, the following is the public policy of this state: … (6) It is the intent of the legislature that: (a) a stress ~~claims~~ claim, often referred to as a "mental-mental ~~claims~~ claim" ~~and~~ or a "mental-physical ~~claims~~ claim", ~~are~~ is not compensable under Montana's workers' compensation and occupational disease laws. The legislature recognizes that these claims are difficult to objectively verify and that the claims have a potential to place an economic burden on the workers' compensation and occupational disease system. The legislature also recognizes that there are other states that do not provide compensation for various categories of stress claims and that stress claims have presented economic problems for certain other jurisdictions. In addition, not all injuries are compensable under the present system, and it is within the legislature's authority to define the limits of the workers' compensation and occupational disease system. However, it is also within the legislature's	

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		authority to recognize the public service provided by firefighters and to join with other states that have extended a presumptive occupational disease recognition to firefighters. (b) for occupational disease or presumptive occupational disease claims, because of the nature of exposure, workers should not be required to provide notice to employers of the disease as required of injuries and that the requirements for filing of claims reflect consideration of when the worker knew or should have known that the worker's condition resulted from an occupational disease or a presumptive occupational disease. The legislature recognizes that occupational diseases in the workplace are caused by events occurring on more than a single day or work shift and that ~~it is within the legislature's~~ the legislature has the authority to define an occupational disease or a presumptive occupational disease and establish the causal connection to the workplace. ***Section 4.*** **39-71-124. Applicability of Workers' Compensation Act—exceptions.** Except as provided in 39-71-407, 39-71-601, and 39-71-603 and as specified in [section 1], this chapter applies to injuries and occupational diseases. ***Section 5.*** **39-71-407. Liability of insurers—limitations.** … (3) (a) ~~An~~ Subject to subsection (3)(c), an insurer is liable for an injury, as defined in 39-71-119, only if the injury is established by objective medical findings and if the claimant establishes that it is more probable than not that: (i) a claimed injury has occurred; or (ii) a claimed injury has occurred and aggravated a preexisting condition. (b) Proof that it was medically possible that a claimed injury occurred or that the claimed injury aggravated a preexisting condition is not sufficient to establish liability. (c) Objective medical findings are sufficient for a presumptive occupational disease as defined in [section 1] but may be overcome by a preponderance of the evidence. … (10) ~~An~~ Except for cases of presumptive occupational disease as provided in [sections 1 and 2], an employee is not eligible for benefits payable under this chapter unless the entitlement to benefits is established by objective medical findings that contain sufficient factual and historical information concerning the relationship of the worker's condition to the original injury. (11) (a) For occupational diseases, every employer enrolled under plan No. 1, every insurer under plan No. 2, or the state fund under plan No. 3 is liable for the payment of compensation, in the manner and to the extent provided in this chapter, to an employee of an employer covered under plan No. 1, plan No. 2, or the state fund under plan No. 3 if the employee is diagnosed with a compensable occupational disease. (b) The provisions of subsection (11)(a) apply to presumptive occupational disease if the employee is diagnosed and meets the conditions of [sections 1 and 2]. (12) An insurer is liable for an occupational disease only if the occupational disease: (a) is established by objective medical findings; and	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) arises out of or is contracted in the course and scope of employment. An occupational disease is considered to arise out of or be contracted in the course and scope of employment if the events occurring on more than a single day or work shift are the major contributing cause of the occupational disease in relation to other factors contributing to the occupational disease. For the purposes of this subsection (12), an occupational disease is not the same as a presumptive occupational disease. (13) When compensation is payable for an occupational disease or a presumptive occupational disease, the only employer liable is the employer in whose employment the employee was last injuriously exposed to the hazard of the disease. (14) When there is more than one insurer and only one employer at the time that the employee was injuriously exposed to the hazard of the disease, the liability rests with the insurer providing coverage at the earlier of: (a) the time that the occupational disease or presumptive occupational disease was first diagnosed by a health care provider; or (b) the time that the employee knew or should have known that the condition was the result of an occupational disease or a presumptive occupational disease. … ***Section 6.*** **Codification instruction.** [Sections 1 and 2] are intended to be codified as an integral part of Title 39, chapter 71, and the provisions of Title 39, chapter 71, apply to [sections 1 and 2]. ***Section 7.*** **Contingent voidness.** If a court finds any part of [this act] to be in violation of any clause of the U.S. or Montana Constitutions relating to workers' compensation claims or a court through any other action or doctrine in law or equity applies the presumption in [sections 1 and 2] to another class of occupation other than firefighters, then [this act] is void. ***Section 8.*** **Effective date—applicability.** [This act] is effective July 1, 2019, and applies to presumptive occupational diseases diagnosed on or after July 1, 2019.	
New Mexico	HB 324	**HB 324** amends ***section 52-3-32.1*** of the New Mexico Workers' Compensation Act to read as follows: **52-3-32.1. Firefighter Occupational ~~Disease~~ Conditions.—** … B. If a firefighter is diagnosed with one or more of the following ~~diseases~~ conditions after the period of employment indicated, ~~which disease~~ and the condition was not revealed during an initial employment medical screening examination or during a subsequent medical review pursuant to the Occupational Health and Safety Act and rules promulgated pursuant to that act, the ~~disease~~ condition is presumed to be proximately caused by employment as a firefighter: … (11) multiple myeloma after fifteen years; ~~and~~	6/14/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(12) hepatitis, tuberculosis, diphtheria, meningococcal disease and methicillin-resistant staphylococcus aureus appearing and diagnosed after entry into employment~~.~~; or (13) posttraumatic stress disorder diagnosed by a physician or psychologist that results in physical impairment, primary or secondary mental impairment or death. C. The presumptions created in ~~Subsection~~ Subsections B and D of this section may be rebutted by a preponderance of evidence in a court of competent jurisdiction showing that the firefighter engaged in conduct or activities outside of employment that posed a significant risk of contracting or developing a described ~~disease~~condition. … E. When any presumptions created in this section do not apply, it shall not preclude a firefighter from demonstrating a causal connection between employment and ~~disease~~ condition or injury by a preponderance of evidence in a court of competent jurisdiction. F. Medical treatment based on the presumptions created in this section shall be provided by an employer as for a job-related ~~illness~~ condition or injury unless and until a court of competent jurisdiction determines that the presumption does not apply. If the court determines that the presumption does not apply or that the ~~illness~~ condition or injury is not job related, the employer's workers' compensation insurance provider shall be reimbursed for health care costs by the medical or health insurance plan or benefit provided for the firefighter by the employer.	
Oklahoma	SB 274	**SB 274** amends ***section 85A-98*** of the Oklahoma Administrative Workers' Compensation Act to read: **§85A-98. Funds to be transferred to Self-insurance Guaranty Fund.** The Self-insurance Guaranty Fund shall be derived from the following sources: … 2. ~~Until the Self-insurance Guaranty Fund contains Two Million Dollars ($2,000,000.00) or in~~ In the event ~~the amount in~~ the net fund balance falls below ~~One Million Dollars ($1,000,000.00),~~ Seven Hundred Fifty Thousand Dollars ($750,000.00), the Workers' Compensation Commission shall make an assessment against each private self-insurer and group self-insurance association based on an assessment rate to be determined by the commissioners, not exceeding ~~one percent (1%)~~ two percent (2%) per annum of actual paid losses of the self-insurer during the preceding calendar year, payable to the Tax Commission for deposit to the fund. The assessment against private self-insurers shall be determined using a rate equal to the proportion that the deficiency in the fund attributable to private self-insurers bears to the actual paid losses of all private self-insurers for the year period of January 1 through December 31 preceding the assessment. The assessment against group self-insurance associations shall be determined using a rate equal to the proportion that the deficiency in excess of the surplus of the Group Self-Insurance Association Guaranty Fund at the date of the transfer attributable to group self-insurance associations bears to the actual paid losses of all group self-insurance associations cumulatively for any calendar year preceding the assessment. Each self-insurer shall provide the Workers' Compensation Commission with such information as the Commission may determine is necessary to effectuate the purposes of this paragraph. For purposes of this paragraph, "actual paid losses" means all medical and indemnity payments, including temporary disability, permanent disability, and death benefits, and excluding loss adjustment expenses and reserves. …	11/1/19

South Carolina	SB 358	**SB 358**, in part, amends the South Carolina Workers' Compensation Law to read: **Section 42-5-20. Insurance or proof of financial ability to pay required.** (A)(1) Every employer who accepts the provisions of this title relative to the payment of compensation shall insure and keep insured his liability thereunder in any authorized corporation, association, organization, or mutual insurance association formed by a group of employers so authorized or shall furnish to the commission satisfactory proof of his financial ability to pay directly the compensation in the amount and manner and when due as provided for in this title. The commission may, under such rules and regulations as it may prescribe, permit two or more employers in businesses of a similar nature to enter into agreements to pool their liabilities under the Workers' Compensation Law for the purpose of qualifying as self-insurers. In the case of self-insurers the commission shall require the deposit of an acceptable security, indemnity, or bond to secure the payment of the compensation liabilities as they are incurred. The Workers' Compensation Commission shall have exclusive jurisdiction of group self-insurers under this section, and such group self-insurers shall not be deemed to be insurance companies and shall not be regulated by the Department of Insurance. Provided, further, that if any provision is made for the recognition of reinsurance of the self-insured fund, such provision shall expressly provide that the reinsurance agreement or treaty must recognize the right of the claimant to recover directly from the reinsurer and that such agreement shall provide for privity between the reinsurer and the workers' compensation claimant. (2) In lieu of submitting audited financial statements when an employer makes an application to self-insure with the commission, the commission shall accept the sworn statement or affidavit of an independent auditor verifying the financial condition of the employer according to the required financial ratios and guidelines established by regulation of the commission. The independent auditor must be a certified public accountant using generally acceptable accounting principles in the preparation of the financial statements of the employer. (B) A corporation, association, organization, or mutual insurance association formed pursuant to Section 42-5-50 may not be considered a licensed insurer pursuant to Chapter 31, Title 38 and may not participate in or receive benefits or protection from the South Carolina Property and Casualty Insurance Guaranty Association. (C) An assumption, transfer, merger, or other acquisition of a block of business by a licensed insurer from a self-insurer may not be approved until the commission has obtained an opinion from a qualified actuary as to the adequacy of assets and other funding to adjudicate and pay any known claims as of the effective date of the assumption, transfer, merger, or other acquisition of the self-insured block.	7/1/19

PREVIOUSLY ENACTED BILLS

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Idaho	SB 1028	**SB 1028** amends ***section 72-451*** of the Idaho Worker's Compensation Law to read as follows: **72-451. Psychological Accidents and Injuries.** (1) Psychological injuries, disorders or conditions shall not be compensated under this title, unless the following conditions are met: (~~1~~ a) Such injuries of any kind or nature emanating from the workplace shall be compensated only if caused by accident and physical injury as defined in section 72-102(18)(a) through (18)(c), Idaho Code, or only if accompanying an occupational disease with resultant physical injury, except that a psychological mishap or event may constitute an accident where: (i) ~~i~~ It results in resultant physical injury ~~so~~ as long as the psychological mishap or event meets the other criteria of this section~~, and~~ ; (ii) ~~i~~ It is readily recognized and identifiable as having occurred in the workplace~~,~~ ; and	7/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(iii) ~~i~~ It must be the product of a sudden and extraordinary event; ~~and~~ (~~2~~ b) No compensation shall be paid for such injuries arising from conditions generally inherent in every working situation or from a personnel-related action including, but not limited to, disciplinary action, changes in duty, job evaluation or employment termination; ~~and~~ (~~3~~ c) Such accident and injury must be the predominant cause as compared to all other causes combined of any consequence for which benefits are claimed under this section; ~~and~~ (~~4~~ d) Where psychological causes or injuries are recognized by this section, such causes or injuries must exist in a real and objective sense; ~~and~~ (~~5~~ e) Any permanent impairment or permanent disability for psychological injury recognizable under the Idaho worker's compensation law must be based on a condition sufficient to constitute a diagnosis using the terminology and criteria of the American psychiatric association's diagnostic and ~~statistics~~ statistical manual of mental disorders, third edition revised, or any successor manual promulgated by the American psychiatric association, and must be made by a psychologist~~,~~ or psychiatrist duly licensed to practice in the jurisdiction in which treatment is rendered; and (~~6~~ f) Clear and convincing evidence that the psychological injuries arose out of and in the course of the employment from an accident or occupational disease as contemplated in this section is required. (2) Nothing ~~herein~~ in subsection (1) of this section shall be construed as allowing compensation for psychological injuries from psychological causes without accompanying physical injury. (3) The provisions of subsection (1) of t ~~T~~his section shall apply to accidents and injuries occurring on or after July 1, 1994, and to causes of action for benefits accruing on or after July 1, 1994, notwithstanding that the original worker's compensation claim may have occurred prior to July 1, 1994. (4) Notwithstanding subsection (1) of this section, post-traumatic stress injury suffered by a first responder is a compensable injury or occupational disease when the following conditions are met: (a) The first responder is examined and subsequently diagnosed with post-traumatic stress injury by a psychologist, a psychiatrist duly licensed to practice in the jurisdiction where treatment is rendered, or a counselor trained in post-traumatic stress injury; and (b) Clear and convincing evidence indicates that the post-traumatic stress injury was caused by an event or events arising out of and in the course of the first responder's employment. (5) No compensation shall be paid for such injuries described in subsection (2) of this section arising from a personnel-related action including, but not limited to, disciplinary action, changes in duty, job evaluation, or employment termination. (6) As used in subsection (4) of this section: (a) "Post-traumatic stress injury" means a disorder that meets the diagnostic criteria for post-traumatic stress disorder or post-traumatic stress injury specified by the American psychiatric association's diagnostic and statistical manual of mental disorders, fifth edition revised, or any successor manual promulgated by the American psychiatric association. (b) "First responder" means: (i) A peace officer as defined in section 19-5101(d), Idaho Code, when employed by a city, county, or the Idaho state police;	

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		(ii) A firefighter as defined in sections 59-1391(f) and 72-1403(A), Idaho Code; (iii) A volunteer emergency responder as defined in section 72-102(32), Idaho Code; (iv) An emergency medical service provider, or EMS provider, certified by the department of health and welfare pursuant to sections 56-1011 through 56-1018B, Idaho Code, and an ambulance-based clinician as defined in the rules governing emergency medical services as adopted by the department of health and welfare; and (v) An emergency communications officer as defined in section 19-5101(f), Idaho Code. (7) Subsections (4) through (6) of this section are effective for first responders with dates of injury or manifestations of occupational disease on or after July 1, 2019.	
Illinois	HB 3452	**HB 3452** amends ***section 820 ILCS 305/8.2*** of the Illinois Workers' Compensation Act as follows: **(820 ILCS 305/8.2)** **Sec. 8.2. Fee schedule.** ... (d) When a patient notifies a provider that the treatment, procedure, or service being sought is for a work-related illness or injury and furnishes the provider the name and address of the responsible employer, the provider shall bill the employer or its designee directly. The employer or its designee shall make payment for treatment in accordance with the provisions of this Section directly to the provider, except that, if a provider has designated a third-party billing entity to bill on its behalf, payment shall be made directly to the billing entity. Providers shall submit bills and records in accordance with the provisions of this Section. … (3) In the case (i) of nonpayment to a provider within 30 days of receipt of the bill which contained substantially all of the required data elements necessary to adjudicate the bill, (ii) of nonpayment to a provider of a portion of such a bill, or (iii) where the provider has not been issued an explanation of benefits for a bill, the bill, or portion of the bill up to the lesser of the actual charge or the payment level set by the Commission in the fee schedule established in this Section, shall incur interest at a rate of 1% per month payable by the employer to the provider. Any required interest payments shall be made by the employer or its insurer to the provider within ~~not later than~~ 30 days after payment of the bill. (4) If the employer or its insurer fails to pay interest within 30 days after payment of the bill as required pursuant to paragraph (3) ~~this subsection (d)~~, the provider may bring an action in circuit court for the sole purpose of seeking payment of interest pursuant to paragraph (3) ~~enforce the provisions of this subsection (d)~~ against the employer or its insurer responsible for insuring the employer's liability pursuant to item (3) of subsection (a) of Section 4. The circuit court's jurisdiction shall be limited to enforcing payment of interest pursuant to paragraph (3). Interest under paragraph (3) ~~this subsection (d)~~ is only payable to the provider. An employee is not responsible for the payment of interest under this Section. The right to interest under paragraph (3) ~~this subsection (d)~~ shall not delay, diminish, restrict, or alter in any way the benefits to which the employee or his or her dependents are entitled under this Act. ...	1/11/19
Kentucky	HB 151	**HB 151**, in part, amends ***sections 304.47-020*** and ***304.47-050*** of the Insurance Code of Kentucky to read as follows: **304.47-020. Fraudulent insurance acts—Penalties—Compensatory damages—Application of section.**	6/26/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… (2) ~~(a) Except as provided in paragraphs (b) and (c) of this subsection,~~ A person convicted of a violation of subsection (1) of this section shall be guilty of a Class A misdemeanor, unless ~~where~~ the aggregate of the claim, benefit, or money referred to in subsection (1) of this section is ~~less than or equal to five hundred dollars ($500), and shall be punished by~~: (a) ~~1.~~ Five hundred dollars ($500) or more but less than ten thousand dollars ($10,000), in which case it is a Class D felony ~~Imprisonment for not more than one (1) year~~; (b) ~~2.~~ Ten thousand dollars ($10,000) or more but less than one million dollars ($1,000,000), in which case it is a Class C felony ~~A fine, per occurrence, of not more than one thousand dollars ($1,000) per individual nor five thousand dollars ($5,000) per corporation or twice the amount of gain received as a result of the violation, whichever is greater~~; or (c) ~~3.~~ One million dollars ($1,000,000) or more, in which case it is a Class B felony~~Both imprisonment and a fine as set forth in subparagraphs 1. and 2. of this paragraph~~. (3) ~~(b)~~ A ~~Except as provided in paragraph (c) of this subsection, where the claim, benefit, or money referred to in subsection (1) of this section exceeds an aggregate of five hundred dollars ($500), a person convicted of a violation of subsection (1) of this section shall be guilty of a felony and shall be punished by:~~ ~~1. Imprisonment for not less than one (1) nor more than five (5) years;~~ ~~2. A fine, per occurrence, of not more than ten thousand dollars ($10,000) per individual nor one hundred thousand dollars ($100,000) per corporation or twice the amount of gain received as a result of the violation, whichever is greater; or~~ ~~3. Both imprisonment and a fine as set forth in subparagraphs 1. and 2. of this paragraph.~~ ~~(c) Any~~ person, with the purpose to establish or maintain a criminal syndicate~~,~~ or to facilitate any of its activities~~, as set forth in KRS 506.120(1),~~ shall be guilty of engaging in organized crime, a Class B felony, if he or she engages in any of the activities set forth in KRS 506.120(1). (4) A person convicted of a crime established in this section ~~and~~ shall be punished by: (a) ~~1.~~ Imprisonment for a term: 1. Not to exceed the period set forth in KRS 532.090 if the crime is a Class A misdemeanor; or 2. Within the periods set forth in KRS 532.060 if the crime is a Class D, C, or B felony~~not less than ten (10) years nor more than twenty (20) years~~; (b) ~~2.~~ A fine, per occurrence, of: 1. For a misdemeanor, not more than one thousand dollars ($1,000) per individual nor five thousand dollars ($5,000) per corporation or twice the amount of gain received as a result of the violation, whichever is greater; or 2. For a felony, not more than ten thousand dollars ($10,000) per individual nor one hundred thousand dollars ($100,000) per corporation, or twice the amount of gain received as a result of the violation; whichever is greater; or (c) ~~3.~~ Both imprisonment and a fine, as set forth in subparagraphs 1. and 2. of this paragraph. (5) ~~(d)~~ In addition to imprisonment, the assessment of a fine, or both, a person convicted of a crime established in ~~violation of paragraph (a), (b), or (c) of subsection (2) of~~ this section may be ordered to make restitution to any victim who suffered a monetary loss due to any actions by that person which resulted in the adjudication of guilt, and to the division for the cost of any investigation. The amount of restitution shall equal the monetary value of the actual loss or twice the amount of gain received as a result of the violation, whichever is greater.	

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		(6) ~~(3)~~ Any person damaged as a result of a violation of any provision of this section shall have a cause of action to recover compensatory damages, plus all reasonable investigation and litigation expenses, including attorneys' fees, at the trial and appellate courts. (7) ~~(4)~~ The provisions of this section shall also apply to any agent, unauthorized insurer or its agents or representatives, or surplus lines carrier who, with intent, injures, defrauds, or deceives any claimant with regard to any claim. The claimant shall have the right to recover the damages provided in subsection (6) ~~(3)~~ of this section. **304.47-050. Reports of possible fraudulent insurance acts—Investigation—Notification of prosecutor—Immunity from civil liability.** … (2) The following persons, ~~individuals~~ having knowledge or believing that a fraudulent insurance act or any other act or practice which may constitute a felony or misdemeanor under this subtitle is being or has been committed, shall send to the division a report or information pertinent to the knowledge or belief and additional relevant information that the commissioner or the commissioner's employees or agents may require: (a) Any professional practitioner licensed or regulated by the Commonwealth, except as provided by law; (b) Any private medical review committee; (c) Any insurer, agent, or other person licensed under this chapter; ~~and~~ (d) The following Kentucky Boards: 1. Board of Medical Licensure; 2. Board of Chiropractic Examiners; 3. Board of Nursing; 4. Board of Physical Therapy; 5. Board of Occupational Therapy; and 6. Board for Massage Therapy; and (e) Any employee of the persons named in paragraphs (a) to (d) ~~(c)~~ of this subsection. (3) The division or its employees or agents shall review this information or these reports and select the information or reports that, in the judgment of the division, may require further investigation. The division shall then cause an investigation of the facts surrounding the information or report to be made to determine the extent, if any, to which a fraudulent insurance act or any other act or practice which, upon conviction, constitutes a felony or misdemeanor under this subtitle is being committed. (4) The following ~~Department of Workers' Claims~~ shall provide the division access to all relevant information the commissioner may request: (a) The Department of Workers' Claims; and (b) The boards named in subsection (2)(d) of this section. … (8) In the absence of malice, fraud, or gross negligence, the following ~~no insurer or agent authorized by an insurer to act on its behalf, law enforcement agency, the Department of Workers' Claims, their respective employees, or an insured~~ shall not be subject to any civil liability for libel, slander, or related cause of action by virtue of filing reports or for releasing or receiving any information pursuant to this subsection: (a) An insurer; (b) An agent authorized by an insurer to act on its behalf;	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(c) A law enforcement agency; (d) The Department of Workers' Claims; (e) The boards named in subsection (2)(d) of this section; (f) Employees of the persons named in paragraphs (d) and (e) of this subsection; or (g) An insured.	
Mississippi	SB 2864	**SB 2864** amends ***sections 83-23-109*** and ***83-23-115*** of the Mississippi Insurance Guaranty Association Law as follows: **§ 83-23-109. Definitions.** As used in this article: … (f) "Covered claim" means an unpaid claim, including one of unearned premiums, which arises out of and is within the coverage and not in excess of the applicable limits of an insurance policy to which this article applies issued by an insurer, if such insurer becomes an insolvent insurer and ~~(1)~~(i) the claimant or insured is a resident of this state at the time of the insured event, provided that for entities other than an individual, the residence of a claimant or insured is the state in which its principal place of business is located at the time of the insured event; or ~~(2)~~(ii) the property from which the claim arises is permanently located in this state. "Covered claim" shall not include any amount awarded as punitive or exemplary damages; or sought as a return of premium under any retrospective rating plan; or due any reinsurer, insurer, insurance pool, or underwriting association, as subrogation recoveries or otherwise and shall preclude recovery thereof from the insured of any insolvent carrier to the extent of the policy limits. "Covered claim" shall not include any claim that would otherwise be a covered claim under this article that has been rejected or denied by any other state guaranty fund based upon that state's statutory exclusions regarding the insured's net worth. … (h) "Member insurer" means any person who ~~(1)~~(i) writes any kind of insurance to which this article applies under Section 83-23-105, including the exchange of reciprocal or interinsurance contracts, and ~~(2)~~(ii) is licensed to transact insurance in this state. … **§ 83-23-115. Powers and duties of association.** (1) The association shall: (a)… In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the obligation of the insolvent insurer under the policy from which the claim arises. Notwithstanding any other provisions of this article, a covered claim shall not include a claim filed with the association after final date set by the court for the filing of claims against the liquidator or receiver of an insolvent insurer. …	7/1/19
Nebraska	LB 139	**LB 139** amends ***section 48-2117*** of the Contractor Registration Act to read: **48-2117. Data base of contractors; removal.** (1) The Department of Labor, in conjunction with the Department of Revenue, shall create a data base of contractors who are registered under the Contractor Registration Act and the Nebraska Revenue Act of 1967.	Projected 9/7/19

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		(2) The data base shall be accessible on the web site of the Department of Labor. (3) The data base shall include, but not be limited to, the following information with respect to each registered contractor: (a) Whether the contractor carries workers' compensation insurance in accordance with the Nebraska Workers' Compensation Act; (b) Whether the contractor is self-insured in accordance with the Nebraska Workers' Compensation Act; or (c) Whether the contractor is a sole proprietor with no employees and does not carry workers' compensation insurance pursuant to the Nebraska Workers' Compensation Act. (4) The information described in subdivision (3)(c) of this section, as it is listed in the data base, creates a presumption of no coverage that may be rebutted by an insurer acknowledging coverage for a claimed covered event. (5) The information required under subsection (3) of this section and the presumption provided in subsection (4) of this section are solely for the purpose of establishing premiums for workers' compensation insurance and shall not affect liability under the Nebraska Workers' Compensation Act or compliance efforts pursuant to section 48-145.01. (6) ~~(2)~~ Any contractor that fails to comply with the requirements of the Contractor Registration Act or Nebraska Revenue Act of 1967 shall be removed from the data base.	
Nebraska	LB 380	**LB 380**, in part, amends ***sections 44-2403, 44-2406***, and ***44-2407*** of the Nebraska Revised Statutes to read as follows: **44-2403. Terms, defined.** As used in the Nebraska Property and Liability Insurance Guaranty Association Act, unless the context otherwise requires: … (4)(a) Covered claim shall mean an unpaid claim ~~which has been timely filed with the liquidator~~ as provided for in the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act and which arises out of and is within the coverage of an insurance policy to which the Nebraska Property and Liability Insurance Guaranty Association Act applies issued by a member insurer that becomes insolvent after May 26, 1971, and (i) the claimant or insured is a resident of this state at the time of the insured event or (ii) the property from which the claim arises is permanently located in this state. Covered claim shall also include the policyholder's unearned premiums paid by the policyholder on an insurance policy to which the act applies issued by a member insurer that becomes insolvent on or after July 9, 1988. Nothing in this section shall be construed to supersede, abrogate, or limit the common-law ownership of accounts receivable for earned premium, unearned premium, or unearned commission; (b) Covered claim shall not include any amount due any reinsurer, insurer, liquidator, insurance pool, or underwriting association, as subrogation recoveries or otherwise, a ~~policy deductible or~~ self-insured portion of the claim, a claim for any premium calculated on a retrospective basis, any premiums subject to adjustment after the date of liquidation, or any amount due an attorney or adjuster as fees for services rendered to the insolvent insurer. Covered claim shall also not include any amount as punitive or exemplary damages or any amount claimed for incurred but not reported damages. Covered claim shall also not include any claim filed with the guaranty fund after the earlier of twenty-five months after the date of the order of liquidation or the final date set by the court for the filing of claims against the liquidator or receiver. This subdivision ~~Subdivision~~ (4)(b) ~~of this section~~ shall not prevent a person from presenting the excluded claim to the insolvent insurer or its liquidator, but the claim shall not be asserted against any other person, including the person to whom benefits were paid or the insured of the insolvent insurer, except to the extent that the claim is outside the coverage or is in excess of the limits of the policy issued by the insolvent insurer; …	Projected 9/7/19

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		44-2406. Claims; filing; determination. (1) The association shall be obligated only to the extent of the covered claims existing prior to the date a member insurer ~~company~~ becomes an insolvent insurer or arising within thirty days after it has been determined that the insurer is an insolvent insurer, before the policy expiration date, if less than thirty days after such determination, or before the insured replaces the policy or on request effects cancellation, if he or she does so within thirty days of such dates, but such obligation shall include only the ~~that~~ amount of each covered claim that does not exceed ~~which is in excess of one hundred dollars and is less than~~ three hundred thousand dollars, except that the association shall pay the amount required by law on any covered claim arising out of a workers' compensation policy. In no event shall the association be obligated to a policyholder or claimant in an amount in excess of the face amount of the policy from which the claim arises. The association shall be obligated on covered claims, including those under a workers' compensation policy, for unearned premiums only for the ~~that~~ amount of each covered claim that does not exceed ~~which is in excess of one hundred dollars and is less than~~ ten thousand dollars per policy. … (4) A third party having a covered claim against any insured of an insolvent ~~member~~insurer may file such claim with the director pursuant to the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act, and the association shall process such claim in the manner specified in subsections (2) and (3) of this section. The filing of such claim shall constitute an unconditional general release of all liability of such insured in connection with the claim unless the association thereafter denies the claim for the reason that the insurance policy issued by the insolvent insurer ~~member company~~ does not afford coverage or unless the claimant, within thirty days from the date of filing his or her claim with the director, files with the director a written demand that the claim be processed in the liquidation proceedings as a claim not covered by the Nebraska Property and Liability Insurance Guaranty Association Act. **44-2407. Association; duties; powers; enumerated.** (1) The association shall: (a) Allocate claims paid and expenses incurred among the three accounts separately and assess member insurers separately for each account in the amounts necessary to pay the obligations of the association under section 44-2406, the expenses of handling covered claims, the cost of examinations under sections 44-2412 and 44-2413, and other expenses authorized by the Nebraska Property and Liability Insurance Guaranty Association Act. The assessments of each member insurer shall be in the proportion that the net direct written premiums of such member insurer, on the basis of the insurance in the account involved, bears to the net direct written premiums of all member insurers for the same period and in the same account for the calendar year preceding the date of the assessment ~~the member insurer becomes an insolvent insurer. After an initial assessment has been made for an insolvency, any subsequent assessments for that insolvency may be calculated in the same manner as the initial assessment and may use the same calendar year's net direct written premiums as were used in determining the original assessment~~. The association may make an assessment for the purpose of meeting administrative costs and other general expenses not related to a particular impaired insurer, not to exceed fifty dollars per member insurer ~~company~~ in any one year. Each member insurer shall be notified of the assessment not later than thirty days before it is due. Except for such administrative assessment, no member insurer may be assessed in any year on any account an amount greater than one percent of that member insurer's net direct written premiums for the preceding calendar year on the kinds of insurance in the account. The association may defer, in whole or in part, the assessment of any member insurer if the assessment would cause the member insurer's	

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		financial statement to reflect amounts of capital or surplus less than the minimum required for a certificate of authority by any jurisdiction in which the member insurer is authorized to transact business as an insurer. Deferred assessments shall be paid when such payment will not reduce capital or surplus below such required minimum amounts. Such deferred assessments when paid shall be refunded to those member insurers ~~companies~~ that received larger assessments by virtue of such deferment or, in the discretion of any such insurer ~~company~~, credited against future assessments. No member insurer may pay a dividend to shareholders or policyholders while such insurer has an unpaid deferred assessment; (b) Handle claims through its employees or through one or more insurers or other persons designated by the association as a servicing facility, except that the designation of a servicing facility shall be subject to the approval of the director and such designation may be declined by a member insurer; (c) Reimburse any servicing facility for obligations of the association paid by the facility and for expenses incurred by the facility while handling claims on behalf of the association and such other expenses of the association as are authorized by the Nebraska Property and Liability Insurance Guaranty Association Act;~~ and~~ (d) Issue to each insurer paying an assessment under this section a certificate of contribution in appropriate form and terms as prescribed by the director for the amount so paid. All outstanding certificates shall be of equal dignity and priority without reference to amounts or dates of issue. The insurer may offset against its premium and related retaliatory tax liability to this state pursuant to sections 44-150 and 77-908 accrued with respect to business transacted in such year an amount equal to twenty percent of the original face amount of the certificate of contribution, beginning with the first calendar year after the year of issuance through the fifth calendar year after the year of issuance. If ~~Should~~ the association recovers ~~recover~~ any sum representing amounts previously written off by member insurers and offset against premium and related retaliatory taxes imposed by sections 44-150 and 77-908, such recovered sum shall be paid by the association to the director ~~Director of Insurance~~ who shall handle such funds in the same manner as provided in Chapter 77, article 9;~~ .~~ (e) Be deemed the insolvent insurer to the extent of the association's obligation for covered claims and to such extent shall have all rights, duties, and obligations of the insolvent insurer, subject to the limitations provided in the act, as if the insurer had not become insolvent, with the exception that the liquidator shall retain the sole right to recover any reinsurance proceeds. The association's rights under this section include, but are not limited to, the right to pursue and retain salvage and subrogation recoveries on paid covered claim obligations to the extent paid by the guaranty fund; and (f) Have access to insolvent insurer records. The liquidator of an insolvent insurer shall permit access by the association or its authorized representatives, and by any similar organization in another state or its authorized representatives, to the insolvent insurer's records which are necessary for the association or such similar organization in carrying out its functions with regard to covered claims. In addition, the liquidator shall provide the association or its representative or such similar organization with copies of such records upon the request and at the expense of the association or similar organization. (2) The association may: … (d) Sue or be sued, and such power to sue shall include the power and right to intervene as a party before any court that has jurisdiction over an insolvent insurer as defined by such act; …	

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		(g) Bring any action against any third-party administrator, agent, attorney, or other representative of the insolvent insurer to obtain custody and control of all files, records, and electronic data related to an insolvent insurer that is appropriate or necessary for the association, or a similar organization in another state, to carry out duties under such act ~~Refund to the member insurers in proportion to the contribution of each member insurer to any account that amount by which the assets of the account exceed the liabilities if, at the end of any calendar year, the board of directors finds that the assets of the association in the account exceed the liabilities of that account as estimated by the board of directors for the coming year~~. **LB 380** also includes the following language: All proceedings arising out of a claim under a policy of insurance written by an insolvent insurer shall be stayed for one hundred twenty days from the date of entry of the order of liquidation to permit proper defense by the association of all such pending causes of action. Nothing in this section shall be deemed to limit the powers of a receiver appointed pursuant to the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act or to stay any proceeding brought pursuant to such act.	
Oregon	HB 2087	**HB 2087** amends ***section 656.745*** of the Oregon Workers' Compensation Law to read: **656.745 Civil penalty for inducing failure to report claims; failure to pay assessments; failure to comply with statutes, rules or orders; amount; procedure.** (1) (a) The Director of the Department of Consumer and Business Services shall assess a civil penalty against an employer or insurer ~~who~~ that intentionally or repeatedly induces claimants for compensation to fail to report accidental injuries, causes employees to collect accidental injury claims as off-the-job injury claims, persuades claimants to accept less than the compensation due or makes it necessary for claimants to resort to proceedings against the employer to secure compensation due. (b) The director may not assess under this subsection more than $2,000 for each violation or more than $40,000 in the aggregate for violations during a calendar year. Each violation, or each day during which a violation continues, constitutes a separate violation. (2) (a) The director may assess a civil penalty against an employer, self-insured employer, insurer, managed care organization or service company that: ~~(a)~~ (A) Fails to pay assessments or other payments due to the director under this chapter and is in default; or ~~(b)~~ (B) Fails to comply with statutes, rules or orders of the director regarding reports or other requirements necessary to carry out the purposes of this chapter. (b) The director may not assess under this subsection a civil penalty against a self-insured employer, insurer or service company that exceeds $4,000 for each violation or $180,000 in the aggregate for violations during a calendar year. Each violation, or each day during which a violation continues, constitutes a separate violation. (c) The director may not assess under this subsection a civil penalty against an employer, except a self-insured employer, or managed care organization that exceeds $2,000 for each violation or $40,000 in the aggregate for violations during a calendar year. Each violation, or each day during which a violation continues, constitutes a separate violation. (3) Except as specified in ORS 656.780, the director may assess a penalty under subsection (2) of this section against a service company only for claims processing performance deficiencies revealed in annual audits associated with claims processing performance. The director may assess only	1/1/20

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		one penalty for each separate violation by an employer, insurer or service company for deficiencies revealed in annual audits associated with claims processing performance. ~~(4) A civil penalty shall be not more than $2,000 for each violation or $10,000 in the aggregate for all violations within any three-month period. Each violation, or each day a violation continues, shall be considered a separate violation.~~ ~~(5)~~ (4) ORS 656.735 (4) to (6) and 656.740 also apply to orders and penalties assessed under this section.	
Oregon	HB 2406	**HB 2406** amends ***section 656.033*** of the Oregon Workers' Compensation Law to read: **656.033 Coverage for participants in work experience or school directed professional training programs.** (1) ~~All persons participating as trainees in a work experience program or school directed professional education project of a school district as defined in ORS 332.002 in which such persons are enrolled, including persons with mental retardation in training programs, are considered as workers of the district subject to this chapter for purposes of this section. Trainees placed in a work experience program with their resident school district as the training employer shall be subject workers under this section when the training and supervision are performed by noninstructional personnel.~~ All persons participating as trainees in a work experience program or a school directed professional education project of a school district, as defined in ORS 332.002, in which such persons are enrolled, including persons with intellectual disabilities in training programs, are workers of the district subject to this chapter for purposes of this section. Trainees placed in a work experience program with the trainees' resident school district as the training employer are subject workers under this section if the training and supervision are performed by noninstructional personnel. … (3) The premium cost for coverage under this section ~~shall be~~ is based on an assumed hourly wage which is approved by the Director of the Department of Consumer and Business Services. Such assumed wage is to be used only for calculation purposes under this chapter and without regard to ORS chapter 652 or ORS 653.010 to 653.565 and 653.991. A self-insured district shall submit such assumed wage rates to the director. If the director finds that the rates are unreasonable, the director may fix appropriate rates to be used for purposes of this section. (4) The school district shall furnish the insurer, or in the case of self-insurers, the director, with an estimate of the total number of persons enrolled in ~~its~~ the school district's work experience program or school directed professional education project and shall notify the insurer or director of any significant changes ~~therein~~ in the program or project. Persons covered under this section are entitled to the benefits of this chapter. However, such persons are not entitled to benefits under ORS 656.210 or 656.212. ~~They~~ The persons are entitled to such benefits if injured as provided in ORS 656.156 and 656.202 while performing any duties arising out of and in the course of ~~their participation~~ participating in the work experience program or school directed professional education project, provided the duties being performed are among those: … (5) ~~The~~ Filing ~~of~~ claims for benefits under this section is the exclusive remedy of a trainee or a beneficiary of the trainee for injuries compensable under this chapter against the state, ~~its~~ the state's political subdivisions, the school district board, ~~its~~ the members, officers and employees of the school district board ~~,~~ or any employer, regardless of negligence. (6) The provisions of this section ~~shall be inapplicable~~ do not apply to any trainee who has earned wages for such employment. (7) As used in this section, "school directed professional education project" means an on-campus or off-campus project supervised by school personnel ~~and which~~ that is an assigned activity of a local professional education program approved pursuant to operating procedures of the State Board of Education. A school directed professional education project must be of a practicum experience nature, performed outside of a classroom	1/1/20

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		environment and extending beyond initial instruction or demonstration activities. Such projects are limited to logging, silvicultural thinning, slash burning, fire fighting, stream enhancement, woodcutting, reforestation, tree surgery, construction, printing and manufacturing involving formed metals. (8) Notwithstanding subsection (1) of this section, a school district may elect to make trainees subject workers under this chapter for school directed professional education projects not enumerated in subsection (7) of this section by making written request to the district's insurer, or in the case of a self-insured district, the director, with coverage to begin no sooner than the date the request is received by the insurer or director. The request for coverage ~~shall~~ must include a description of the work to be performed under the project and an estimate of the number of participating trainees. The insurer or director shall accept a request that meets the criteria of this section.	
Rhode Island	HB 5305/ SB 242	**HB 5305/SB 242** amend ***section 28-53-7. Payments to Employees of Uninsured Employers*** of the Rhode Island General Laws to provide that payments from the uninsured protection fund to employees of uninsured employers would apply to injuries that occur on or after September 1, 2019.	HB 5305: 3/27/19 SB 242: 3/19/19
South Carolina	SB 358	**SB 358**, in part, amends the South Carolina Workers' Compensation Law to read: **Section 42-5-20. Insurance or proof of financial ability to pay required.** (A)(1) Every employer who accepts the provisions of this title relative to the payment of compensation shall insure and keep insured his liability thereunder in any authorized corporation, association, organization, or mutual insurance association formed by a group of employers so authorized or shall furnish to the commission satisfactory proof of his financial ability to pay directly the compensation in the amount and manner and when due as provided for in this title. The commission may, under such rules and regulations as it may prescribe, permit two or more employers in businesses of a similar nature to enter into agreements to pool their liabilities under the Workers' Compensation Law for the purpose of qualifying as self-insurers. In the case of self-insurers the commission shall require the deposit of an acceptable security, indemnity, or bond to secure the payment of the compensation liabilities as they are incurred. The Workers' Compensation Commission shall have exclusive jurisdiction of group self-insurers under this section, and such group self-insurers shall not be deemed to be insurance companies and shall not be regulated by the Department of Insurance. Provided, further, that if any provision is made for the recognition of reinsurance of the self-insured fund, such provision shall expressly provide that the reinsurance agreement or treaty must recognize the right of the claimant to recover directly from the reinsurer and that such agreement shall provide for privity between the reinsurer and the workers' compensation claimant. (2) In lieu of submitting audited financial statements when an employer makes an application to self-insure with the commission, the commission shall accept the sworn statement or affidavit of an independent auditor verifying the financial condition of the employer according to the required financial ratios and guidelines established by regulation of the commission. The independent auditor must be a certified public accountant using generally acceptable accounting principles in the preparation of the financial statements of the employer. (B) A corporation, association, organization, or mutual insurance association formed pursuant to Section 42-5-50 may not be considered a licensed insurer pursuant to Chapter 31, Title 38 and may not participate in or receive benefits or protection from the South Carolina Property and Casualty Insurance Guaranty Association.	7/1/19

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		(C) An assumption, transfer, merger, or other acquisition of a block of business by a licensed insurer from a self-insurer may not be approved until the commission has obtained an opinion from a qualified actuary as to the adequacy of assets and other funding to adjudicate and pay any known claims as of the effective date of the assumption, transfer, merger, or other acquisition of the self-insured block.	
Utah	HB 55	**HB 55 Second Substitute**, in part, amends the Utah Workers' Compensation Act, ***section 34A-2-110. Workers' compensation insurance fraud—Elements—Penalties—Notice***, to clarify that the insurance department may investigate and enforce certain provisions of the Workers' Compensation Act.	5/14/19
Utah	HB 56	**HB 56** amends ***sections 34A-2-206, 34A-2-701, 34A-2-702***, and ***34A-2-704*** of the Utah Workers' Compensation Act as follows: **34A-2-206. Furnishing information to division—Employers' annual report—Rights of division—Examination of employers under oath—Penalties.** … (4) (a) The division may seek a penalty of not to exceed $500 for each offense to be recovered in a civil action brought by the commission or the division on behalf of the commission against an employer who: (i) within a reasonable time to be fixed by the division and after the receipt of written notice signed by the director or the director's designee specifying the information demanded and served by certified mail or personal service, refuses to furnish to the division: (A) the annual statement required by this section; or (B) other information as may be required by the division under this section; or (ii) willfully furnishes a false or untrue statement. (b) All penalties collected under Subsection (4)(a) shall be paid into: (i) the Employers' Reinsurance Fund created in Section 34A-2-702~~.~~ ; or (ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-704. **34A-2-701. Premium assessment restricted account for safety.** (1) There is created in the General Fund a restricted account known as the "Workplace Safety Account." (2) (a) An amount equal to 0.25% of the premium income remitted to the state treasurer pursuant to Subsection 59-9-101(2)(c)(ii) shall be deposited in the Workplace Safety Account in the General Fund for use as provided in this section. (b) Beginning with fiscal year 2008-09, if the balance in the Workplace Safety Account exceeds $500,000 at the close of a fiscal year, the excess shall be transferred to: (i) the Employers' Reinsurance Fund, created under Subsection 34A-2-702(1)~~.~~ ; or (ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-702. … **34A-2-702. Employers' Reinsurance Fund—Injury causing death—Burial expenses—Payments to dependents.** …	5/13/19

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		(7) (a) After the commissioner determines that all liabilities to be paid from the Employers' Reinsurance Fund have been paid, the commissioner shall notify the Division of Finance. (b) Upon notification from the commissioner in accordance with Subsection (7)(a), the Division of Finance shall transfer any residual assets in the Employers' Reinsurance Fund into the Uninsured Employers' Fund. **34A-2-704. Uninsured Employers' Fund.** … 2) (a) Money for the Uninsured Employers' Fund shall be deposited into the Uninsured Employers' Fund in accordance with this chapter~~,~~ and Subsection 59-9-101(2)~~, and Subsection 34A-2-213(3)~~. …	
Utah	HB 232	**HB 232 Substitute** amends ***section 34A-2-104. "Employee," "worker," and "operative" defined—Specific circumstances—Exemptions*** and creates ***section 39-1-65. Pay and care of soldiers and airmen disabled while on state active duty*** of the Utah Workers' Compensation Act to provide that members of the Utah National Guard are covered under workers compensation if injured or disabled while on state active duty.	5/13/19
Utah	SB 76	**SB 76** repeals and reenacts ***section 34A-1-309*** of the Utah Labor Code as follows: **34A-1-309. ~~Attorney fees~~Add-on fees.** ~~For an adjudication of a workers' compensation claim where only medical benefits are at issue, reasonable attorney fees may be awarded in accordance with and to the extent allowed by rule adopted by the Utah Supreme Court and implemented by the Labor Commission.~~ (1) As used in this section: (a) "Carrier" means a workers' compensation insurance carrier, the Uninsured Employers' Fund, an employer that does not carry workers' compensation insurance, or a self-insured employer as defined in Section 34A-2-201.5. (b) "Indemnity compensation" means a workers' compensation claim for indemnity benefits that arises from or may arise from a denial of a medical claim. (c) "Medical claim" means a workers' compensation claim for medical expenses or recommended medical care. (d) "Unconditional denial" means a carrier's denial of a medical claim: (i) after the carrier completes an investigation; or (ii) 90 days after the day on which the claim was submitted to the carrier. (2) (a) The commission may award an add-on fee to a claimant to be paid by the carrier if: (i) a medical claim is at issue; (ii) the carrier issues an unconditional denial of the medical claim; (iii) the claimant hires an attorney to represent the claimant during the formal adjudicative process before the commission; (iv) after the carrier issues the unconditional denial, the commission orders the carrier or the carrier agrees to pay the medical claim; and (v) any award of indemnity compensation in the case is less than $5,000. (b) An award of an add-on fee under this section is in addition to: (i) the amount awarded for the medical claim or indemnity compensation; and	3/11/19

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		(ii) any amount for attorney fees agreed upon between the claimant and the claimant's attorney. (c) An award under this section is governed by the law in effect at the time the claimant files an application for hearing with the Division of Adjudication. (3) If the commission awards an add-on fee under this section, the commission shall award the add-on fee in the following amount: (a) the lesser of 25% of the medical expenses the commission awards to the claimant or $25,000, for a case that is resolved at the commission level; (b) the lesser of 30% of the medical expenses the Utah Court of Appeals awards to the claimant or $30,000, for a case that is resolved on appeal before the Utah Court of Appeals; or (c) the lesser of 35% of the medical expenses that the Utah Supreme Court awards to the claimant or $35,000, for a case that is resolved on appeal before the Utah Supreme Court. (4) If a court invalidates any portion of this section, the entire section is invalid.	
UT	SB 161	**SB 161 Sixth Substitute**, in part, amends ***section 31A-15-103*** and establishes ***section 31A-22-1016*** in the Utah Insurance Code to read as follows: **31A-15-103. Surplus lines insurance—Unauthorized insurers.** (1) Notwithstanding Section 31A-15-102, when this state is the home state as defined in Section 31A-3-305, a nonadmitted insurer may make an insurance contract for coverage of a person in this state and on a risk located in this state, subject to the limitations and requirements of this section. … (5) A nonadmitted insurer may not issue workers' compensation insurance coverage to an employer located in this state, except: (a) for stop loss coverage issued to an employer securing workers' compensation under Subsection 34A-2-201(2)~~.~~; (b) a cannabis production establishment as defined in Section 4-41a-102; or (c) a medical cannabis pharmacy as defined in Section 26-61a-102. … **SB 161 Sixth Substitute**, in part, also creates new ***section 31A-22-1016*** in the Utah Insurance Code to read as follows: **31A-22-1016. Workers' compensation coverage for medical cannabis operations.** A licensed and admitted workers' compensation insurer may issue coverage to: (1) a cannabis production establishment as defined in Section 4-41a-102; or (2) a medical cannabis pharmacy as defined in Section 26-61a-102.	3/26/19
Virginia	HB 1804	**HB 1804** amends and reenacts ***section 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer*** of the Virginia Workers' Compensation Act as follows: **§ 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer**. … C. Leukemia or pancreatic, prostate, rectal, throat, ovarian ~~or~~ , breast, colon, brain, or testicular cancer causing the death of, or any health condition or impairment resulting in total or partial disability of, any volunteer or salaried firefighter, Department of Emergency Management hazardous	Will not become effective unless reenacted by the 2020 session of the General Assembly

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		materials officer, commercial vehicle enforcement officer or motor carrier safety trooper employed by the Department of State Police, or full-time sworn member of the enforcement division of the Department of Motor Vehicles having completed 12 years of continuous service who has a contact with a toxic substance encountered in the line of duty shall be presumed to be an occupational disease, suffered in the line of duty, that is covered by this title, unless such presumption is overcome by a preponderance of competent evidence to the contrary. For the purposes of this section, a "toxic substance" is one which is a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and which causes, or is suspected to cause, leukemia or pancreatic, prostate, rectal, throat, ovarian ~~or~~ , breast, colon, brain, or testicular cancer. … **HB 1804** also includes the following language: That the provisions of this act shall not become effective unless reenacted by the 2020 Session of the General Assembly. That the 2020 Session of the General Assembly, in considering and enacting any legislation relating to workers' compensation and the presumption of compensability for certain cancers, shall consider any research, findings, and recommendations of the Joint Legislative Audit and Review Commission from the Commission's review of the Virginia Workers' Compensation program.	
Virginia	HB 2022	**HB 2022** amends and reenacts ***section 65.2-602. Tolling of statute of limitations*** of the Virginia Workers' Compensation Act to read: **§ 65.2-602. Tolling of statute of limitations.** In any case where an employer has received notice of an accident resulting in compensable injury to an employee as required by § 65.2-600~~,~~ and, whether or not an award has been entered, ~~such~~ the employer ~~nevertheless~~ has paid compensation or wages to such employee during incapacity for work, as defined in § 65.2-500 or ~~§~~ 65.2-502, resulting from such injury or the employer has failed to file the report of said accident with the Virginia Workers' Compensation Commission as required by § 65.2-900, ~~and such conduct of the employer has operated to prejudice the rights of such employee with respect to the filing of a claim prior to expiration of a statute of limitations otherwise applicable, such statute shall be tolled for the duration of such payment or, as the case may be, until the employer files the first report of accident required by § 65.2-900~~ or otherwise has under a workers' compensation plan or insurance policy furnished or caused to be furnished medical service to such employee as required by § 65.2-603, the statute of limitations applicable to the filing of a claim shall be tolled until the last day for which such payment of compensation or wages or furnishment of medical services as described above is provided and that occurs more than six months after the date of accident. However, no such payment of wages or workers' compensation benefits or furnishment of medical service as described above occurring after the expiration of the statute of limitations shall apply to this provision. In the case where the employer has failed to file a first report, the statute of limitations shall be tolled during the duration thereof until the employer filed the first report of accident as required by § 65.2-900. In the event that more than one of the above tolling provisions applies, whichever of those causes the longer period of tolling shall apply. ~~For purposes of this section, such rights of an employee shall be deemed not prejudiced if his employer has filed the first report of accident as required by § 65.2-900 or he has received after the accident a workers' compensation guide described in § 65.2-201 or a notice in substantially the following form:~~ ~~NOTICE TO EMPLOYEE.~~ ~~BECAUSE OF THE ACCIDENT OR INJURY YOU HAVE REPORTED, YOU MAY HAVE A WORKERS' COMPENSATION CLAIM. HOWEVER, SUCH CLAIM MAY BE LOST IF YOU DO NOT FILE IT WITH THE VIRGINIA WORKERS' COMPENSATION COMMISSION WITHIN THE TIME LIMIT PROVIDED BY LAW. YOU	7/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~MAY FIND OUT WHAT TIME LIMIT APPLIES TO YOUR INJURY BY CONTACTING THE COMMISSION. THE FACT THAT YOUR EMPLOYER MAY BE COVERING YOUR MEDICAL EXPENSES OR CONTINUING TO PAY YOUR SALARY OR WAGES DOES NOT STOP THE TIME FROM RUNNING.~~ ~~Such notice shall also include the address and telephone number which the employee may use to contact the Commission.~~	
Virginia	SB 1030	**SB 1030** amends and reenacts ***section 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer*** of the Virginia Workers' Compensation Act as follows: **§ 65.2-402. Presumption as to death or disability from respiratory disease, hypertension or heart disease, cancer.** … C. Leukemia or pancreatic, prostate, rectal, throat, ovarian ~~or ,~~ breast, colon, brain, or testicular cancer causing the death of, or any health condition or impairment resulting in total or partial disability of, any volunteer or salaried firefighter, Department of Emergency Management hazardous materials officer, commercial vehicle enforcement officer or motor carrier safety trooper employed by the Department of State Police, or full-time sworn member of the enforcement division of the Department of Motor Vehicles having completed 12 years of continuous service who has a contact with a toxic substance encountered in the line of duty shall be presumed to be an occupational disease, suffered in the line of duty, that is covered by this title, unless such presumption is overcome by a preponderance of competent evidence to the contrary. For the purposes of this section, a "toxic substance" is one which is a known or suspected carcinogen, as defined by the International Agency for Research on Cancer, and which causes, or is suspected to cause, leukemia or pancreatic, prostate, rectal, throat, ovarian ~~or ,~~ breast, colon, brain, or testicular cancer. … **SB 1030** also includes the following language: That the provisions of this act shall not become effective unless reenacted by the 2020 Session of the General Assembly. That the 2020 Session of the General Assembly, in considering and enacting any legislation relating to workers' compensation and the presumption of compensability for certain cancers, shall consider any research, findings, and recommendations of the Joint Legislative Audit and Review Commission from the Commission's review of the Virginia Workers' Compensation program.	Not effective unless reenacted by the 2020 session of the General Assembly
VA	SB 1729	**SB 1729** amends and reenacts ***section 65.2-605.1. Prompt payment; limitation on claims*** of the Virginia Workers' Compensation Act as follows: **§ 65.2-605.1. Prompt payment; limitation on claims.** … G. No health care provider shall submit, nor shall the Commission adjudicate, any claim to the Commission seeking additional payment for medical services rendered to a claimant before July 1, 2014, if the health care provider has previously accepted payment for the same medical services pursuant to the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. Section 901 et seq. H. The Commission, by January 1, 2016, shall establish a schedule pursuant to which employers, employers' workers' compensation insurance carriers, and providers of workers' compensation medical services shall be required, by a date determined by the Commission that is no earlier than July 1, 2016, and no later than December 31, 2018, to adopt and implement infrastructure under which (i) providers of workers' compensation medical services (providers) shall submit their billing, claims, case management, health records, and all supporting documentation electronically to employers or employers' workers' compensation insurance carriers, as applicable (payers) and (ii) payers shall return actual payment, claim status,	7/1/19

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JURISDICTION	BILL	SUMMARY	EFFECTIVE
		and remittance information electronically to providers that submit their billing and required supporting documentation electronically. The Commission shall establish standards and methods for such electronic submissions and transactions that are consistent with International Association of Industrial Accident Boards and Commission Medical Billing and Payment guidelines. The Commission shall determine the date by which payers and providers shall be required to adopt and implement the infrastructure, which determinations shall be based on the volume and complexity of workers' compensation cases in which the payer or provider is involved, the resources of the payer or provider, and such other criteria as the Commission determines to be appropriate.	
WV	SB 531	**SB 531** amends and reenacts ***section 23-5-7*** of the Code of West Virginia: **§23-5-7. Compromise and settlement.** (a) The claimant, the employer, and the Workers' Compensation Commission, the successor to the commission, other private insurance carriers, and self-insured employers, whichever is applicable, may negotiate a final settlement of any and all issues in a claim wherever the claim is in the administrative or appellate processes: *Provided*, That in the settlement of medical benefits for nonorthopedic occupational disease claims, the claimant shall be represented by legal counsel: *Provided, however*, That for the purposes of this section, the term "nonorthopedic occupational disease claim" does not include an occupational hearing loss or hearing impairment claim. If the employer is not active in the claim, the commission, the successor to the commission, other private insurance carriers, and self-insured employers, whichever is applicable, may negotiate a final settlement with the claimant and the settlement shall be made a part of the claim record. Except in cases of fraud, no issue that is the subject of an approved settlement agreement may be reopened by any party, including the commission, the successor to the commission, other private insurance carriers, and self-insured employers, whichever is applicable. Any settlement agreement may provide for a lump-sum payment or a structured payment plan, or any combination thereof, or any other basis as the parties may agree. If a self-insured employer later fails to make the agreed-upon payment, the commission shall assume the obligation to make the payments and shall recover the amounts paid or to be paid from the self-insured employer and its sureties or guarantors, or both, as provided in §23-2-5 or §23-2-5a of this code. …	6/4/19

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.