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 12/31/19)

PREVIOUSLY ENACTED BILLS

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Alabama	HB 187	**HB 187**, in part, amends ***sections 25-5-60, 25-5-66, 25-5-68***, and ***25-5-69*** of the Code of Alabama as follows: **Section 25-5-60** **Compensation for death.** In death cases, where the death results proximately from the accident within three years, compensation payable to dependents shall be computed on the following basis and shall be paid to the persons entitled thereto without administration, or to a guardian or other person as the court may direct, for the use and benefit of the person entitled thereto. (1) Persons Entitled to Benefits; Amount of Benefits. … h. If a dependent is the surviving spouse of a law enforcement officer or firefighter ~~killed~~ who dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties, the compensation does not cease upon remarriage. … **Section 25-5-66** **Disposition of compensation upon remarriage of widow of employee who has another dependent.** … (b) Subsection (a) does not apply to the surviving spouse of a law enforcement officer or firefighter who ~~was killed~~ dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties. **Section 25-5-68** **Maximum and minimum weekly compensation.** … (f) Notwithstanding any other provision of this article, the compensation benefits payable to a surviving dependent child of a law enforcement officer or firefighter who ~~was killed~~ dies on or after January 1, 2018, as a result of injuries received while engaged in the performance of his or her duties shall not discontinue at least until the dependent child reaches the age of 18 years. **Section 25-5-69** **Compensation to cease upon death or marriage of dependent; proportional benefits for dependents.** ~~Except when the dependent is the surviving spouse of a law enforcement officer or firefighter who was killed as a result of injuries received while engaged in the performance of his or her duties, if~~ (a) If compensation is being paid under this article to any dependent, such compensation shall cease upon the death or marriage of such dependent. Where compensation is being paid under this chapter to any dependent, in no event shall such dependent receive more than the proportion which the amount received of the deceased employee's income during his or her life bears to the compensation provided under this article.	9/1/19

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JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(b) Subsection (a) does not apply if the dependent is the surviving spouse of a law enforcement officer or firefighter who dies on or after January 1, 2018, as a result of injuries received in the performance of his or her duties.	
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.	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:	7/23/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(A) Working with an experienced employee; (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

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Connecticut	SB 164	**SB 164**, in part, amends ***sections 31-275*** and ***31-294*** of the Connecticut Workers' Compensation Act and adds new sections to be codified in the Connecticut General Statutes including but not limited to the following: ***Section 1.*** **Sec. 31-275. Definitions.** As used in this chapter, unless the context otherwise provides: … (16) (B) "Personal injury" or "injury" shall not be construed to include: … (ii) A mental or emotional impairment, unless such impairment (I) arises from a physical injury or occupational disease, (II) in the case of a police officer of the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department or a municipal constabulary, arises from such police officer's use of deadly force or subjection to deadly force in the line of duty, regardless of whether such police officer is physically injured, provided such police officer is the subject of an attempt by another person to cause such police officer serious physical injury or death through the use of deadly force, and such police officer reasonably believes such police officer to be the subject of such an attempt, or (III) in the case of a police officer, parole officer or firefighter, is ~~diagnosed as~~ a diagnosis of post-traumatic stress disorder ~~by a licensed and board certified mental health professional, determined by such professional to be originating from the firefighter witnessing the death of another firefighter while engaged in the line of duty and not subject to any other exclusion in this section~~ as defined in section 2 of this act that meets all the requirements of section 2 of this act. As used in this clause, ~~"police officer" means a member of the Division of State Police within the Department of Emergency Services and Public Protection, an organized local police department or a municipal constabulary, "firefighter" means a uniformed member of a municipal paid or volunteer fire department, and~~ "in the line of duty" means any action that a police officer ~~or firefighter~~ is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the police officer or firefighter is compensated by the public entity such officer serves; … ***Section 2.*** (1) "Firefighter" has the same meaning as provided in section 7-313g of the general statutes; (2) "In the line of duty" means any action that a police officer, parole officer or firefighter is obligated or authorized by law, rule, regulation or written condition of employment service to perform, or for which the officer or firefighter is compensated by the public entity such officer or firefighter serves, except that, in the case of a volunteer firefighter, such action or service constitutes fire duties, as defined in subsection (b) of section 7-314b of the general statutes; (3) "Mental health professional" means a board-certified psychiatrist or a psychologist licensed pursuant to chapter 383 of the general statutes, who has experience diagnosing and treating post-traumatic stress disorder; (4) "Parole officer" means an employee of the Department of Correction who supervises inmates in the community after their release from prison on parole or under another prison release program; (5) "Police officer" has the same meaning as provided in section 7-294a of the general statutes, except that "police officer" does not include an officer of a law enforcement unit of the Mashantucket Pequot Tribe or the Mohegan Tribe of Indians of Connecticut;	7/1/19 for ***sections 1, 2,*** **3**, and ***11***; 10/1/19, for ***section 4***; and 6/30/19, for ***section 12***

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		(6) "Post-traumatic stress disorder" means a disorder that meets the diagnostic criteria for post-traumatic stress disorder as specified in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders"; and (7) "Qualifying event" means an event occurring in the line of duty on or after July 1, 2019, in which a police officer, parole officer or firefighter: (A) Views a deceased minor; (B) Witnesses the death of a person or an incident involving the death of a person; (C) Witnesses an injury to a person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause; (D) Has physical contact with and treats an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause; (E) Carries an injured person who subsequently dies before or upon admission at a hospital as a result of the injury and not as a result of any other intervening cause; or (F) Witnesses a traumatic physical injury that results in the loss of a vital body part or a vital body function that results in permanent disfigurement of the victim. (b) A diagnosis of post-traumatic stress disorder is compensable as a personal injury as described in subparagraph (B)(ii)(III) of subdivision (16) of section 31-275 of the general statutes, as amended by this act, if a mental health professional examines a police officer, parole officer or firefighter and diagnoses the officer or firefighter with post-traumatic stress disorder as a direct result of a qualifying event, provided (1) the post-traumatic stress disorder resulted from the officer or firefighter acting in the line of duty and, in the case of a firefighter, such firefighter complied with Federal Occupational Safety and Health Act standards adopted pursuant to 29 CFR 1910.134 and 29 CFR 1910.156, (2) a qualifying event was a substantial factor in causing the disorder, (3) such qualifying event, and not another event or source of stress, was the primary cause of the post-traumatic stress disorder, and (4) the post-traumatic stress disorder did not result from any disciplinary action, work evaluation, job transfer, layoff, demotion, promotion, termination, retirement or similar action of the officer or firefighter. Any such mental health professional shall comply with any workers' compensation guidelines for approved medical providers, including, but not limited to, guidelines on release of past or contemporaneous medical records. (c) Whenever liability to pay compensation is contested by the employer, the employer shall file with the commissioner, on or before the twenty-eighth day after the employer has received a written notice of claim, a notice in accordance with a form prescribed by the chairperson of the Workers' Compensation Commission stating that the right to compensation is contested, the name of the claimant, the name of the employer, the date of the alleged injury and the specific grounds on which the right to compensation is contested. The employer shall send a copy of the notice to the employee in accordance with section 31-321 of the general statutes. If the employer or the employer's legal representative fails to file the notice contesting liability on or before the twenty-eighth day after receiving the written notice of claim, the employer shall commence payment of compensation for such injury on or before the twenty-eighth day after receiving the written notice of claim, but the employer may contest the employee's right to receive compensation on any grounds or the extent of the employee's disability within one hundred eighty days from the receipt of the written notice of claim and any benefits paid during the one hundred eighty days shall be considered payments without prejudice, provided the employer shall not be required to commence payment of compensation when the written notice of claim has not been properly served in accordance with section 31-321 of the general statutes or when the written notice of claim fails to include a warning that the employer (1) if the employer has commenced payment for the alleged injury on or before the twenty-eighth day after receiving a written notice of claim, shall be	

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		precluded from contesting liability unless a notice contesting liability is filed within one hundred eighty days from the receipt of the written notice of claim, and (2) shall be conclusively presumed to have accepted the compensability of the alleged injury unless the employer either files a notice contesting liability on or before the twenty-eighth day after receiving a written notice of claim or commences payment for the alleged injury on or before such twenty-eighth day. An employer shall be entitled, if the employer prevails, to reimbursement from the claimant of any compensation paid by the employer on and after the date the commissioner receives written notice from the employer or the employer's legal representative, in accordance with the form prescribed by the chairperson of the Workers' Compensation Commission, stating that the right to compensation is contested. Notwithstanding the provisions of this subsection, an employer who fails to contest liability for an alleged injury on or before the twenty-eighth day after receiving a written notice of claim and who fails to commence payment for the alleged injury on or before such twenty-eighth day, shall be conclusively presumed to have accepted the compensability of the alleged injury. If an employer has opted to post an address of where notice of a claim for compensation by an employee shall be sent, as described in subsection (a) of section 31-294c of the general statutes, the twenty-eight-day period set forth in this subsection shall begin on the date when such employer receives written notice of a claim for compensation at such posted address. (d) Notwithstanding any provision of chapter 568 of the general statutes, workers' compensation benefits for any police officer, parole officer or firefighter for a personal injury described in subparagraph (B)(ii)(III) of subdivision (16) of section 31-275 of the general statutes, as amended by this act, shall (1) include any combination of medical treatment prescribed by a board-certified psychiatrist or a licensed psychologist, temporary total incapacity benefits under section 31-307 of the general statutes and temporary partial incapacity benefits under subsection (a) of section 31-308 of the general statutes, and (2) be provided for a maximum of fifty-two weeks from the date of diagnosis. No medical treatment, temporary total incapacity benefits under section 31-307 of the general statutes or temporary partial incapacity benefits under subsection (a) of section 31-308 of the general statutes shall be awarded beyond four years from the date of the qualifying event that formed the basis for the personal injury. The weekly benefits received by an officer or a firefighter pursuant to section 31-307 of the general statutes or subsection (a) of section 31-308 of the general statutes, when combined with other benefits including, but not limited to, contributory and noncontributory retirement benefits, Social Security benefits, benefits under a long-term or short-term disability plan, but not including payments for medical care, shall not exceed the average weekly wage paid to such officer or firefighter. An officer or firefighter receiving benefits pursuant to this subsection shall not be entitled to benefits pursuant to subsection (b) of section 31-308 of the general statutes or section 31-308a of the general statutes. ***Section 3.*** **Sec. 31-294h. Benefits for police officers and firefighters suffering mental or emotional impairment.** Notwithstanding any provision of this chapter, workers' compensation benefits for any ~~(1)~~ police officer, as ~~defined~~ described in subparagraph ~~(B)(ii)~~ (B)(ii)(II) of subdivision (16) of section 31-275, as amended by this act, who suffers a mental or emotional impairment arising from such police officer's use of deadly force or subjection to deadly force in the line of duty, ~~or (2) firefighter, as defined in subparagraph (B)(ii) of subdivision (16) of section 31-275, who suffers a mental or emotional impairment diagnosed as post-traumatic stress disorder originating from the firefighter witnessing the death of another firefighter while engaged in the line of duty,~~ shall be limited to treatment by a psychologist or a psychiatrist who is on the approved list of practicing physicians established by the ~~chairman~~ chairperson of the Workers' Compensation Commission pursuant to section 31-280.	

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		Section 4. (a) No law enforcement unit, as defined in section 7-294a of the general statutes, shall discharge, discipline, discriminate against or otherwise penalize a police officer, as defined in section 7-294a of the general statutes, who is employed by such law enforcement unit solely because the police officer seeks or receives mental health care services or surrenders his or her firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties to such law enforcement unit during the time the police officer receives mental health care services. The provisions of this subsection shall not be applicable to a police officer who (1) seeks or receives mental health care services to avoid disciplinary action by such law enforcement unit, or (2) refuses to submit himself or herself to an examination as provided in subsection (b) of this section. (b) Prior to returning to a police officer his or her surrendered firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties, such law enforcement unit shall request the police officer to submit himself or herself to an examination by a mental health professional, as defined in section 2 of this act. The examination shall be performed to determine whether the police officer is ready to report for official duty and shall be paid for by such law enforcement unit. (c) No civil action may be brought against a law enforcement unit for damages arising from an act or omission of a police officer employed by the unit with respect to the officer's use of his or her personal firearm, if (1) the officer seeks or receives mental health care services and surrenders to such unit his or her firearm, ammunition or electronic defense weapon used in the performance of the police officer's official duties, and (2) such act or omission occurs during the time period the officer has surrendered his or her firearm, ammunition or electronic defense weapon or within six months of the date of surrendering his or her firearm, ammunition or electronic defense weapon, whichever is longer. ***Section 11.*** Not later than February 1, 2020, the joint standing committee of the General Assembly having cognizance of matters relating to labor and public employees shall complete an examination of the feasibility of expanding the availability of benefits for post-traumatic stress disorder pursuant to section 2 of this act to emergency medical services personnel, as defined in section 20-206jj of the general statutes, and Department of Correction employees who are not otherwise eligible for benefits pursuant to section 2 of this act. In conducting such examination the committee shall consult with representatives of the Workers' Compensation Commission, workers' compensation claimants, employers, insurers and municipalities and may consult with other individuals the committee deems appropriate. If the committee determines it is feasible to expand the benefits available under section 2 of this act during the next legislative session, said committee shall originate a bill making emergency medical services personnel and Department of Correction employees eligible for such benefits based on the criteria described in section 2 of this act and based on any qualifying event, as defined in section 2 of this act, occurring on or after July 1, 2019. **SB 164** also includes the following language: ***Section 12.*** Section 2 of substitute senate bill 921 of the current session is repealed.	
Connecticut	SB 921	**SB 921** amends numerous sections of the Connecticut General Statutes related to advanced practice registered nurses (APRNs), in part, to allow:	10/1/19

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		• Certain APRNs to diagnose a firefighter with post-traumatic stress disorder after the firefighter witnesses the death of another firefighter in the line of duty, for purposes of workers compensation (current law already applies to licensed and board-certified mental health professionals). This provision applies only to an APRN certified as a psychiatric mental health provider by the American Nurses Credentialing Center. • APRNs to treat injured employees involved in workers compensation cases by: o Specifically allowing the Workers' Compensation Commission chairman to add APRNs to the list of approved providers o Making related changes • APRNs to conduct physical exams for municipal firefighters and police officers upon their entry to service, which may be used in future workers compensation claims involving cardiac emergencies	
Florida	HB 301	**HB 301**, in part, amends ***section 440.381*** of the Florida Workers' Compensation Law to read: **440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties.—** … (2) Submission of an application that contains false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third ~~second~~ degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The application must contain a statement that the filing of an application containing false, misleading, or incomplete information provided with the purpose of avoiding or reducing the amount of premiums for workers' compensation coverage is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The application must contain a sworn statement by the employer attesting to the accuracy of the information submitted and acknowledging the provisions of former s. 440.37(4). The application must contain a sworn statement by the agent attesting that the agent explained to the employer or officer the classification codes that are used for premium calculations. The sworn statements by the employer and the agent are not required to be notarized. …	7/1/19 for ***section 440.381***
Florida	HB 983	**HB 983** ratifies adopted rule 69L-3.009, F.A.C. that specifies the types of third-party injuries qualifying as grievous bodily harm of a nature that shocks the conscience, for the purposes of allowing wage replacement benefits for first responder post-traumatic stress disorder.	6/25/19
Florida	SB 426	**SB 426**, in part, makes firefighters who are diagnosed with certain cancers eligible to receive certain disability or death benefits. Specifically, in lieu of pursuing workers compensation coverage, a firefighter is entitled to cancer treatment and a one-time cash payout of $25,000 upon the firefighter's initial diagnosis of cancer. In order to be entitled to such benefits, the firefighter must: • Be employed full-time as a firefighter • Be employed by the state, university, city, county, port authority, special district, or fire control district • Have been employed by their employer for at least five continuous years • Not have used tobacco products for at least the preceding five years • Have not been employed in any other position in the preceding five years that is proven to create a higher risk for cancer The term "cancer" includes bladder cancer, brain cancer, breast cancer, cervical cancer, colon cancer, esophageal cancer, invasive skin cancer, kidney cancer, large intestinal cancer, lung cancer, malignant melanoma, mesothelioma, multiple myeloma, non-Hodgkin's lymphoma, oral cavity	7/1/19

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		and pharynx cancer, ovarian cancer, prostate cancer, rectal cancer, stomach cancer, testicular cancer, and thyroid cancer. In addition, the employer must provide coverage within an employer-sponsored health plan or through a group health insurance trust fund. The employer must timely reimburse the firefighter for any out-of-pocket deductible, co-payment, or coinsurance costs incurred due to the treatment of cancer. For disability and death benefits, the employer must consider a firefighter permanently and totally disabled if diagnosed with one of the 21 enumerated cancers and meets the retirement plan's definition of totally and permanently disabled due to the diagnosis of cancer or circumstances that arise out of the treatment of cancer. Moreover, the cancer or the treatment of cancer is deemed to have occurred in the line of duty, resulting in higher disability and death benefits.	
Georgia	SB 135	**SB 135** amends various sections of ***Title 34. Labor and Industrial Relations***, ***Chapter 9. Workers' Compensation*** of the Official Code of Georgia Annotated to read as follows: **§ 34-9-53. Directors emeritus of board—Eligibility for appointment; procedure for appointment** (a) There is created the office of director emeritus of the board. (b) Any director of the board ~~now or hereafter~~ in office on June 30, 2019, shall be eligible for appointment as director emeritus~~, provided that~~ once such member of the board has reached the age of 60 years and has also attained 20 consecutive years of service in the capacity of ~~chairman~~ chairperson, director, deputy director or administrative law judge, member of the General Assembly, or a combination of consecutive service in these offices~~; and provided, further~~, provided that not more than five years' service in the General Assembly shall be allowed as service credit under this Code section. The Governor shall appoint to the position of director emeritus anyone eligible under this Code section who shall advise the Governor in writing that he or she desires to resign from the office of director of the board and accept appointment as director emeritus of the board, stating in such notice the date upon which the resignation as director and appointment as director emeritus shall become effective; and upon such notice the Governor shall make such appointment effective upon the date requested, and the resignation as director of the board shall be automatically effective as of the same date as the appointment as director emeritus. (c) Notwithstanding the provisions of subsection (b) of this Code section, all persons appointed to the office of director emeritus of the board prior to June 30, 2019, shall continue to hold such office for the term and salary provided for in Code Section 34-9-54. **§ 34-9-57. Creation of administrative law judge emeritus of board; eligibility for appointment; manner of appointment; compensation** (a) There is created the office of administrative law judge emeritus of the board. (b) Any administrative law judge, formerly known as deputy director, of the board ~~now or hereafter~~ in office on June 30, 2019, shall be eligible for appointment as administrative law judge emeritus~~, provided he~~ once he or she has reached the age of 70 years and has either: (1) Attained ~~attained~~ 20 years of service in the capacity of administrative law judge or deputy director; or (2) Attained ~~attained~~ 20 years of total service, aggregating his or her service as administrative law judge or deputy director with any years of prior service as director, member of the General Assembly of Georgia or the Georgia National Guard, or as special assistant attorney general, or any combination of services in these offices.	7/1/19

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		(c) An ~~Such~~ administrative law judge emeritus shall be eligible for appointment by the Governor in the same manner as provided for appointment of a director emeritus under Code Section 34-9-53 and shall exercise the same duties as provided in Code Section 34-9-55 for a director emeritus. (d) Notwithstanding the provisions of subsection (b) of this Code section, all persons appointed to the office of administrative law judge emeritus of the board prior to June 30, 2019, shall continue to hold such office and shall receive the annual salary provided for in subsection (e) of this Code section. (e) All persons appointed to the office of administrative law judge emeritus as provided in this Code section shall receive an annual salary equal to one-third of the annual salary provided by law for an administrative law judge of the board at the time of appointment of the administrative law judge emeritus under this Code section, such salary to be paid by the board in semimonthly installments from funds provided by law for the operation of the board. **§ 34-9-200. Compensation for medical care, artificial members, and other treatment and supplies; effect of employee's refusal of treatment; employer's liability for temporary care** (a) … (3)(A) For injuries arising on or after July 1, 2013, that are not designated as catastrophic injuries pursuant to subsection (g) of Code Section 34-9-200.1, the maximum period of 400 weeks referenced in paragraph (2) of this subsection shall not be applicable to the following care, treatment, services, and items when prescribed by an authorized physician: (i) Maintenance, repair, revision, replacement, or removal of any prosthetic device, provided that the prosthetic device was originally furnished within 400 weeks of the date of injury or occupational disease arising out of and in the course of employment; (ii) Maintenance, repair, revision, replacement, or removal of a spinal cord stimulator or intrathecal pump device, provided that such items were originally furnished within 400 weeks of the date of injury or occupational disease arising out of and in the course of employment; and (iii) Maintenance, repair, revision, replacement, or removal of durable medical equipment, orthotics, corrective eyeglasses, or hearing aids, provided that such items were originally furnished within 400 weeks of the date of injury or occupational disease arising out of and in the course of employment. (B) For the purposes of this subsection, the term: (i) 'Durable medical equipment' means an apparatus that provides therapeutic benefits, is primarily and customarily used to serve a medical purpose, and is reusable and appropriate for use in the home. Such term includes, but shall not be limited to, manual and electric wheelchairs, beds and mattresses, traction equipment, canes, crutches, walkers, oxygen, and nebulizers. (ii) 'Prosthetic device' means an artificial device that has, in whole or in part, replaced a joint lost or damaged or other body part lost or damaged as a result of an injury or occupational disease arising out of and in the course of employment. … **§ 34-9-261. Compensation for total disability** While the disability to work resulting from an injury is temporarily total, the employer shall pay or cause to be paid to the employee a weekly benefit equal to two-thirds of the employee's average weekly wage but not more than ~~$575.00~~ $675.00 per week nor less than $50.00 per week, except	

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		that when the weekly wage is below $50.00, the employer shall pay a weekly benefit equal to the average weekly wage. The weekly benefit under this Code section shall be payable for a maximum period of 400 weeks from the date of injury; provided, however, that in the event of a catastrophic injury as defined in subsection (g) of Code Section 34-9-200.1, the weekly benefit under this Code section shall be paid until such time as the employee undergoes a change in condition for the better as provided in paragraph (1) of subsection (a) of Code Section 34-9-104. **§ 34-9-262. Compensation for temporary partial disability** Except as otherwise provided in Code Section 34-9-263, where the disability to work resulting from the injury is partial in character but temporary in quality, the employer shall pay or cause to be paid to the employee a weekly benefit equal to two-thirds of the difference between the average weekly wage before the injury and the average weekly wage the employee is able to earn thereafter but not more than ~~$383.00~~ $450.00 per week for a period not exceeding 350 weeks from the date of injury. **§ 34-9-265. Compensation for death resulting from injury and other causes; penalty for death from injury proximately caused by intentional act of employer; payment of death benefits where no dependents found** … (d) The total compensation payable under this Code section to a surviving spouse as a sole dependent at the time of death and where there is no other dependent for one year or less after the death of the employee shall in no case exceed ~~$230,000.00~~ $270,000.00. … **SB 135** also includes the following language: All laws and parts of laws in conflict with this Act are repealed.	
Hawaii	HB 390 HD1 SD2	**HB 390 HD1 SD2** amends ***section 4*** of Act 172, Session Laws of Hawaii 2017 to make permanent Act 172, Session Laws of Hawaii 2017, which: • Grants employees the right to have a chaperone present during a medical examination relating to a workers compensation work injury and, with the approval of the examining physician or surgeon, to record the examination • Provides that if an employee or employee's chaperone obstructs the medical examination, the employee's right to workers compensation will be suspended until the refusal or obstruction ceases **HB 390 HD1 SD2** also amends ***section 4*** of Act 172, Session Laws of Hawaii 2017 as follows: **Section 4**. This Act shall take effect upon its approval ~~provided that on June 30, 2019, this Act shall be repealed and section 386-79, Hawaii Revised Statute, shall be reenacted in the form in which it read on the day before the effective date of this Act~~.	6/29/19
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:	7/1/19

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		(~~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 (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:	

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		(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; (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 269	**HB 269** amends ***sections 820 ILCS 305/4*** and ***820 ILCS 305/4a-5*** of the Illinois Workers' Compensation Act to read: **820 ILCS 305/4** **Sec. 4.** … (a-1) … Any penalty under this subsection (a-1) must be imposed not later than one year after the expiration of the applicable limitation period specified in subsection (d) of Section 6 of this Act. Penalties imposed under this subsection (a-1) shall be deposited into the Illinois Workers' Compensation Commission Operations Fund, a special fund that is created in the State treasury. Subject to appropriation, moneys in the Fund shall be used solely for the operations of the Illinois Workers' Compensation Commission, the salaries and benefits of the Self-Insurers Advisory Board employees, the operating costs of the Self-Insurers Advisory Board, and by the Department of Insurance for the purposes authorized in subsection (c) of Section 25.5 of this Act. … (d) Whenever a Commissioner, with due process and after a hearing, determines an employer has knowingly failed to provide coverage as required by paragraph (a) of this Section, the failure shall be deemed an immediate serious danger to public health, safety, and welfare sufficient to justify service by the Commission of a work-stop order on such employer, requiring the cessation of all business operations of such employer at the place of employment or job site. If a business is declared to be extra hazardous, as defined in Section 3, a Commissioner may issue an emergency work-stop order on such an employer ex parte, prior to holding a hearing, requiring the cessation of all business operations of such employer at the place of employment or job site while awaiting the ruling of the Commission. Whenever a Commissioner issues an emergency work-stop order, the Commission shall issue a notice of emergency work-stop hearing to be posted at the employer's places of employment and job sites. ~~Whenever a~~	1/1/20

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		~~panel of 3 Commissioners comprised of one member of the employing class, one member of the employee class, and one member not identified with either the employing or employee class, with due process and after a hearing, determines an employer has knowingly failed to provide coverage as required by paragraph (a) of this Section, the failure shall be deemed an immediate serious danger to public health, safety, and welfare sufficient to justify service by the Commission of a work-stop order on such employer, requiring the cessation of all business operations of such employer at the place of employment or job site.~~ Any law enforcement agency in the State shall, at the request of the Commission, render any assistance necessary to carry out the provisions of this Section, including, but not limited to, preventing any employee of such employer from remaining at a place of employment or job site after a work-stop order has taken effect. Any work-stop order shall be lifted upon proof of insurance as required by this Act. Any orders under this Section are appealable under Section 19(f) to the Circuit Court. … All investigative actions must be acted upon within 90 days of the issuance of the complaint. Employers who are subject to and who knowingly fail to comply with this Section shall not be entitled to the benefits of this Act during the period of noncompliance, but shall be liable in an action under any other applicable law of this State. In the action, such employer shall not avail himself or herself of the defenses of assumption of risk or negligence or that the injury was due to a co-employee. In the action, proof of the injury shall constitute prima facie evidence of negligence on the part of such employer and the burden shall be on such employer to show freedom of negligence resulting in the injury. The employer shall not join any other defendant in any such civil action. Nothing in this amendatory Act of the 94th General Assembly shall affect the employee's rights under subdivision (a)3 of Section 1 of this Act. Any employer or carrier who makes payments under subdivision (a)3 of Section 1 of this Act shall have a right of reimbursement from the proceeds of any recovery under this Section. … An investigator with the Illinois Workers' Compensation Commission Insurance Compliance Division may issue a citation to any employer that is not in compliance with its obligation to have workers' compensation insurance under this Act. The amount of the fine shall be based on the period of time the employer was in non-compliance, but shall be no less than $500, and shall not exceed $10,000 ~~$2,500~~. An employer that has been issued a citation shall pay the fine to the Commission and provide to the Commission proof that it obtained the required workers' compensation insurance within 10 days after the citation was issued. This Section does not affect any other obligations this Act imposes on employers. Upon a finding by the Commission, after reasonable notice and hearing, of the knowing and willful ~~wilful~~failure or refusal of an employer to comply with any of the provisions of paragraph (a) of this Section, the failure or refusal of an employer, service or adjustment company, or an insurance carrier to comply with any order of the Illinois Workers' Compensation Commission pursuant to paragraph (c) of this Section disqualifying him or her to operate as a self insurer and requiring him or her to insure his or her liability, or the knowing and willful failure of an employer to comply with a citation issued by an investigator with the Illinois Workers' Compensation Commission Insurance Compliance Division, the Commission may assess a civil penalty of up to $500 per day for each day of such failure or refusal after the effective date of this amendatory Act of 1989. The minimum penalty under this Section shall be the sum of $10,000. Each day of such failure or refusal shall constitute a separate offense. The Commission may assess the civil penalty personally and individually against the corporate officers and directors of a corporate employer, the partners of an employer partnership, and the members of an employer limited liability company, after a finding of a knowing and willful refusal or failure of each such named corporate officer, director, partner, or member to comply with this Section. The liability for the assessed penalty shall be against the named employer first, and if the named employer fails or refuses to pay the penalty to the Commission within 30 days after the final order of the Commission, then the named corporate officers, directors, partners, or members who have been found to have knowingly and willfully refused or	

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		failed to comply with this Section shall be liable for the unpaid penalty or any unpaid portion of the penalty. Upon investigation by the insurance non-compliance unit of the Commission, the Attorney General shall have the authority to prosecute all proceedings to enforce the civil and administrative provisions of this Section before the Commission. The Commission shall promulgate procedural rules for enforcing this Section. If an employer is found to be in non-compliance with any provisions of paragraph (a) of this Section more than once, all minimum penalties will double. Therefore, upon the failure or refusal of an employer, service or adjustment company, or insurance carrier to comply with any order of the Commission pursuant to paragraph (c) of this Section disqualifying him or her to operate as a self-insurer and requiring him or her to insure his or her liability, or the knowing and willful failure of an employer to comply with a citation issued by an investigator with the Illinois Workers' Compensation Commission Insurance Compliance Division, the Commission may assess a civil penalty of up to $1,000 per day for each day of such failure or refusal after the effective date of this amendatory Act of the 101st General Assembly. The minimum penalty under this Section shall be the sum of $20,000. In addition, employers with 2 or more violations of any provisions of paragraph (a) of this Section may not self-insure for one year or until all penalties are paid. … **820 ILCS 305/4a-5** **Sec. 4a-5.** There is hereby created a Self-Insurers Security Fund. The State Treasurer shall be the ex-officio custodian of the Self-Insurers Security Fund. Moneys ~~Monies~~ in the Fund shall be deposited in a separate account in the same manner as are State Funds and any interest accruing thereon shall be added thereto every 6 months. It shall be subject to audit the same as State funds and accounts and shall be protected by the general bond given by the State Treasurer. The funds in the Self-Insurers Security Fund shall not be subject to appropriation and shall be made available for the purposes of compensating employees who are eligible to receive benefits from their employers pursuant to the provisions of the Workers' Compensation Act or Workers' Occupational Diseases Act, when, pursuant to this Section, the Board has determined that a private self-insurer has become an insolvent self-insurer and is unable to pay compensation benefits due to financial insolvency. Moneys ~~Monies~~ in the Fund may be used to compensate any type of injury or occupational disease which is compensable under either Act, and all claims for related administrative fees, operating costs of the Board, attorney's ~~attorneys~~ fees, and other costs reasonably incurred by the Board. At the discretion of the Chairman, moneys in the Self-Insurers Security Fund may also be used for paying the salaries and benefits of the Self-Insurers Advisory Board employees and the operating costs of the Board. Payment from the Self-Insurers Security Fund shall be made by the Comptroller only upon the authorization of the Chairman as evidenced by properly certified vouchers of the Commission, upon the direction of the Board.	
Illinois	HB 2173	**HB 2173** adds a new section and amends numerous sections of the Illinois Insurance Code related to the Illinois Insurance Guaranty Fund to: • Provide that a "covered claim" does not include a claim for fines and penalties paid to government authorities • Provide that the board of directors of the Illinois Insurance Guaranty Fund has the authority to assess to pay off a loan necessary to pay covered claims • Provide that if the loan is projected to be outstanding for three years or more, the board of directors has the authority to increase the assessment to 3% of net direct written premiums for the previous year until the loan has been paid in full	7/12/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		• Make changes in provisions that specify conditions under which the Fund is bound by certain settlements, releases, compromises, waivers, and final judgments • Provide that the Fund may also take legal action to recover from insurers and insureds in certain circumstances • Provide that the Illinois Insurance Guaranty Fund has the absolute right through emergency equitable relief to obtain custody and control of certain claims information in possession of certain third party administrators, agents, attorneys, or other representatives of an insolvent insurer • Provide that any person recovering under the Article and any insured whose liabilities are satisfied under the Article shall be deemed to have assigned the person's or insured's rights under the policy to the Fund, to the extent of their recovery or satisfaction obtained from the Fund's payments • Provide that the Illinois Insurance Guaranty Fund shall recover from the high net worth insured for all amounts paid on its behalf, all allocated claim adjusted expenses related to such claims, the Fund's attorney fees, and all court costs in any action necessary to collect the full amount for the Fund's reimbursement	
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

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Illinois	SB 1596	**SB 1596** adds and amends various sections of the Illinois Workers' Compensation Act and Workers' Occupational Diseases Act to read as follows: **(820 ILCS 305/1.2)** **Sec. 1.2. Permitted civil actions.** Subsection (a) of Section 5 and Section 11 do not apply to any injury or death sustained by an employee as to which the recovery of compensation benefits under this Act would be precluded due to the operation of any period of repose or repose provision. As to any such injury or death, the employee, the employee's heirs, and any person having standing under the law to bring a civil action at law, including an action for wrongful death and an action pursuant to Section 27-6 of the Probate Act of 1975, has the nonwaivable right to bring such an action against any employer or employers. **(820 ILCS 305/5)** **Sec. 5. Damages; minors; third-party liability.** (a) Except as provided in Section 1.2, no common law or statutory right to recover damages from the employer, his insurer, his broker, any service organization that is wholly owned by the employer, his insurer or his broker and that provides safety service, advice or recommendations for the employer or the agents or employees of any of them for injury or death sustained by any employee while engaged in the line of his duty as such employee, other than the compensation herein provided, is available to any employee who is covered by the provisions of this Act, to any one wholly or partially dependent upon him, the legal representatives of his estate, or any one otherwise entitled to recover damages for such injury. … **(820 ILCS 305/11)** **Sec. 11. Measure of responsibility.** Except as provided in Section 1.2, the ~~The~~ compensation herein provided, together with the provisions of this Act, shall be the measure of the responsibility of any employer engaged in any of the enterprises or businesses enumerated in Section 3 of this Act, or of any employer who is not engaged in any such enterprises or businesses, but who has elected to provide and pay compensation for accidental injuries sustained by any employee arising out of and in the course of the employment according to the provisions of this Act, and whose election to continue under this Act, has not been nullified by any action of his employees as provided for in this Act. … **(820 ILCS 310/1.1)** **Sec. 1.1. Permitted civil actions.** Subsection (a) of Section 5 and Section 11 do not apply to any injury or death resulting from an occupational disease as to which the recovery of compensation benefits under this Act would be precluded due to the operation of any period of repose or repose provision. As to any such occupational disease, the employee, the employee's heirs, and any person having standing under the law to bring a civil action at law, including an action for wrongful death and an action pursuant to Section 27-6 of the Probate Act of 1975, has the nonwaivable right to bring such an action against any employer or employers.	5/17/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(820 ILCS 310/5) **Sec. 5. Liability inclusive; third-party liability.** (a) Except as provided in Section 1.1, there ~~There~~ is no common law or statutory right to recover compensation or damages from the employer, his insurer, his broker, any service organization retained by the employer, his insurer or his broker to provide safety service, advice or recommendations for the employer or the agents or employees of any of them for or on account of any injury to health, disease, or death therefrom, other than for the compensation herein provided or for damages as provided in Section 3 of this Act. This Section shall not affect any right to compensation under the "Workers' Compensation Act". … **(820 ILCS 310/11)** **Sec. 11. Measure of liability.** Except as provided in Section 1.1, the ~~The~~ compensation herein provided for shall be the full, complete and only measure of the liability of the employer bound by election under this Act and such employer's liability for compensation and medical benefits under this Act shall be exclusive and in place of any and all other civil liability whatsoever, at common law or otherwise, to any employee or his legal representative on account of damage, disability or death caused or contributed to by any disease contracted or sustained in the course of the employment.	
Indiana	HB 1182	**HB 1182** amends ***sections 22-3-3-21, 22-3-7-15***, and ***36-8-12-10***; and adds new ***section 36-8-12-10.3*** to the Indiana Code to read as follows: **IC 22-3-3-21 Burial expenses** Sec. 21. In cases of the death of an employee from an injury by an accident arising out of and in the course of the employee's employment under circumstances that the employee would have been entitled to compensation if death had not resulted, the employer shall pay the burial expenses of such employee, not exceeding ~~seven~~ ten thousand ~~five hundred~~dollars ~~($7,500).~~ ($10,000). **IC 22-3-7-15 Death benefits; burial expenses** Sec. 15. In cases of the death of an employee from an occupational disease arising out of and in the course of the employee's employment under circumstances that the employee would have been entitled to compensation if death had not resulted, the employer shall pay the burial expenses of such employee, not exceeding ~~seven~~ ten thousand ~~five hundred~~dollars ~~($7,500).~~ ($10,000). **IC 36-8-12-10 Volunteers; medical treatment and burial expense coverage; determinations; premium expenses** Sec. 10. (a) A: (1) volunteer firefighter, a member of the emergency medical services personnel, or an emergency medical technician working in a volunteer capacity for a volunteer fire department or ambulance company is covered; and (2) volunteer working for a hazardous materials response team may be covered; by the medical treatment and burial expense provisions of the worker's compensation law (IC 22-3-2 through IC 22-3-6) and the worker's occupational diseases law (IC 22-3-7). (b) Subject to section 10.3 of this chapter, if compensability of the injury is an issue, the administrative procedures of IC 22-3-2 through IC 22-3-6 and IC 22-3-7 shall be used to determine the issue.	7/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… **IC 36-8-12-10.3** Sec. 10.3. (a) This section applies to an employee of a private employer who: (1) is a volunteer firefighter or volunteer member; and (2) has notified the employee's employer in writing that the employee is a volunteer firefighter or volunteer member, regardless of whether the employer rejected the notification under section 10.7(c) of this chapter. (b) An employee described in subsection (a) who leaves the employee's duty station to respond to a fire or emergency call after the employee has reported to work shall, for worker's compensation purposes, be considered an employee of the unit while in the performance of the duties of a volunteer firefighter or volunteer member. (c) The employee described in subsection (a) shall, for worker's compensation purposes, be considered as having entered in and acted in the regular course and scope of the employment with the unit when the employee responds to the fire or emergency call as a volunteer firefighter or volunteer member, regardless of whether the employee responds by traveling: (1) to a fire station or other place where firefighting equipment that the company or unit is to use is located; or (2) to perform any activities that the employee may be directed to do by the chief of the fire department or, in the absence of the chief, the ranking officer. (d) The employee described in subsection (a) shall, for worker's compensation purposes, be considered an employee of the unit until the employee returns to the location from which the employee was originally called to active duty, or until the employee engages in an activity beyond the scope of the performance of the duties of the volunteer firefighter or volunteer member, whichever occurs first.	
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. 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.	7/1/19
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.	7/1/19

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		… 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. …	
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.** … (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	6/26/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		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. (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	

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		(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; (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.	
Louisiana	HB 285	**HB 285** adds new ***section 23:1036.1*** to the Louisiana Revised Statutes to read: **§ 1036.1. Reserve police officers and deputies; coverage** A. Any reserve police officer or reserve deputy who volunteers for a law enforcement agency, municipal or parish, and performs law enforcement activities and protective services and is injured in the line of duty may be entitled to medical benefits pursuant to R.S. 23:1203 if the municipality, parish, or public entity, in its own discretion and by using its own funds, elects to provide such coverage. Such benefits shall not be subject to a copayment, deductible, or any other method to shift the cost of compensable medical care to the injured volunteer reserve officer or deputy. B. No law enforcement agency shall provide indemnity benefits for the volunteer reserve police officer or deputy. C. No law enforcement agency shall be liable for benefits under this Section for injuries occurring within the course of, or arising out of, the volunteer reserve officer's or deputy's other employment. D. For the purposes of this Section, the following terms have the meaning ascribed to them: (1) "Volunteer reserve police officer" means an individual who is carried on the membership list of the municipal organization as an active participant in the normal functions of the law enforcement organization and who receives nominal or no remuneration for his services. (2) "Volunteer reserve deputy" means an individual who is a part-time, non-salaried, fully-commissioned law enforcement officer who is a volunteer of the parish organization.	8/1/19
Louisiana	HB 288	**HB 288** adds new ***section 22:2013.1*** to the Louisiana Insurance Code to read: **§2013.1. Administration of large deductible policies and insured collateral** A. This Section shall apply to workers' compensation large deductible policies issued by an insurer subject to delinquency proceedings pursuant to this Chapter; however, this Section shall not apply to first-party claims or to claims funded by a guaranty association net of the deductible unless Subsection C of this Section applies. Large deductible policies shall be administered in accordance with their terms, except to the extent the terms conflict with this Section. B. For purposes of this Section, the following terms have the following meanings:	1/1/20

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		(1) "Collateral" means any cash, letters of credit, surety bond, or any other form of security posted by the insured, or by a captive insurer or reinsurer, to secure the insured's obligation under a large deductible policy to pay deductible claims or to reimburse the insurer for deductible claim payments. Collateral may also secure an insured's obligation to reimburse or pay to the insurer as may be required for other secured obligations. (2) "Commercially reasonable" means to act in good faith using prevailing industry practices and making all reasonable efforts considering the facts and circumstances of the matter. (3) "Deductible claim" means any claim, including a claim for loss and defense and cost containment expense, unless the expenses are excluded, under a large deductible policy that is within the deductible. (4)(a) "Large deductible policy" means any of the following: (i) Any combination of one or more workers' compensation policies and endorsements issued to an insured, and contracts or security agreements entered into between an insured and the insurer in which the insured has agreed with the insurer to do either of the following: (aa) Pay directly the initial portion of any claim under the policy up to a specified dollar amount, or the expenses related to any claim. (bb) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible. (ii) Any policy that contains an aggregate limit on the insured's liability for all deductible claims in addition to a per claim deductible limit. (iii) Any policy that shifts a portion of the ultimate financial responsibility to pay claims from the insurer to the insured, even though the obligation to initially pay claims may remain with the insurer. (iv) Any policy with a deductible of one hundred thousand dollars or greater. (b) "Large deductible policy" shall not include any of the following: (i) Policies, endorsements, or agreements that provide for the initial portion of any covered claim to be self-insured and further that the insurer shall have no payment obligation within the self-insured retention. (ii) Policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except to the extent the arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations. (5) "Other secured obligations" means obligations of an insured to an insurer other than those under a large deductible policy, including but not limited to those under a reinsurance agreement or other agreement involving retrospective premium obligations, the performance of which is secured by collateral that also secures an insured's obligations under a large deductible policy. C. Unless otherwise agreed by the responsible guaranty association, all large deductible claims, which are also covered claims as defined by the applicable guaranty association law, including those that may have been funded by an insured before liquidation, shall be turned over to the guaranty association for handling. To the extent the insured funds or pays the deductible claim, pursuant to an agreement by the guaranty fund or otherwise, the insured's funding or payment of a deductible claim will extinguish the obligations, if any, of the receiver or any guaranty association to pay the claim. No charge of any kind shall be made against the receiver or a guaranty association on the basis of an insured's funding or payment of a deductible claim. D. (1) To the extent a guaranty association pays any deductible claim for which the insurer would have been entitled to reimbursement from the insured, a guaranty association shall be entitled to the full amount of the reimbursement, and available collateral as provided for in this Section to the extent necessary to reimburse the guaranty association. Reimbursements paid to the guaranty association pursuant to this Subsection shall not be treated as distributions pursuant to R.S. 22:2025 or as early access payments pursuant to R.S. 22:2008(C), 2034, and 2037.	

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		(2) To the extent that a guaranty association pays a deductible claim that is not reimbursed either from collateral or by insured payments, or incurs expenses in connection with large deductible policies that are not reimbursed pursuant to this Section, the guaranty association shall be entitled to assert a claim for those amounts in the delinquency proceeding. (3) Nothing in this Subsection shall limit any rights of the receiver or a guaranty association that may otherwise exist pursuant to applicable law to obtain reimbursement from insureds for claims payments made by the guaranty association under policies of the insurer or for the guaranty association's related expenses, including but not limited to those provided for in R.S. 22:2061.1, or existing under similar laws of other states. E. (1) The receiver shall collect reimbursements owed for deductible claims as provided for in this Section, and shall take all commercially reasonable actions to collect the reimbursements. The receiver shall promptly bill insureds for reimbursement of deductible claims that are any of the following: (a) Paid by the insurer prior to the commencement of delinquency proceedings. (b) Paid by a guaranty association upon receipt by the receiver of notice from a guaranty association of reimbursable payments. (c) Paid or allowed by the receiver. (2) If the insured does not make payment within the time specified in the large deductible policy, or within sixty days after the date of billing if no time is specified, the receiver shall take all commercially reasonable actions to collect any reimbursements owed. (3) Neither the insolvency of the insurer, nor its inability to perform any of its obligations under the large deductible policy, shall be a defense to the insured's reimbursement obligation under the large deductible policy. (4) Any contract, counter letter, or other agreement between the insurer and the insured that in any manner seeks to reduce or eliminate the insured's obligation to reimburse the insurer for the deductible shall be null and void as against public policy and shall not be eligible to be used by the insured as a defense to the efforts by the receiver or guaranty association to collect any unpaid deductible. (5) Except for gross negligence, an allegation of improper handling or payment of a deductible claim by the insurer, the receiver, or any guaranty association shall not be a defense to the insured's reimbursement obligations under the large deductible policy. F. (1) Subject to the provisions of this Subsection, the receiver shall use collateral, when available, to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or other payment obligations. A guaranty association shall be entitled to collateral as provided for in this Subsection to the extent needed to reimburse a guaranty association for the payment of a deductible claim. Any distributions made to a guaranty association pursuant to this Subsection shall not be treated as distributions pursuant to R.S. 22:2025 or as early access payments pursuant to R.S. 22:2008(C), 2034, and 2037. (2) All claims against the collateral shall be paid in the order received and no claim of the receiver, including those described in this Subsection, shall supersede any other claim against the collateral as provided for in Paragraph (4) of this Subsection. (3) The receiver shall draw down collateral to the extent necessary in the event that the insured fails to do any of the following: (a) Perform its funding or payment obligations under any large deductible policy. (b) Pay deductible claim reimbursements within the time specified in the large deductible policy or within sixty days after the date of the billing if no time is specified. (c) Pay amounts due to the estate for preliquidation obligations. (d) Timely fund any other secured obligation. (e) Timely pay expenses.	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(4) Claims that are validly asserted against the collateral shall be satisfied in the order in which the claims are received by the receiver. However, if more than one creditor has a valid claim against the same collateral and the available collateral, along with billing collection efforts and to the extent that the collateral is subject to other known secured obligations, are together insufficient to pay each creditor in full, the receiver may prorate payments based on the ratio of the amount of claims each creditor has to the total claims paid by all the creditors. (5) Excess collateral may be returned to the insured as determined by the receiver after a periodic review of claims paid, outstanding case reserves, and a factor for incurred but not reported claims. G. The receiver may deduct from the collateral or from the deductible reimbursements reasonable and actual expenses incurred in connection with the collection of the collateral and deductible reimbursements. H. This Section shall not limit or adversely affect any rights or powers a guaranty association may have pursuant to applicable state law to obtain reimbursement from certain classes of policyholders for claims payments made by the guaranty association under policies of the insolvent insurer, or for related expenses the guaranty association incurs.	
Louisiana	SB 88	**SB 88** amends ***section 23:1203.1*** of the Louisiana Revised Statutes to read: **§1203.1. Definitions; medical treatment schedule; medical advisory council** … K. After the issuance of the decision by the medical director or associate medical director of the office, any party who disagrees with the decision~~,~~ may then appeal by filing a "Disputed Claim for Compensation", which is LWC Form 1008, within forty-five days of the date of the issuance of the decision. The decision may be overturned when it is shown, by clear and convincing evidence, the decision of the medical director or associate medical director was not in accordance with the provisions of this Section. …	8/1/19
Louisiana	SB 107	**SB 107** adds new ***sections 23:1036.1*** and ***33:2581.2*** and amends ***section 40:1374*** of the Louisiana Revised Statutes to read: **§1036.1. Volunteer firefighters; coverage for posttraumatic stress injury; presumption of compensability** A. Any workers' compensation policy which provides coverage for a volunteer member of a fire company, pursuant to R.S. 23:1036, shall include coverage for posttraumatic stress injury. B. For purposes of this Section, the following definitions shall apply: (1) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment. (2) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. (3) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. (4) "Volunteer member" shall have the same meaning as it is defined pursuant to R.S. 23:1036. (5) "Volunteer service" means that service performed by a volunteer member, for one or more fire companies, who is entitled to workers' compensation benefits pursuant to R.S. 23:1036. C. (1) Any volunteer member who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during his period of voluntary service or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his volunteer service.	8/1/19

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		(2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the volunteer member affected or his survivors shall be entitled to all rights and benefits as granted by state laws to one suffering an occupational disease and is entitled as service connected in the line of duty, regardless of whether he is engaged in volunteer service at the time of diagnosis. D. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter. **§2581.2. Posttraumatic Stress Injury; presumption of compensability** A. Except as provided in Subsection E of this Section, any benefit payable to any emergency medical services personnel, any employee of a police department, or any fire employee for temporary and permanent disability when the employee suffers an injury or disease arising out of and in the course and scope of his employment, shall include coverage for posttraumatic stress injury. B. For purposes of this Section, the following definitions shall apply: (1) "Emergency medical services personnel" shall have the same meaning as it is defined pursuant to R.S. 40:1075.3 so long as the emergency medical services personnel is employed pursuant to this Chapter. (2) "Employee of a police department" shall have the same meaning as it is defined pursuant to R.S. 33:2211. (3) "Fire employee" means any person employed in the fire department of any municipality, parish, or fire protection district that maintains full-time regularly paid fire department employment, regardless of the specific duties of such person within the fire department. "Fire employee" also includes employees of nonprofit corporations under contract with a fire protection district or other political subdivision to provide fire protection services, including operators of the fire-alarm system when such operators are members of the regularly constituted fire department. (4) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment. (5) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. (6) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. C. Except as provided in Subsection E of this Section: (1) Any emergency medical services personnel, any employee of a police department, any fire employee, or any volunteer fireman who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment in the classified service in the state of Louisiana pursuant to this Chapter or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his employment. (2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the employee affected or his survivors shall be entitled to all rights and benefits as granted by state law to one suffering an occupational disease and who is entitled as service connected in the line of duty, regardless of whether the employee is employed at the time of diagnosis. D. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter. E. (1) Nothing in this Section shall modify the qualifications necessary to establish eligibility to receive benefits or the calculation of benefits to be paid under any Louisiana public pension or retirement system, plan, or fund.	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(2) In case of a conflict between any provision of Title 11 of the Louisiana Revised Statutes of 1950, including any provision in Subpart E of Part II of Chapter 4 of Title 11 of the Louisiana Revised Statutes of 1950, and any provision of this Section, the provision of Title 11 of the Louisiana Revised Statutes of 1950 shall control. **§1374. ~~Worker's~~ Workers' compensation law; employees deemed within; coverage for posttraumatic stress injury; presumption of compensability** A. Every employee of the division of state police, except the head thereof, shall be considered an employee of the state within the meaning of the ~~worker's~~ workers' compensation law of this state and entitled to the benefits of all the provisions of that law applicable to state employees. B. Any workers' compensation policy which provides coverage for an employee of the division of state police, pursuant to this section, shall include coverage for posttraumatic stress injury. C. For purposes of this Section, the following definitions shall apply: (1) "Posttraumatic stress injury" means those injuries which are defined as "posttraumatic stress disorder" by the most recently published edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association caused by an event occurring in the course and scope of employment. (2) "Psychiatrist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. (3) "Psychologist" shall have the same meaning as it is defined pursuant to R.S. 23:1371.1. D. (1) Any employee of the division of state police who is diagnosed by a psychiatrist or psychologist with posttraumatic stress injury, either during employment in the classified service in the state of Louisiana pursuant to this Chapter or thereafter, shall be presumed, prima facie, to have a disease or infirmity connected with his employment for purposes of workers' compensation benefits. (2) Once diagnosed with posttraumatic stress injury as provided for in Paragraph (1) of this Subsection, the employee affected or his survivors shall be entitled to all rights and benefits as granted by state workers' compensation law to one suffering an occupational disease and is entitled as service connected in the line of duty, regardless of whether the employee is employed at the time of diagnosis. E. (1) Nothing in this Section shall modify the qualifications necessary to establish eligibility to receive benefits or the calculation of benefits to be paid under any Louisiana public pension or retirement system, plan, or fund. (2) In case of a conflict between any provision of Title 11 of the Louisiana Revised Statutes of 1950, including any provision in Subpart E of Part II of Chapter 4 of Title 11 of the Louisiana Revised Statutes of 1950, and any provision of this Section, the provision of Title 11 of the Louisiana Revised Statutes of 1950 shall control. F. A posttraumatic stress injury that arises solely from a legitimate personnel action such as a transfer, promotion, demotion, or termination, is not a compensable injury pursuant to this Chapter.	
Maine	LD 756	**LD 756** amends ***sections 102, 152, 205, 211, 212, 213, 215, 221, 301***, and ***325*** of the Maine Workers' Compensation Act of 1992 to read: **§102. Definitions** As used in this Part, unless the context otherwise indicates, the following terms have the following meanings. …	9/19/19

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		4. Average weekly wages or average weekly wages, earnings or salary. The term "average weekly wages" or "average weekly wages, earnings or salary" is defined as follows. … H. "Average weekly wages, earnings or salary" does not include any fringe or other benefits paid by the employer that continue during the disability. Any fringe or other benefit paid by the employer that does not continue during the disability must be included for purposes of determining an employee's average weekly wage to the extent that the inclusion of the fringe or other benefit will not result in a weekly benefit amount that is greater than 2/3 of the state average weekly wage at the time of injury. The limitation on including discontinued fringe or other benefits only to the extent that such inclusion does not result in a weekly benefit amount greater than 2/3 of the state average weekly wage at the time of injury does not apply if the injury results in the employee's death. <u>For injuries occurring on or after January 1, 2020, any fringe or other benefit paid by the employer that does not continue during the disability must be included for purposes of determining an employee's average weekly wage to the extent that the inclusion of the fringe or other benefit will not result in a weekly benefit amount that is greater than 2/3 of 125% of the state average weekly wage at the time of injury. The limitation on including discontinued fringe or other benefits only to the extent that such inclusion does not result in a weekly benefit amount greater than 2/3 of 125% of the state average weekly wage at the time of injury does not apply if the injury results in the employee's death.</u> **§152. Authority of board; administration** … **5. Employment of and contracts with administrative law judges and mediators.** The board shall obtain the services of persons qualified by background and training to serve as administrative law judges, who are authorized to take action and enter orders consistent with this Act in all cases assigned to them by the board, and mediators. <u>Beginning January 1, 2020, except for the reappointment of administrative law judges appointed prior to that date, the board may not contract for the services of or employ administrative law judges without a vote supported by 5 of the 7 members of the board notwithstanding section 151, subsection 5.</u> In the exercise of its discretion, the board may obtain the services of administrative law judges and mediators by either of the 2 following methods: … **§205. Benefit payment** … **2. Time for payment.** ~~The~~ <u>Unless otherwise provided in this subsection, the</u> first payment of compensation for incapacity under section 212 or 213 is due and payable within 14 days after the employer has notice or knowledge of the injury or death, on which date all compensation then accrued must be paid. Subsequent incapacity payments must be made weekly and in a timely fashion. Every insurance carrier, self-insured and group self-insurer shall keep a record of all payments made under this Act and of the time and manner of making the payments and shall furnish reports, based upon these records, to the board as it may reasonably require. <u>A. There is no penalty for a failure to make a timely payment under this section if the first payment cannot be paid within 14 days due to an act of God, to a mistake of fact or to unavoidable circumstances. An employer's failure to timely report an injury for which proper notice was given is not an excuse for the insurer.</u>	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		B. If the end of the 14-day period the employer has not filed a notice of controversy, the employer shall begin payments as required by this subsection. C. An employer may cease payments as required under this subsection and file a notice of controversy with the board no later than 45 days after the employer has notice or knowledge of the injury or death. Payments may be made without prejudice under this paragraph and, if so made, do not constitute a compensation payment scheme. If the employer does not file a notice of controversy prior to the expiration of the 45-day period, payments may be discontinued or reduced only in accordance with subsection 9, paragraph B, subparagraph (1) unless the failure to file a notice of controversy within 45 days is due to an act of God. D. The penalty for the failure to make timely payment under this subsection is limited to the penalty established in subsection 3, and further consequences for the failure to make timely payment under this subsection are not a subject for rulemaking. … **§211. Maximum benefit levels** Effective January 1, 1993, the maximum weekly benefit payable under section 212, 213 or 215 is $441 or 90% of state average weekly wage, whichever is higher. Beginning on July 1, 1994, the maximum benefit level is $441 or 90% of the state average weekly wage as adjusted annually utilizing the state average weekly wage as determined by the Department of Labor, whichever is higher. If the injured employee's date of injury is on or after January 1, 2013, the maximum benefit level is $441 or 100% of the state average weekly wage as adjusted annually utilizing the state average weekly wage as determined by the Department of Labor, whichever is higher. If the injured employee's date of injury is on or after January 1, 2020, the maximum benefit level is $441 or 125% of the state average weekly wage as adjusted annually utilizing the state average weekly wage as determined by the Department of Labor, whichever is higher. **§212. Compensation for total incapacity** … **4. Annual adjustment.** For dates of injury on or after January 1, 2020, beginning after the receipt of 260 weeks of benefits under this section, for an injury or injuries that contribute to benefits under this section, weekly compensation benefits under this section must be adjusted annually. The adjustment is equal to the actual percentage increase or decrease in the state average weekly wage, as computed by the Department of Labor, for the previous year or 5%, whichever is less. The annual adjustment must be made after the receipt of 260 weeks of benefits under this section and on each succeeding anniversary date of the injury, except that when the effect of the maximum benefit under section 211 is to reduce the amount of compensation to which the claimant would otherwise be entitled, the adjustment must be made annually on July 1st. **§213. Compensation for partial incapacity** 1. Benefit and duration. While the incapacity for work is partial, the employer shall pay the injured employee a weekly compensation as follows. … B. If the injured employee's date of injury is on or after January 1, 2013 but before January 1, 2020, the weekly compensation is equal to 2/3 of the difference, due to the injury, between the employee's average gross weekly wages, earnings or salary before the injury and the average gross	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		weekly wages, earnings or salary that the employee is able to earn after the injury, but not more than the maximum benefit under section 211. An employee is not eligible to receive compensation under this paragraph after the employee has received a total of 520 weeks of compensation under section 212, subsection 1-A, this paragraph or both. The board may in the exercise of its discretion extend the duration of benefit entitlement beyond 520 weeks in cases involving extreme financial hardship due to inability to return to gainful employment. This authority may be delegated by the board, on a case-by-case basis, to an administrative law judge or a panel of 3 administrative law judges. The board, administrative law judge or panel shall make a decision under this paragraph expeditiously. A decision under this paragraph made by an administrative law judge or a panel of 3 administrative law judges may not be appealed to the board under section 320, but may be appealed pursuant to section 321-A. Orders extending benefits beyond 520 weeks are not subject to review more often than every 2 years from the date of the board order or request allowing an extension. C. If the injured employee's date of injury is on or after January 1, 2020, the weekly compensation is equal to 2/3 of the difference, due to the injury, between the employee's average gross weekly wages, earnings or salary before the injury and the average gross weekly wages, earnings or salary that the employee is able to earn after the injury, but not more than the maximum benefit under section 211. An employee is not eligible to receive compensation under this paragraph after the employee has received a total of 624 weeks of compensation under section 212, subsection 1-A, this paragraph or both. The board may in the exercise of its discretion extend the duration of benefit entitlement beyond 624 weeks in cases involving extreme financial hardship due to inability to return to gainful employment. This authority may be delegated by the board, on a case-by-case basis, to an administrative law judge or a panel of 3 administrative law judges. The board, administrative law judge or panel shall make a decision under this paragraph expeditiously. A decision under this paragraph made by an administrative law judge or a panel of 3 administrative law judges may not be appealed to the board under section 320, but may be appealed pursuant to section 321-A. Orders extending benefits beyond 624 weeks are not subject to review more often than every 2 years from the date of the board order or request allowing an extension. … **1-B. Long-term partial incapacity; date of injury on or after January 1, 2013 but before January 1, 2020.** After the exhaustion of benefits under subsection 1, paragraph B for an injury occurring on or after January 1, 2013 but before January 1, 2020, if the whole person permanent impairment resulting from the injury is in excess of 18% and if the employee is working and the employee's earnings, as measured by average weekly earnings over the most recent 26-week period documented by payroll records or tax returns, is 65% or less of the preinjury average weekly wage, the employer shall pay weekly compensation equal to 2/3 of the difference between the employee's average weekly wage at the time of the injury and the employee's postinjury wage, but not more than the maximum benefit under section 211. In order for the employee to qualify for benefits under this subsection, the employee's actual earnings must be commensurate with the employee's earning capacity, which includes consideration of the employee's physical and psychological work capacity as determined by an independent examiner under section 312. In addition, in order for the employee to qualify for benefits under this subsection, the employee must have earnings from employment for a period of not less than 12 months within a 24-month period prior to the expiration of the 520-week durational limit under subsection 1, paragraph B. Compensation under this subsection must be paid at a fixed rate. …	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		§215. Death benefits … **1-B. Death of employee; date of injury on or after January 1, 2020.** If an injured employee's date of injury is on or after January 1, 2020, if death results from the injury of the employee and if the employee has no dependents, the employer shall pay or cause to be paid to the parents of the employee during the parents' lifetime a weekly payment equal to 2/3 of the employee's gross average weekly wages, earnings or salary, but not more than the maximum benefit under section 211, for a period of 500 weeks from the date of death. This subsection does not apply to an injury or death of an employee occurring before January 1, 2020, except that for a death of an employee resulting from an injury the date of which is on or after January 1, 2019 but before January 1, 2020, payment made to the Treasurer of State under section 355, subsection 14, paragraph F must be transferred to the parents of the deceased employee. For the purposes of this subsection, "parent" means a natural or adoptive parent, unless that parent's parental rights have been terminated. … **§221. Coordination of benefits** **1. Application.** This section applies when either weekly or lump sum payments are made to an employee as a result of liability pursuant to section 212 or 213 with respect to the same time period for which the employee is also receiving or has received payments for: … B. Payments under a self-insurance plan, a wage continuation plan, paid time off or a disability insurance policy provided by the employer; or … **3. Coordination of benefits.** Benefit payments subject to this section must be reduced in accordance with the following provisions. A. The employer's obligation to pay or cause to be paid weekly benefits other than benefits under section 212, subsection 2 or 3 is reduced by the following amounts: … (2) The after-tax amount of the payments received or being received under a self-insurance plan, paid time off or a wage continuation plan or under a disability insurance policy provided by the same employer from whom benefits under section 212 or 213 are received if the employee did not contribute directly to the plan or to the payment of premiums regarding the disability insurance policy. If the self-insurance plans, paid time off, wage continuation plans or disability insurance policies are entitled to repayment in the event of a workers' compensation benefit recovery, the insurance carrier shall satisfy the repayment out of funds the insurance carrier has received through the coordination of benefits provided for under this section; … H. An employer may not offset paid time off under this subsection if the use of paid time off is mandated by the employer or if it is paid upon separation from the employer. **§301. Notice of injury within 90 days**	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		For claims for which the date of injury is prior to January 1, 2013, proceedings for compensation under this Act, except as provided, may not be maintained unless a notice of the injury is given within 90 days after the date of injury. For claims for which the date of injury is on or after January 1, 2013 and prior to January 1, 2020, proceedings for compensation under this Act, except as provided, may not be maintained unless a notice of the injury is given within 30 days after the date of injury. For claims for which the date of injury is on or after January 1, 2020, proceedings for compensation under this Act, except as provided, may not be maintained unless a notice of the injury is given within 60 days after the date of injury. The notice must include the time, place, cause and nature of the injury, together with the name and address of the injured employee. The notice must be given by the injured employee or by a person in the employee's behalf, or, in the event of the employee's death, by the employee's legal representatives, or by a dependent or by a person in behalf of either. … **§325. Costs; attorney's fees allowable** … **6. Attorney's fees for lump-sum settlement in cases in which the injury occurred on or after January 1, 2020.** In cases in which the injury to the employee occurred on or after January 1, 2020, attorney's fees for lump-sum settlements must be determined as follows. A. Before computing the fee, reasonable expenses incurred on the employee's behalf must be deducted from the total settlement, including: (1) Medical examination fee and witness fee; (2) Any other medical witness fee, including cost of subpoena; (3) Cost of court reporter service; and (4) Appeal costs. B. The computation of the fee, based on the amount resulting after deductions according to paragraph A, may not exceed 10%. C. If a lump-sum settlement includes any amount that is allocated for past due benefits, the administrative law judge shall review the allocation to make sure that it is not for an amount that is greater than what the employee is claiming. **LD 756** also includes the following language: **Workers' Compensation Board; rulemaking.** The Workers' Compensation Board may consider adopting a rule to establish time frames for the filing of any petition related to a controversy with the board if a full agreement is not reached by the parties after conclusion of any mediation pursuant to the Maine Revised Statutes, Title 39-A, section 313. **Study of advocate pay.** No later than January 1, 2020, the Workers' Compensation Board shall study the advocate program established pursuant to the Maine Revised Statutes, Title 39-A, section 153-A, including the salary paid to advocates, and make recommendations for any changes to improve the advocate program and its representation of injured workers. The Joint Standing Committee on Labor and Housing may report out legislation to the Second Regular Session of the 129th Legislature based on the board's report. **Workers' Compensation Board to establish working group on certain issues; report.** The Workers' Compensation	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Board shall convene a working group of stakeholders to evaluate issues related to work search and vocational rehabilitation requirements for injured workers and protections for injured workers whose employers have wrongfully not secured workers' compensation payments. On behalf of the working group, the Workers' Compensation Board shall report to the Joint Standing Committee on Labor and Housing by January 30, 2020 with recommendations and any draft implementing legislation to address these issues. The Joint Standing Committee on Labor and Housing may report out legislation to the Second Regular Session of the 129th Legislature related to the report and recommendations.	
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 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	10/1/19

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

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		~~(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** (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.	7/1/19
Maryland	SB 646	**SB 646** amends ***section 9-503*** of the Annotated Code of Maryland to read:	10/1/19

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		§ 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. … **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:	7/1/21

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		(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: (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	

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		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. **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	

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		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.	
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	7/1/19

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		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. …	
Montana	HB 732	**HB 732**, in part, amends ***section 39-71-201*** and adds a new section to the Montana Workers' Compensation Act to read: ***Section 1.*** **State to reimburse certain premium costs for learning programs—rulemaking.** (1) (a) Subject to subsection (1)(b), the department of labor and industry shall reimburse a private employer who has hired a student enrolled in a high-quality work-based learning opportunity for the added costs of the employer's workers' compensation premium because of employing that student. (b) The reimbursement is subject to available funds and an affirmation by the employer or another indication that the employer adheres to safe working conditions and that the first 2 hours, at a minimum, of the student's employment were devoted to safety instruction through a safety training program that is specific to the student's employment. The department may use funds in the workers' compensation administration fund provided for in 39-71-201 to reimburse the premiums under subsection (1)(a). (2) The rules must provide the parameters of the program, the application process, and other components necessary to determine premium payments. The rules must describe the attributes of qualified high-quality work-based learning opportunities and provide for a declaration made under penalty of perjury by the employer of the student that the requested reimbursement is only for the increased premium costs due to the student employment. (3) This section does not apply to a private secondary or postsecondary institution that employs students in work-study programs. (4) For the purposes of this section, a "high-quality work-based learning opportunity": (a) is a term-limited educational program registered with the department; and (b) uses on-the-job training to develop marketable skills. (5) The department may adopt rules to implement this section.	7/1/19

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		Section 3. **39-71-201. Workers' compensation administration fund.** (1) A workers' compensation administration fund is established out of which are to be paid upon lawful appropriation all costs of administering the Workers' Compensation Act, with the exception of the certification of independent contractors provided for in Title 39, chapter 71, part 4, the subsequent injury fund provided for in 39-71-907, and the uninsured employers' fund provided for in 39-71-503. The department may use the workers' compensation administration fund to reimburse premiums for high-quality work-based learning programs, as provided in [section 1]. The department shall collect and deposit in the state treasury to the credit of the workers' compensation administration fund: … (5)(d) If an employer fails to timely pay to the department the assessment under this section, the department may impose on the employer an administrative fine of $500 plus interest on the delinquent amount at the annual interest rate of 12%. Administrative fines and interest must be deposited in the workers' compensation administration fund and may be used to pay the reimbursement of premiums required under [section 1]. … (7) (d) The premium surcharge must be paid whenever the employer pays a premium to the insurer. Each insurer shall collect the premium surcharge levied against every employer that it insures. Each insurer shall pay to the department all money collected as a premium surcharge within 20 days of the end of the calendar quarter in which the money was collected. If an insurer fails to timely pay to the department the premium surcharge collected under this section, the department may impose on the insurer an administrative fine of $500 plus interest on the delinquent amount at the annual interest rate of 12%. Administrative fines and interest must be deposited in the workers' compensation administration fund and may be used to pay the reimbursement of premiums required under [section 1]. … (11) The administration fund must be debited with expenses incurred by the department in the general administration of the provisions of this chapter, including the salaries of its members, officers, and employees and the travel expenses of the members, officers, and employees, as provided for in 2-18-501 through 2-18-503, incurred while on the business of the department either within or without the state. Reimbursement of premiums required under [section 1] by the workers' compensation administration fund also is a debit on the fund. … **HB 732** also includes the following language: ***Section 4.*** **Appropriation.** There is appropriated $15,000 from the employment security account provided for in 39-51-409 to the department of labor and industry for use in administering the program in [section 1]. ***Section 5.*** **Codification instruction.** [Section 1] is intended to be codified as an integral part of Title 39, and the provisions of Title 39 apply to [section 1]. ***Section 7.*** **Termination.** [This Act] Terminates June 30, 2023.	

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Montana	HB 757	**HB 757** amends ***section 39-71-320*** the Montana Workers' Compensation Act to read: **39-71-320. ~~Voluntary certification~~ Certification program for claims examiners—purpose—rulemaking—advisory committee—continuing education—fee.** (1) Pursuant to the public policy stated in 39-71-105, accurate and prompt claims handling practices are necessary to provide appropriate service to injured workers, employers, and health care providers. ~~In order to~~ To further that public policy, the purpose of this section is to authorize the department to establish a ~~voluntary~~ certification program for claims examiners. The department shall administer the ~~voluntary~~ certification program. (2) The ~~voluntary~~ certification program is intended to improve the handling of workers' compensation claims by: … (3) The department shall adopt rules for the certification of workers' compensation claims examiners, providing for: … ~~(e) a waiver of the examination requirement for an individual requesting certification as a claims examiner within the first 12 months after the department has adopted the initial rules under this subsection (3). The waiver is available only to an individual who has been actively engaged in the work of a claims examiner in this state, working on workers' compensation claims for 5 of the 7 years immediately preceding the individual's application for certification under this section.~~ (e) a process by which a claims examiner who is newly hired or is in training may perform specified claims functions prior to becoming certified under this section; and (f) a grace period of 12 months in which to take the examination for all noncertified individuals who were working as a claims examiner as of January 1, 2019. … (8) The department shall by rule adopt fees commensurate with the costs of administering the ~~voluntary~~certification program. All fees collected by the department as provided in this section must be deposited in the workers' compensation administration fund provided for in 39-71-201. The department may charge a fee for the certification program, including but not limited to fees for: … **HB 757** also includes the following language: **Repealer**. Section 5, Chapter 315, Laws of 2015, is repealed.	7/1/19 for ***section 39-71-320***
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.	7/1/19

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		(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) 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.	

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		(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. (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:	

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		(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 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~~	

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		~~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 (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.	

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		(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.	
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. (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.	9/7/19

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		(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; … **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.	9/7/19

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		… (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 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~~	

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		(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; … (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.	

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Nebraska	LB 418	**LB 418**, in part, amends ***sections 48-122, 48-193-197***, and ***48-1,108***, and creates new ***section 8*** in the Nebraska Workers' Compensation Act to read: ***Section 1.*** **48-122. Compensation; injuries causing death; amount and duration of payments; computation of wages; expenses of burial; alien dependents.** … (5)(a)(i) Except as provided in subdivision (5)(a)(ii) of this section, the consular officer ~~(5) The consul general, consul, vice consul general, or vice consul~~ of the nation of which the employee, whose injury results in death, is a citizen~~, or the representative of such consul general, consul, vice consul general, or vice consul residing within the State of Nebraska~~ shall be regarded as the sole legal representative of any alien dependents of the employee residing outside of the United States and representing the nationality of the employee. (ii) At any time prior to the final settlement, a nonresident alien dependent may file with the Nebraska Workers' Compensation Court a power of attorney designating any suitable person residing in this state to act as attorney in fact in proceedings under the Nebraska Workers' Compensation Act. If the compensation court determines that the interests of the nonresident alien dependent will be better served by such person than by the consular officer, the compensation court shall appoint such person to act as attorney in fact in such proceedings. In making such determination the court shall consider, among other things, whether a consular officer's jurisdiction includes Nebraska and the responsiveness of the consular officer to attempts made by an attorney representing the employee to engage such consular officer in the proceedings. (b) Such consular officer~~,~~ or appointed person ~~his or her representative, residing in the State of Nebraska,~~ shall have in behalf of such nonresident alien dependents~~,~~ the exclusive right to institute proceedings for, adjust~~,~~ and settle all claims for compensation provided by the Nebraska Workers' Compensation Act~~,~~ and to receive the distribution to such nonresident alien dependents of all compensation arising thereunder. (c) A person appointed under subdivision (5)(a)(ii) of this section shall furnish a bond satisfactory to the compensation court conditioned upon the proper application of any money received as compensation under the Nebraska Workers' Compensation Act. Before the bond is discharged, such appointed person shall file with the compensation court a verified account of receipts and disbursements of such money. (d) For purposes of this section, consular officer means a consul general, vice consul general, or vice consul or the representative of any such official residing within the State of Nebraska. (6) The changes made to this section by this legislative bill apply to cases under the Nebraska Workers' Compensation Act that are pending on the effective date of this act and to cases filed on or after such date. ***Section 2.*** **48-193. Terms, defined.** For purposes of sections 48-192 to 48-1,109, unless the context otherwise requires: … ~~(2) State Claims Board shall mean the board created by section 81-8,220;~~ (2) ~~(3)~~ Employee of the state shall mean any one or more officers or employees of the state or any state agency and shall include duly appointed members of boards or commissions when they are acting in their official capacity. State employee shall not be construed to include any employee of an entity created pursuant to the Interlocal Cooperation Act or the Joint Public Agency Act or any contractor with the State of Nebraska unless such contractor comes within the provisions of section 48-116; (3) ~~(4)~~ Workers' compensation claim shall mean any claim against the State of Nebraska arising under the Nebraska Workers' Compensation Act; and	9/1/19

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		(4) ~~(5)~~ Award shall mean any amount determined by the Risk Manager and the Attorney General ~~State Claims Board~~ to be payable to a claimant under sections 48-192 to 48-1,109 or the amount of any compromise or settlement under such sections. ***Section 3.*** **48-194. Risk Manager; authority; Attorney General; duties.** The Risk Manager~~, on behalf of the State Claims Board and~~ with the advice of the Attorney General~~,~~ shall have the authority to pay claims of all workers' compensation benefits when liability is undisputed. In any claims when liability or the amount of liability is disputed by the Attorney General, authority is hereby conferred upon the Attorney General to consider, ascertain, adjust, determine, and allow any workers' compensation claim. If any such claim is compromised or settled, the approval of the claimant, the Risk Manager ~~State Claims Board~~, and the Attorney General shall be required and such settlements also shall be approved by the Nebraska Workers' Compensation Court following the procedure in the Nebraska Workers' Compensation Act. ***Section 4.*** **48-195. State Claims Board; rules and regulations; adopt.** The risk management and state claims division of the Department of Administrative Services may ~~State Claims Board shall~~, pursuant to the Administrative Procedure Act, adopt and promulgate such rules and regulations as are necessary to carry out sections 48-192 to 48-1,109. ***Section 5.*** **48-196. State agency; handle claims; Attorney General; supervision.** The Risk Manager ~~State Claims Board~~ may delegate to a state agency the handling of workers' compensation claims of employees of that agency, under the supervision and direction of the Attorney General. ***Section 6.*** **48-197. Claims; filing; investigation; report.** All claims under sections 48-192 to 48-1,109 shall be filed with the Risk Manager. The Risk Manager shall immediately advise the Attorney General of the filing of any claim. It shall be the duty of the Attorney General to cause a complete investigation to be made of all such claims. Whenever any state agency receives notice or has knowledge of any alleged injury under the Nebraska Workers' Compensation Act, such state agency shall immediately file a first report of such alleged injury with the Nebraska Workers' Compensation Court and the Risk Manager and shall file such other forms as may be required by such court or the Risk Manager ~~board~~. ***Section 7.*** **48-1,108. Insurance policy; applicability; company; Attorney General; State Claims Board; cooperate.** Whenever a claim or suit against the state is covered by workers' compensation insurance, the provisions of the insurance policy on defense and settlement shall be applicable notwithstanding any inconsistent provisions of sections 48-192 to 48-1,109. The Attorney General and the Risk Manager ~~State Claims Board~~ shall cooperate with the insurance company.	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 8. (1) After receipt of the notices provided for in this section, no debt collection shall be undertaken by a provider of services, supplier of services, collection agency, collector, or creditor attempting to collect a debt incurred against an employee or his or her spouse for treatment of a work-related injury while the matter is pending in the compensation court until final adjudication of the case regarding such debt. (2) Notice under this section shall be made in writing and provided to each provider of services, supplier of services, collection agency, collector, or creditor as described in subsection (1) of this section. Notice shall not be imputed to any party from the service of notice upon another party. (3) The initial notice shall contain the provider's name, employee's name, date of the injury, and a description of the injury, together with the filing date and case number pending in the compensation court. Within thirty days after the initial notice, an additional notice shall be provided specifically identifying the debt upon which collection should be stayed, unless identification was made in the initial notice. Notice shall be void if it fails to provide the proper information or is not provided within the required timeframes, or until proper notice is provided. (4) Notice shall be made by personally delivering the notice to the person on whom it is to be served or by sending it by first-class mail addressed to the person or business entity on whom it is to be served at his or her residence or the principal office address of a business entity, or by a method otherwise agreed to between the parties. Each provider, supplier, collection agency, collector, or creditor shall not be deemed to be notified under this section unless receipt of the notice can be demonstrated. (5) If collection efforts continue after both notices are received by the entity seeking to collect, the notices may be forwarded to the Attorney General requesting his or her assistance in gaining compliance with this act. The entity seeking to collect shall be copied on such notification to the Attorney General, and shall be given a reasonable period of time to respond to the notice and to cure any noncompliance. If noncompliance continues, the Attorney General may take such reasonable steps as is necessary to ensure compliance with this section. No private cause of action shall exist under this section. A violation of this section shall not be considered a violation of any other state or federal law. (6) After notice is provided, collection lawsuits may be stayed, where applicable, by the plaintiff in a pending collection case, until final adjudication by the compensation court of the matter of the debt alleged to be subject to this section. (7) The statute of limitations on the collection of such debt shall be tolled during the pendency of the compensation case from the date the case was filed with the compensation court. (8) This section shall have no applicability outside of the Nebraska Workers' Compensation Act and shall not apply to any other cause of action under state or federal law. ***Section 9.*** **48-1,110. Act, how cited.** 48-1,110 Sections 48-101 to 48-1,117 and section 8 of this act shall be known and may be cited as the Nebraska Workers' Compensation Act.	
Nevada	AB 128	**AB 128** amends ***sections 616C.555, 616C.560***, and ***616C.595*** of the Nevada Revised Statutes to: • Revise the maximum allowable duration for a program of vocational rehabilitation for an injured employee, upon whose ability to work the treating physician or chiropractor has imposed permanent restrictions • Eliminate the prohibition, on the appeal of the determination of an insurer, to authorize or deny a third program of vocational rehabilitation	7/1/19

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		• Provide that a program for vocational rehabilitation may be extended by the insurer or by order of a hearing officer or appeals officer • Eliminate the limits on the total length of a program • Eliminate the prohibition, on the appeal of the determination of an insurer, to grant or deny an extension of a program • Require any payment of compensation in a lump sum, in lieu of the provision of vocational rehabilitation services, to be not less than 55% (current law is 40%) of the maximum rehabilitation maintenance due to the injured employee	
Nevada	AB 370	**AB 370** amends ***sections 616A.425*** and ***232.680*** of the Nevada Revised Statutes as follows: ***Section 1.*** **NRS 616A.425 Fund for Workers' Compensation and Safety.** … 3. All money and securities in the Fund must be used to defray all costs and expenses of administering the program of workers' compensation, including the payment of: … (g) For widows, widowers, surviving children and surviving dependent parents who are entitled to death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019: (1) Reimbursement to insurers for the cost of the increase in the death benefits pursuant to subsection 1 of section 3.5 of this act; and (2) The salary and other expenses of administering the payment of the increase in death benefits pursuant to subsection 1 of section 3.5 of this act. The provisions of this paragraph shall cease to be of any force or effect when no widow, widower, surviving child or surviving dependent parent is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019. … ***Section 4.*** **NRS 232.680 Payment of costs: Assessments; regulations; federal grants; refunds.** … 4. Assessments made against insurers by the Division after the adoption of regulations must be used to defray all costs and expenses of administering the program of workers' compensation, including the payment of: … ~~5. If the Division refunds any part of an assessment, the Division shall include in that refund any interest earned by the Division from the refunded part of the assessment.~~ (g) For widows, widowers, surviving children and surviving dependent parents who are entitled to death benefits on account of an industrial injury or a disablement from an occupational disease pursuant to section 3.5 of this act that occurred before July 1, 2019: (1) Reimbursement to insurers for the cost of the increase in the death benefits pursuant to subsection 1 of section 3.5 of this act; and (2) The salary and other expenses of administering the payment of the increase in death benefits pursuant to subsection 1 of section 3.5 of this act. The provisions of this paragraph shall cease to be of any force or effect when no widow, widower, surviving child or surviving dependent parent is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before July 1, 2019.	7/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		AB 370 also adds new provisions in ***sections 3.5 and 3.8*** of the bill to be codified in the Nevada Industrial Insurance Act, to read: ***Section 3.5.*** 1. Any widow, widower, surviving child or surviving dependent parent who is receiving death benefits pursuant to chapters 616A to 617, inclusive, of NRS on account of an industrial injury or a disablement from an occupational disease is entitled to an annual increase in those death benefits in the amount of 2.3 percent. The benefits must be increased pursuant to this section: (a) On January 1, 2020; and (b) On January 1 of each year thereafter. 2. Any increase in death benefits provided pursuant to this section is in addition to any increase in death benefits to which a widow, widower, surviving child or surviving dependent parent is otherwise entitled by law. 3. Any increase in death benefits pursuant to this section on account of an industrial injury or a disablement from an occupational disease that occurred on or after July 1, 2019, must be paid by insurers, including, without limitation, employers who provide accident benefits for injured employees pursuant to NRS 616C.265, without reimbursement from the Fund for Workers' Compensation and Safety pursuant to section 3.8 of this act. ***Section 3.8.*** 1. An insurer, including, without limitation, an employer who provides accident benefits for injured employees pursuant to NRS 616C.265, who pays an increase in death benefits to a widow, widower, surviving child or surviving dependent parent pursuant to section 3.5 of this act is entitled to be reimbursed for the amount of that increase from the Fund for Workers' Compensation and Safety if the insurer provides to the Administrator all of the following: (a) The name of the widow, widower, surviving child or surviving dependent parent to whom the insurer paid the increase in death benefits. (b) The claim number under which death benefits were paid to the widow, widower, surviving child or surviving dependent parent. (c) The date of the industrial injury or disablement from an occupational disease which resulted in the eligibility of the widow, widower, surviving child or surviving dependent parent for death benefits. (d) The date of the death of the injured employee who is the: (1) Spouse of the widow or widower; (2) Parent of the surviving child; or (3) Child of the surviving dependent parent. (e) The amount of the death benefit to which the widow, widower, surviving child or surviving dependent parent was entitled as of December 31, 2019. (f) Proof of the insurer's payment of the increase in death benefits. (g) The amount of reimbursement requested by the insurer. 2. An insurer must provide the Administrator with the information required pursuant to subsection 1 not later than March 31 of each year to be eligible for reimbursement pursuant to this section for payments of increases in death benefits which were made in the immediately preceding calendar year.	

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		3. An insurer may not be reimbursed pursuant to this section unless the insurer's request for reimbursement is approved by the Administrator. 4. An insurer may elect to apply any approved reimbursement made pursuant to this section towards any current or future assessment levied by the Administrator pursuant to NRS 232.680. In addition, **AB 370** also includes the following language: ***Section 5.*** For the purposes of subsection 1 of section 3.5 of this act, the amount of death benefits which is to be increased by 2.3 percent on January 1, 2020, for a widow, widower, surviving child or surviving dependent parent who is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred before January 1, 1989, shall be deemed to be the amount of annual death benefits the widow, widower, surviving child or surviving dependent parent was entitled to receive before the effective date of this act, compounded 3 times at 2.3 percent. The intent of this section is to put the widow, widower, surviving child or surviving dependent parent in the same position on January 1, 2020, with regard to the amount of death benefits to be increased by 2.3 percent pursuant to paragraph (a) of subsection 1 of section 3.5 of this act, as if the widow, widower, surviving child or surviving dependent parent had been receiving an annual increase of 2.3 percent of his or her annual death benefits on January 1 of each year beginning on January 1, 2017. ***Section 6.*** For the purposes of subsection 1 of section 3.5 of this act, the amount of death benefits which is to be increased by 2.3 percent on January 1, 2020, for a widow, widower, surviving child or surviving dependent parent who is entitled to receive death benefits on account of an industrial injury or a disablement from an occupational disease that occurred on or after January 1, 1989, and before January 1, 1994, shall be deemed to be the amount of annual death benefits the widow, widower, surviving child or surviving dependent parent was entitled to receive before the effective date of this act, compounded 2 times at 2.3 percent. The intent of this section is to put the widow, widower, surviving child or surviving dependent parent in the same position on January 1, 2020, with regard to the amount of death benefits to be increased by 2.3 percent pursuant to paragraph (a) of subsection 1 of section 3.5 of this act, as if the widow, widower, surviving child or surviving dependent parent had been receiving an annual increase of 2.3 percent of his or her annual death benefits on January 1 of each year beginning on January 1, 2018.	
Nevada	AB 455	**AB 455** amends ***section 616B.012*** of the Nevada Revised Statutes to read: **NRS 616B.012 Confidentiality and disclosure of information; penalty for disclosure or use of information; privileged communications.** … 9. The provisions of this section do not prohibit the Administrator or the Division from ~~disclosing:~~ (a) Disclosing any nonproprietary information relating to an uninsured employer or proof of industrial insurance~~.~~; or (b) Notifying an injured employee or the surviving spouse or dependent of an injured employee of benefits to which such persons may be entitled in addition to those provided pursuant to the provisions of chapters 616A to 616D, inclusive, or chapter 617 of NRS but only if: (1) The notification is solely for the purpose of informing the recipient of benefits that are available to the recipient; and (2) The content of the notification is limited to information concerning services which are offered by nonprofit entities.	7/1/19

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Nevada	AB 492	**AB 492** amends ***sections 616C.180, 616C.400, 616C.420***, and ***617.420*** of the Nevada Revised Statutes to read: ***Section 2.*** **NRS 616C.180 Injury or disease caused by stress.** … 3. ~~An~~ Except as otherwise provided by subsections 4 and 5, an injury or disease caused by stress shall be deemed to arise out of and in the course of employment only if the employee proves by clear and convincing medical or psychiatric evidence that: … 4. An injury or disease caused by stress shall be deemed to arise out of and in the course of employment, and shall not be deemed the result of gradual mental stimulus, if the employee is a first responder and proves by clear and convincing medical or psychiatric evidence that: (a) The employee has a mental injury caused by extreme stress due to the employee directly witnessing: (1) The death, or the aftermath of the death, of a person as a result of a violent event, including, without limitation, a homicide, suicide or mass casualty incident; or (2) An injury, or the aftermath of an injury, that involves grievous bodily harm of a nature that shocks the conscience; and (b) The primary cause of the mental injury was the employee witnessing an event described in paragraph (a) during the course of his or her employment. 5. An injury or disease caused by stress shall be deemed to arise out of and in the course of employment, and shall not be deemed the result of gradual mental stimulus, if the employee is employed by the State or any of its agencies or political subdivisions and proves by clear and convincing medical or psychiatric evidence that: (a) The employee has a mental injury caused by extreme stress due to the employee responding to a mass casualty incident; and (b) The primary cause of the injury was the employee responding to the mass casualty incident during the course of his or her employment. 6. An agency which employs a first responder, including, without limitation, a first responder who serves as a volunteer, shall provide educational training to the first responder related to the awareness, prevention, mitigation and treatment of mental health issues. 7. The provisions of this section do not apply to a person who is claiming compensation pursuant to NRS 617.457. 8. As used in this section: (a) "Directly witness" means to see or hear for oneself. (b) "First responder" means: (1) A salaried or volunteer firefighter; (2) A police officer; (3) An emergency dispatcher or call taker who is employed by a law enforcement or public safety agency in this State; or (4) An emergency medical technician or paramedic who is employed by a public safety agency in this State. (c) "Mass casualty incident" means an event that, for the purposes of emergency response or operations, is designated as a mass casualty incident by one or more governmental agencies that are responsible for public safety or for emergency response. ***Section 3.*** **NRS 616C.400 Minimum duration of incapacity; exceptions.**	6/3/19, for **sections 2, 3, 5, 6**, and ***7***; and 7/1/19, for ***sections 3.5*** and ***5.5***

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… 2. The period prescribed in this section does not apply to: … (d) A claim to which subsection 4 or 5 of NRS 616C.180 applies. ***Section 3.5.*** **NRS 616C.420 Method of determining average monthly wage.** 1. The Administrator shall provide by regulation for a method of determining average monthly wage. 2. In determining average monthly wage pursuant to subsection 1, the method must include concurrent wages of the injured employee only if the concurrent wages are earned from one or more employers who are insured for workers' compensation or government disability benefits by: (a) A private carrier; (b) A plan of self-insurance; (c) A workers' compensation insurance system operating under the laws of any other state or territory of the United States; or (d) A workers' compensation or disability benefit plan provided for and administered by the Federal Government or any agency thereof. 3. Except as otherwise provided by subsection 2, concurrent wages include, without limitation, wages earned from: (a) Active or reserve duty with or in: (1) The Army, Navy, Air Force, Marine Corps or Coast Guard of the United States; (2) The Merchant Marine; or (3) The National Guard; or (b) Employment by: (1) The Federal Government or any branch or agency thereof; (2) A state, territorial, county, municipal or local government of any state or territory of the United States; or (3) A private employer, whether that employment is full- time, part-time, temporary, periodic, seasonal or otherwise limited in term, or pursuant to contract. 4. As used in this section, "concurrent wages" means the sum of wages earned or deemed to have been earned at each place of employment, including, without limitation, the sum of any and all money earned for work of any kind or nature performed by an employee for two or more employers during the one-year period immediately preceding the date of injury or the onset of occupational disease, whether measured by an hourly rate, salary, piecework, commissions, gratuities, bonuses, per diem, value of meals, value of housing or any other employment benefit that can be fairly calculated to a monetary value expressed in an average monthly amount. ***Section 5.*** **NRS 617.420 Minimum duration of incapacity for temporary total disability; payment of medical benefits.** …	

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		2. The limitations in this section do not apply to medical benefits, including, without limitation, medical benefits pursuant to NRS 617.453, 617.455 or 617.457, or a claim to which subsection 4 or 5 of NRS 616C.180 applies, which must be paid from the date of application for payment of medical benefits. **AB 492** also includes the following language: ***Section 5.5.*** The amendatory provisions of section 3.5 of this act apply prospectively with regard to any claim pursuant to chapters 616A to 616D, inclusive, or 617 of NRS which is open on or filed on or after July 1, 2019. ***Section 6.*** The provisions of NRS 354.599 do not apply to any additional expenses of a local government that are related to the provisions of this act.	
Nevada	SB 215	**SB 215** amends ***section 617.453*** of the Nevada Occupational Diseases Act to read: **NRS 617.453 Cancer as occupational disease of firefighters.** 1. Notwithstanding any other provision of this chapter, cancer, resulting in either temporary or permanent disability, or death, is an occupational disease and compensable as such under the provisions of this chapter if: (a) The cancer develops or manifests itself out of and in the course of the employment of a person who, for 5 years or more, has been: (1) Employed in this State in a full-time salaried occupation ~~of fire fighting~~ as: (I) A firefighter for the benefit or safety of the public; (II) An investigator of fires or arson; or (III) An instructor or officer for the provision of training concerning fire or hazardous materials; or … (b) It is demonstrated that: (1) The person was exposed, while in the course of the employment, to a known carcinogen, or a substance reasonably anticipated to be a human carcinogen, as defined by the International Agency for Research on Cancer or the National Toxicology Program; and (2) The carcinogen or substance, as applicable, is reasonably associated with the disabling cancer. 2. With respect to a person who, for 5 years or more, has been employed in this State ~~in a full-time salaried occupation of fire fighting for the benefit or safety of the public,~~ as a firefighter, investigator, instructor or officer described in subparagraph (1) of paragraph (a) of subsection 1, or has acted as a volunteer firefighter in this State as described in subparagraph (2) of paragraph (a) of subsection 1, the following substances shall be deemed, for the purposes of paragraph (b) of subsection 1, to be known carcinogens that are reasonably associated with the following disabling cancers: … (c) Asbestos, benzene, diesel exhaust and soot, digoxin, ethylene oxide, polychlorinated biphenyls and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with breast cancer. (d) Diesel exhaust and formaldehyde shall be deemed to be known carcinogens that are reasonably associated with colon cancer.	7/1/19

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		(e) Diesel exhaust and soot, formaldehyde and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with esophageal cancer. ~~(d)~~ (f) Formaldehyde shall be deemed to be a known carcinogen that is reasonably associated with Hodgkin's lymphoma. ~~(e)~~ (g) Formaldehyde and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with kidney cancer. (h) Benzene, diesel exhaust and soot, formaldehyde, 1,3-butadiene and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with leukemia. ~~(f)~~ (i) Chloroform, soot and vinyl chloride shall be deemed to be known carcinogens that are reasonably associated with liver cancer. (j) Arsenic, asbestos, cadmium, chromium compounds, oils, polycyclic aromatic hydrocarbon, radon, silica, soot and tars shall be deemed to be known carcinogens that are reasonably associated with lung cancer. ~~(g)~~ (k) Acrylonitrile, benzene, formaldehyde, polycyclic aromatic hydrocarbon, soot and vinyl chloride shall be deemed to be known carcinogens that are reasonably associated with lymphatic or hematopoietic cancer. ~~(h)~~ (l) Diesel exhaust, soot, aldehydes and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with basal cell carcinoma, squamous cell carcinoma and malignant melanoma. (m) Benzene, dioxins and glyphosate shall be deemed to be known carcinogens that are reasonably associated with multiple myeloma. (n) Arsenic, asbestos, benzene, diesel exhaust and soot, formaldehyde and hydrogen chloride shall be deemed to be known carcinogens that are reasonably associated with nasopharyngeal cancer, including laryngeal cancer and pharyngeal cancer. (o) Benzene, chronic hepatitis B and C viruses, formaldehyde and polychlorinated biphenyls shall be deemed to be known carcinogens that are reasonably associated with non-Hodgkin's lymphoma. (p) Asbestos, benzene and formaldehyde shall be deemed to be known carcinogens that are reasonably associated with ovarian cancer. (q) Polycyclic aromatic hydrocarbon shall be deemed to be a known carcinogen that is reasonably associated with pancreatic cancer. ~~(i)~~ (r) Acrylonitrile, benzene and formaldehyde shall be deemed to be known carcinogens that are reasonably associated with prostate cancer. (s) Diesel exhaust and soot, formaldehyde and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with rectal cancer. (t) Chlorophenols, chlorophenoxy herbicides and polychlorinated biphenyls shall be deemed to be known carcinogens that are reasonably associated with soft tissue sarcoma. (u) Diesel exhaust and soot, formaldehyde and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with stomach cancer. ~~(j)~~ (v) Diesel exhaust, soot and polychlorinated biphenyls shall be deemed to be known carcinogens that are reasonably associated with testicular cancer. ~~(k)~~ (w) Diesel exhaust, benzene and X-ray radiation shall be deemed to be known carcinogens that are reasonably associated with thyroid cancer. (x) Diesel exhaust and soot, formaldehyde and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with urinary tract cancer and ureteral cancer. (y) Benzene and polycyclic aromatic hydrocarbon shall be deemed to be known carcinogens that are reasonably associated with uterine cancer.	

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		3. The provisions of subsection 2 do not create an exclusive list and do not preclude any person from demonstrating, on a case-by- case basis for the purposes of paragraph (b) of subsection 1, that a substance is a known carcinogen or is reasonably anticipated to be a human carcinogen, including an agent classified by the International Agency for Research on Cancer in Group 1 or Group 2A, that is reasonably associated with a disabling cancer. ~~4. Compensation~~ 4. Except as otherwise provided in 10, compensation awarded to the employee or his or her dependents for disabling cancer pursuant to this section must include: … 5. ~~Disabling~~ For a person who has been employed in this State as a firefighter, investigator, instructor or officer described in subparagraph (1) of paragraph (a) of subsection 1, or has acted as a volunteer firefighter in this State as described in subparagraph (2) of paragraph (a) of subsection 1, disabling cancer is rebuttably presumed to have arisen out of and in the course of the employment of the person if the disease is diagnosed during the course of the person's employment described in paragraph (a) of subsection 1. 6. For a person who has been employed in this State as a firefighter, investigator, instructor or officer described in subparagraph (1) of paragraph (a) of subsection 1 and who retires before July 1, 2019, or has acted as a volunteer firefighter in this State as described in subparagraph (2) of paragraph (a) of subsection 1, regardless of the date on which the volunteer firefighter retires, disabling cancer is rebuttably presumed to have ~~developed or manifested itself~~ arisen out of and in the course of the person's employment ~~of any firefighter described in this section.~~ pursuant to this subsection. This rebuttable presumption applies to disabling cancer diagnosed after the termination of the person's employment if the diagnosis occurs within a period, not to exceed 60 months, which begins with the last date the employee actually worked in the qualifying capacity and extends for a period calculated by multiplying 3 months by the number of full years of his or her employment. ~~This rebuttable presumption must control the awarding of benefits pursuant to this section unless evidence to rebut the presumption is presented.~~ ~~6. The provisions of this section do not create a conclusive presumption.~~ 7. For a person who has been employed in this State as a firefighter, investigator, instructor or officer described in subparagraph (1) of paragraph (a) of subsection 1 and who retires on or after July 1, 2019, disabling cancer is rebuttably presumed to have arisen out of and in the course of the person's employment pursuant to this subsection. This rebuttable presumption applies to disabling cancer diagnosed: (a) If the person ceases employment before completing 20 years of service as a firefighter, investigator, instructor or officer, during the period after separation from employment which is equal to the number of years worked; or (b) If the person ceases employment after completing 20 years or more of service as a firefighter, investigator, instructor or officer, at any time during the person's life. 8. Service credit which is purchased in a retirement system must not be used to calculate the number of years of service or employment of a person for the purposes of this section. 9. A rebuttable presumption created by subsection 5, 6 or 7 must control the awarding of benefits pursuant to this section unless evidence to rebut the presumption is presented. The provisions of subsections 5, 6 and 7 do not create a conclusive presumption. 10. A person who files a claim for a disabling cancer pursuant to subsection 7 after he or she retires from employment as a firefighter, investigator of fires or arson, or instructor or officer for the provision of training concerning fire or hazardous materials is not entitled to receive any compensation for that disease other than medical benefits.	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		SB 215 also includes the following language: The amendatory provisions of this act apply only to claims filed on or after July 1, 2019.	
Nevada	SB 377	**SB 377** adds a new section to ***Chapter 616C***, amends ***sections 616A.425, 616A.430, 616C.420, 616C.473***, and ***232.680***, and repeals ***section 616C.453*** of the Nevada Revised Statutes as follows: ***Section 1*** provides that money in the fund may also be used to: (1) Reimburse insurers and employers for payments of an annual increase in compensation for permanent total disability to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to the extent income realized on the investment of the assets in the Uninsured Employers' Claim Account in the Fund is sufficient to pay that compensation; and (2) Pay the salary and other expenses of administering the payment of increased compensation to claimants and dependents of claimants who are entitled to compensation for permanent total disability caused by industrial injuries and disablements from occupational diseases that occurred before January 1, 2004. ***Section 2*** eliminates the authority of the administrator of the Division of Industrial Relations of the Department of Business and Industry to make the annual payments from the Uninsured Employers' Claim Account in the Fund for Workers' Compensation and Safety and, instead authorizes the reimbursements authorized by section 2.5 to be paid from the account. ***Section 2.5*** is a new section and: • Authorizes an insurer or employer who pays an annual increase in compensation for permanent total disability to a claimant or dependent who is entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to obtain reimbursement from the administrator of the Division of Industrial Relations of the Department of Business and Industry • Establishes the procedure for obtaining such a reimbursement • Requires reimbursements approved by the administrator to be paid from the income realized on the investment of the assets in the Uninsured Employers' Claim Account in the Fund for Workers' Compensation and Safety in the state treasury • Provides that if the income realized on the investment of the assets in that account is insufficient to fund the annual increase in compensation, the remainder of the reimbursements are required to be paid from certain assessments levied on insurers and employers by the administrator ***Section 2.8*** incorporates in statute certain provisions from current regulations which contains methods for determining the period of wages earned by an employee that must be used to calculate the average monthly wage. ***Section 3*** provides for a 2.3% annual increase in compensation for permanent total disability to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, with compensation to be increased on January 1, 2020, and on January 1 each year thereafter.	7/1/19

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		Section 4 provides that assessments against employers who provide accident benefits for injured employees may be used to pay reimbursement to insurers for the cost of the annual increase in compensation payable to claimants and dependents of claimants who are entitled to such compensation due to an industrial injury or disablement which occurred before January 1, 2004, to the extent that the income realized on the investment of the assets in the Uninsured Employers' Claim Account is insufficient to pay that reimbursement. ***Section 5*** repeals provisions which authorize a single annual payment to claimants and their dependents who are entitled to receive compensation for permanent total disability but are not entitled to the 2.3% annual increase in that compensation. **SB 377** also includes the following language: ***Section 5.5*** The amendatory provisions of section 2.8 of this act apply prospectively with regard to any claim pursuant to chapters 616A to 616D, inclusive, or 617 of NRS which is open on or filed on or after July 1, 2019.	
Nevada	SB 381	**SB 381** adds a new section in ***chapter 616C*** and amends ***sections 616B.527, 616C.050, 616C.055, 616C.090, 616C.260, 616C.475, 616C.490***, and ***616C.495*** of the Nevada Industrial Insurance Act to read, in part, as follows: ***Section 1.*** **NRS 616B.527 Authority of self-insured employers, associations of self-insured employers and private carriers; compliance with certain provisions.** 1. A self-insured employer, an association of self-insured public or private employers or a private carrier may: … (d) Except as otherwise provided in subsection ~~3~~ 4 of NRS 23 616C.090, require employees to obtain the approval of the self- insured employer, association or private carrier. … ***Section 2.*** 1. The Legislature hereby declares that: (a) The choice of a treating physician or chiropractor is a substantive right and substantive benefit of an injured employee who has a claim under the Nevada Industrial Insurance Act or the Nevada Occupational Diseases Act. (b) The injured employees of this State have a substantive right to an adequate choice of physicians and chiropractors to treat their industrial injuries and occupational diseases. 2. Except as otherwise provided in this subsection and subsections 3 and 4, an insurer's list of physicians and chiropractors from which an injured employee may choose pursuant to NRS 616C.090 must include not less than 12 physicians or chiropractors, as applicable, in each of the following disciplines and specializations, without limitation, from the panel of physicians and chiropractors maintained by the Administrator pursuant to NRS 616C.090:	1/1/20

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		(a) Orthopedic surgery on spines; (b) Orthopedic surgery on shoulders; (c) Orthopedic surgery on elbows; (d) Orthopedic surgery on wrists; (e) Orthopedic surgery on hands; (f) Orthopedic surgery on hips; (g) Orthopedic surgery on knees; (h) Orthopedic surgery on ankles; (i) Orthopedic surgery on feet; (j) Neurosurgery; (k) Neurology; (l) Cardiology; (m) Pulmonology; (n) Psychiatry; (o) Pain management; (p) Occupational medicine; (q) Physiatry or physical medicine; (r) General practice or family medicine; and (s) Chiropractic medicine. If the panel of physicians and chiropractors maintained by the Administrator pursuant to NRS 616C.090 contains fewer than 12 physicians or chiropractors, as applicable, for a discipline or specialization specifically identified in this subsection, all of the physicians or chiropractors, as applicable, on the panel for that discipline or specialization must be included on the insurer's list. 3. For any other discipline or specialization not specifically identified in subsection 2, the insurer's list must include not fewer than 8 physicians or chiropractors, as applicable, unless the panel of physicians and chiropractors maintained by the Administrator pursuant to NRS 616C.090 contains fewer than 8 physicians or chiropractors, as applicable, for that discipline or specialization, in which case all of the physicians or chiropractors, as applicable, on the panel for that discipline or specialization must be included on the insurer's list. 4. For each county whose population is 100,000 or more, an insurer's list of physicians and chiropractors must include for that county a number of physicians and chiropractors, as applicable, that is not less than the number required pursuant to subsections 2 and 3 and that also maintain in that county: (a) An active practice; and (b) A physical office. 5. If an insurer fails to maintain a list of physicians and chiropractors that complies with the requirements of subsections 2, 3 and 4, an injured employee may choose a physician or chiropractor from the panel of physicians and chiropractors maintained by the Administrator pursuant to NRS 616C.090.	

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		6. Each insurer shall, not later than October 1 of each year, update the list of physicians and chiropractors and file the list with the Administrator. The list must be certified by an adjuster who is licensed pursuant to chapter 684A of NRS. 7. Upon receipt of a list of physicians and chiropractors that is filed pursuant to subsection 6, the Administrator shall: (a) Stamp the list as having been filed; and (b) Indicate on the list the date on which it was filed. 8. The Administrator shall: (a) Provide a copy of an insurer's list of physicians and chiropractors to any member of the public who requests a copy; or (b) Post a copy of each insurer's list of physicians and chiropractors on an Internet website maintained by the Administrator and accessible to the public for viewing, printing or downloading. 9. At any time, a physician or chiropractor may request in writing that he or she be removed from an insurer's list of physicians and chiropractors. The insurer must comply with the request and omit the physician or chiropractor from the next list which the insurer files with the Administrator. 10. A physician or chiropractor may not be involuntarily removed from an insurer's list of physicians and chiropractors except for good cause. As used in this subsection, "good cause" means that one or more of the following circumstances apply: (a) The physician or chiropractor has died or is disabled. (b) The license of the physician or chiropractor has been revoked or suspended. (c) The physician or chiropractor has been convicted of: (1) A felony; or (2) A crime for a violation of a provision of chapter 616D of NRS. (d) The physician or chiropractor has been removed from the panel of physicians and chiropractors maintained by the Administrator pursuant to NRS 616C.090 by the Administrator upon a finding that the physician or chiropractor has failed to comply with the standards for treatment of industrial injuries or occupational diseases as established by the Administrator. 11. Unless a physician or chiropractor, as applicable, is removed from an insurer's list of physicians and chiropractors pursuant to subsection 10, an injured employee may continue to receive treatment from that physician or chiropractor even if: (a) The employer of the injured employee changes insurers or administrators. (b) The physician or chiropractor is no longer included in the applicable insurer's list of physicians and chiropractors, provided that the physician or chiropractor agrees to continue to accept compensation for that treatment at the rates which: (1) Were previously agreed upon when the physician or chiropractor was most recently included in the list; or (2) Are newly negotiated but do not exceed the amounts provided under the fee schedule adopted by the Administrator. ***Section 5.*** **NRS 616C.050 Information required to be provided by insurer to claimant.** … 2. The insurer's statement must include a copy of the form designed by the Administrator pursuant to subsection ~~8~~ 9 of NRS 25 616C.090 that notifies injured employees of their right to select an alternative treating physician or chiropractor. The Administrator shall adopt regulations for the manner of compliance by an insurer with the other provisions of subsection 1.	

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		Section 6. **NRS 616C.055 Use of fee schedules which unfairly discriminate among physicians and chiropractors prohibited; payment for services rendered by physician or chiropractor after removal from panel prohibited.** … 2. ~~If~~ Except as otherwise provided in section 2 of this act, if a physician or chiropractor is removed from the panel established pursuant to NRS 616C.090 or from participation in a plan for managed care established pursuant to NRS 616B.527, the physician or chiropractor, as applicable, must not be paid for any services rendered to the injured employee after the date of the removal. ***Section 8.*** **NRS 616C.090 Selection of physician or chiropractor: Powers and duties of Administrator; selection and alternate selection from established panel or pursuant to contract; responsibility for charges.** 1. The Administrator shall establish, maintain and update not less frequently than annually on or before July 1 of each year, a panel of physicians and chiropractors who have demonstrated special competence and interest in industrial health to treat injured employees under chapters 616A to 616D, inclusive, or chapter 617 of NRS. The Administrator shall maintain the following information relating to each physician and chiropractor on the panel: (a) The name of the physician or chiropractor. (b) The title or degree of the physician or chiropractor. (c) The legal name of the practice of the physician or chiropractor and the name under which the practice does business. (d) The street address of the location of every office of the physician or chiropractor. (e) The telephone number of every office of the physician or chiropractor. (f) Every discipline and specialization practiced by the physician or chiropractor. (g) Every condition and part of the body which the physician or chiropractor will treat. 2. Every employer whose insurer has not entered into a contract with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527 shall maintain a list of those physicians and chiropractors on the panel who are reasonably accessible to his or her employees. ~~2.~~ 3. An injured employee whose employer's insurer has not entered into a contract with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527 may choose a treating physician or chiropractor from the panel of physicians and chiropractors. If the injured employee is not satisfied with the first physician or chiropractor he or she so chooses, the injured employee may make an alternative choice of physician or chiropractor from the panel if the choice is made within 90 days after his or her injury. The insurer shall notify the first physician or chiropractor in writing. The notice must be postmarked within 3 working days after the insurer receives knowledge of the change. The first physician or chiropractor must be reimbursed only for the services the physician or chiropractor, as applicable, rendered to the injured employee up to and including the date of notification. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer ~~,~~ ~~which~~ or by order of a hearing officer or appeals officer. A request for a change of physician or chiropractor must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If the insurer takes no action ~~is taken~~ on the request within 10	

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		days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, the ~~treating physician or chiropractor~~ insurer shall provide to the injured employee a list that includes the name of each physician or chiropractor with that specialization who is on the panel. ~~After~~ Not later than 14 days after receiving the list, the injured employee shall ~~, at the time the referral is made,~~ select a physician or chiropractor from the list. ~~3.~~ 4. An injured employee whose employer's insurer has entered into a contract with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527 must choose a treating physician or chiropractor pursuant to the terms of that contract. If the injured employee is not satisfied with the first physician or chiropractor he or she so chooses, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the contract without the approval of the insurer if the choice is made within 90 days after his or her injury. Except as otherwise provided in this subsection, any further change is subject to the approval of the insurer or by order of a hearing officer or appeals officer. A request for a change of physician or chiropractor must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If the insurer takes no action on the request within 10 days, the request shall be deemed granted. If the injured employee, after choosing a treating physician or chiropractor, moves to a county which is not served by the organization for managed care or providers of health care ~~services~~ named in the contract and the insurer determines that it is impractical for the injured employee to continue treatment with the physician or chiropractor, the injured employee must choose a treating physician or chiropractor who has agreed to the terms of that contract unless the insurer authorizes the injured employee to choose another physician or chiropractor. If the treating physician or chiropractor refers the injured employee to a specialist for treatment, the ~~treating physician or chiropractor~~ insurer shall provide to the injured employee a list that includes the name of each physician or chiropractor with that specialization who is available pursuant to the terms of the contract with the organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527, as appropriate. ~~After~~ Not later than 14 days after receiving the list, the injured employee shall~~, at the time the referral is made,~~ select a physician or chiropractor from the list. If the employee fails to select a physician or chiropractor, the insurer may select a physician or chiropractor with that specialization. If a physician or chiropractor with that specialization is not available pursuant to the terms of the contract, the organization for managed care or the provider of health care ~~services~~ may select a physician or chiropractor with that specialization. ~~4.~~ 5. If the injured employee is not satisfied with the physician or chiropractor selected by himself or herself or by the insurer, the organization for managed care or the provider of health care ~~services~~ pursuant to subsection ~~3,~~ 4, the injured employee may make an alternative choice of physician or chiropractor pursuant to the terms of the contract. A change in the treating physician or chiropractor may be made at any time but is subject to the approval of the insurer ~~, which~~ or by order of a hearing officer or appeals officer. A request for a change of physician or chiropractor must be granted or denied within 10 days after a written request for such a change is received from the injured employee. If no action is taken on the request within 10 days, the request shall be deemed granted. Any request for a change of physician or chiropractor must include the name of the new physician or chiropractor chosen by the injured employee. If the insurer denies a request for a change in the treating physician or chiropractor under this subsection, the insurer must include in a written notice of denial to the injured employee the specific reason for the denial of the request. ~~5.~~ 6. Except when emergency medical care is required and except as otherwise provided in NRS 616C.055, the insurer is not responsible for any charges for medical treatment or other accident benefits furnished or ordered by any physician, chiropractor or other person selected by the injured employee in disregard of the provisions of this section or for any compensation for any aggravation of the injured employee's injury attributable to improper treatments by such physician, chiropractor or other person.	

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		~~6.~~ 7. The Administrator may order necessary changes in a panel of physicians and chiropractors and shall suspend or remove any physician or chiropractor from a panel for good cause shown ~~.7.~~ in accordance with section 2 of this act. 8. An injured employee may receive treatment by more than one physician or chiropractor if: (a) If the insurer provides written authorization for such treatment ~~.8.~~ ; or (b) By order of a hearing officer or appeals officer. 9. The Administrator shall design a form that notifies injured employees of their right pursuant to subsections ~~2,~~ 3, ~~and~~ 4 and 5 to select an alternative treating physician or chiropractor and make the form available to insurers for distribution pursuant to subsection 2 of NRS 616C.050. ***Section 16.*** **NRS 616C.260 Fees and charges for accident benefits: Restrictions; establishment and revision of schedule; powers and duties of Administrator; penalty for refusal to provide information; regulations.** … 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits provided to injured employees whose insurers have not contracted with an organization for managed care or with providers of health care ~~services~~ pursuant to NRS 616B.527. The Administrator shall review and revise the schedule on or before February 1 of each year. In the revision, the Administrator shall adjust the schedule by the corresponding annual change in the Consumer Price Index, Medical Care Component. … ***Section 25.*** **NRS 616C.475 Amount and duration of compensation; limitations; requirements for certification of disability; offer of light-duty employment.** … 7. A certification of disability issued by a physician or chiropractor must: … (c) Be signed by the treating physician or chiropractor authorized pursuant to NRS 616B.527 or appropriately chosen pursuant to subsection ~~3 or~~ 4 or 5 of NRS 616C.090. … ***Section 26.*** **NRS 616C.490 Permanent partial disability: Compensation.** … 2. Except as otherwise provided in subsection 3: (a) Within 30 days after receiving from a physician or chiropractor a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractor selected pursuant to this subsection to determine the extent of the employee's disability.	

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		(b) Unless the insurer and the injured employee otherwise agree to a rating physician or chiropractor: ~~(a)~~ (1) The insurer shall select the rating physician or chiropractor from the list of qualified rating physicians and chiropractors designated by the Administrator, to determine the percentage of disability in accordance with the American Medical Association's *Guides to the Evaluation of Permanent Impairment* as adopted and supplemented by the Division pursuant to NRS 616C.110. ~~(b)~~ (2) Rating physicians and chiropractors must be selected in rotation from the list of qualified physicians and chiropractors designated by the Administrator, according to their area of specialization and the order in which their names appear on the list unless the next physician or chiropractor is currently an employee of the insurer making the selection, in which case the insurer must select the physician or chiropractor who is next on the list and who is not currently an employee of the insurer. 3. Notwithstanding any other provision of law, an injured employee or the legal representative of an injured employee may, at any time, without limitation, request that the Administrator select a rating physician or chiropractor from the list of qualified physicians and chiropractors designated by the Administrator. The Administrator, upon receipt of the request, shall immediately select for the injured employee the rating physician or chiropractor who is next in rotation on the list, according to the area of specialization. 4. If an insurer contacts ~~the~~ a treating physician or chiropractor to determine whether an injured employee has suffered a permanent disability, the insurer shall deliver to the treating physician or chiropractor that portion or a summary of that portion of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* as adopted by the Division pursuant to NRS 616C.110 that is relevant to the type of injury incurred by the employee. … ***Section 27.*** **NRS 616C.495 Permanent partial disability: Payments in lump sum.** … 5. The lump sum payable must be equal to the present value of the compensation awarded, less any advance payment or lump sum previously paid. The present value must be calculated using monthly payments in the amounts prescribed in subsection ~~7~~ 8 of NRS 616C.490 and actuarial annuity tables adopted by the Division. The tables must be reviewed annually by a consulting actuary and must be adjusted accordingly on July 1 of each year by the Division using: … **SB 381** also includes the following language: ***Section 36.*** The amendatory provisions of this act apply prospectively with regard to any claim pursuant to chapters 616A to 616D, inclusive, or 617 of NRS which is open on the effective date of this act.	
New Hampshire	HB 285	**HB 285** amends ***section 412:28. Filing and Approval of Rates and Rating Plans*** of ***Title XXXVII: Insurance*** of the New Hampshire Statutes to read: **412:28 Filing and Approval of Rates and Rating Plans.—** …	8/4/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		V. A filing and any supporting information not considered proprietary pursuant to RSA 412:16, II shall be open to public inspection upon approval.	
New Hampshire	HB 337	**HB 337** amends ***sections 400-A:15-e***, ***412:13***, and ***412:16*** of ***Title XXXVII: Insurance*** of the New Hampshire Statutes, to read: **400-A:15-e Consumer Services Program.—** … III…(c) Nothing in this section shall be construed to waive the confidential and privileged nature of all documents, materials, or other information in possession of the department pursuant to an investigation of a complaint or consumer inquiry, as provided in RSA 400-A:16. … **412:13. Competitive Market.—** A competitive market is presumed to exist unless the commissioner, after hearing, determines that a reasonable degree of competition does not exist in the market and the commissioner issues a ruling to that effect. Such ruling shall expire no later than ~~one year~~ 2 years after issue unless the commissioner renews the ruling after hearings and a finding as to the continued lack of a reasonable degree of competition. In determining whether a reasonable degree of competition exists, the commissioner shall consider relevant tests of workable competition pertaining to market structure, market performance and market conduct and the practical opportunities available to consumers in the market to acquire pricing and other consumer information and to compare and obtain insurance from competing insurers as further described in RSA 412:14. **412:16. Rate Filings.—** … II. Every insurer shall file with the commissioner every manual, predictive ~~models~~ model or telematics ~~models~~ model or other ~~models~~ model that ~~pertain~~ pertains to the formulation of rates and/or premiums, minimum premium, class rate, rating schedule or rating plan and every other rating rule, and every modification of any of the foregoing which it proposes to use. Personal lines filings shall include underwriting rules used by insurers or a group of affiliated insurers to the extent necessary to determine the applicable rate and/or policy premium for an individual insured or applicant. An insurer may file its rates by either filing its final rates or by filing a multiplier and, if applicable, an expense constant adjustment to be applied to prospective loss costs that have been filed by an advisory organization on behalf of the insurer as permitted by RSA 412:23. Every such filing shall state the effective date, and shall indicate the character and extent of the coverage contemplated. Information contained in the underwriting rules that does not pertain to the formulation of rates and/or premiums shall be identified by the filer as proprietary and shall be kept confidential by the department and shall not be subject to the provisions of RSA 91-A. …	8/20/19
New Hampshire	HB 342	**HB 342** amends ***section 400-A:37*** of ***Title XXXVII: Insurance*** of the New Hampshire Statutes to read as follows: **400-A:37. Examinations.** … **IV-a. Privilege for and Confidentiality of Reports and Ancillary Information.** … (e) In order to assist in the performance of the commissioner's duties, the commissioner:	8/20/19

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		… (4) May disclose the content of an examination report, preliminary examination report or results, or any matter relating thereto relative to workers' compensation audits, to the department of labor, and all such information ~~disclosed and~~ or matter relating thereto in the possession or control of the department of labor shall be confidential by law and privileged, shall not be subject to disclosure under RSA 91-A, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action. ~~The commissioner of the department of labor shall agree in writing to hold such information confidential and in a manner consistent with this subparagraph.~~ …	
New Hampshire	SB-59-FN	**SB 59-FN** amends ***sections 281-A:2*** and ***281-A:17*** and adds new ***sections 281-A:17-b*** and ***c*** to the New Hampshire Workers' Compensation Law to read: ***Sections 1 and 2.*** **281-A:2 Definitions.—** Any word or phrase defined in this section shall have the same meaning throughout RSA 281-A, unless the context clearly requires otherwise: … V-c. "Emergency response/public safety worker" means call, volunteer, or regular firefighters; law enforcement officers certified under RSA 106-L; certified county corrections officers; emergency communication dispatchers; and rescue or ambulance workers including ambulance service, emergency medical personnel, first responder service, and volunteer personnel. … XI. "Injury" or "personal injury" as used in and covered by this chapter means accidental injury or death arising out of and in the course of employment, or any occupational disease or resulting death arising out of and in the course of employment, including disability due to radioactive properties or substances or exposure to ionizing radiation. "Injury" or "personal injury" shall not include diseases or death resulting from stress without physical manifestation, except that, if an employee meets the definition of an "emergency response/public safety worker" under RSA 281-A:2, V-c, the terms "injury" or "personal injury" shall also include acute stress disorder and post-traumatic stress disorder. "Injury" or "personal injury" shall not include a mental injury if it results from any disciplinary action, work evaluation, job transfer, layoff, demotion, termination, or any similar action, taken in good faith by an employer. No compensation shall be allowed to an employee for injury proximately caused by the employee's willful intention to injure himself or injure another. Conditions of the aging process, including but not limited to heart and cardiovascular conditions, shall be compensable only if contributed to or aggravated or accelerated by the injury. Notwithstanding any law to the contrary, "injury" or "personal injury" shall not mean accidental injury, disease, or death resulting from participation in athletic/recreational activities, on or off premises, unless the employee reasonably expected, based on the employer's instruction or policy, that such participation was a condition of employment or was required for promotion, increased compensation, or continued employment. … ***Section 3.*** **281-A:17-b Commission to Study the Incidence of Post-traumatic Stress Disorder in First Responders Established.**	11/1/20, for ***section 5*** of the bill; 1/1/21 for ***section RSA 281-A:17-c***; 7/17/19 for the remainder of the bill

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		I.(a) There is established the commission to study the incidence of post-traumatic stress disorder in first responders and whether such disorder should be covered under workers' compensation. The members of the commission shall be as follows: (1) One member of the senate, appointed by the president of the senate. (2) Three members of the house of representatives, one of whom shall be from the labor, industrial and rehabilitative services committee, one of whom shall be from the executive departments and administration committee, and one of whom shall be from the state-federal relations and veterans affairs committee, appointed by the speaker of the house of representatives. (3) The labor commissioner, or designee. (4) The commissioner of safety, or designee. (5) The insurance commissioner, or designee. (6) A representative of the New Hampshire Municipal Association, appointed by the association. (7) A representative of the New Hampshire Association of Counties, appointed by the association. (8) A representative of the National Alliance on Mental Illness New Hampshire, appointed by the alliance. (9) A fire chief, appointed by the New Hampshire Association of Fire Chiefs. (10) One member appointed by the New Hampshire Association of Chiefs of Police. (11) One member appointed by the New Hampshire Police Association. (12) A representative of the Professional Firefighters of New Hampshire, appointed by that organization. (13) A representative of the New Hampshire Association of Emergency Medical Technicians, appointed by the association. (14) A representative of the New Hampshire Public Risk Management Exchange, appointed by that organization. (15) An attorney, appointed by the New Hampshire Association for Justice. (b) Legislative members of the commission shall receive mileage at the legislative rate when attending to the duties of the commission. II. (a) The commission shall study: (1) The prevalence of post traumatic stress disorder (PTSD) among first responders. (2) The prevalence of PTSD, or factors contributing to PTSD, among first responders at the time of hiring. (3) The extent to which first responders' employment benefits provide health insurance coverage for treatment of PTSD. (4) The degree to which employers who hire first responders are capable of reassigning affected workers to less stressful positions that would allow employees to continue working while receiving mental health treatment. (5) The extent to which prior military service may contribute to the rate of PTSD among first responders. (6) The difficulty first responders currently have establishing that a PTSD diagnosis is causally related to employment. (7) The difficulty employers would have establishing that a pre-employment condition or experience caused PTSD, rather than a first responders' current employment. (8) The cost that creating a rebuttal presumption that PTSD was caused uncured during service in the line of duty would impose on public employers, private employers, and taxpayers, and funding solutions to mitigate such cost. (9) The causes of high suicide rates of emergency responders, including exposure to occupational stress and emotional trauma, medication, substance abuse, disciplinary action, interaction with criminal and civil court system, and any state policies that emergency responders believe increase stress or suicide risk.	

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		(10) Other issues the commission deems relevant to its study. (b) The commission may solicit input from any person or entity the commission deems relevant to its study. III. The members of the commission shall elect a chairperson from among the members. The first meeting of the commission shall be called by the senate member. The first meeting of the commission shall be held within 45 days of the effective date of this section. Nine members of the commission shall constitute a quorum. IV. On or before November 1, 2019, the commission shall submit an interim report of its findings and any recommendations for proposed legislation to the president of the senate, the speaker of the house of representatives, the senate clerk, the house clerk, the governor, and the state library and shall submit a final report on or before November 1, 2020. **281-A:17-c Acute Stress Disorder and Post-Traumatic Stress Disorder; Presumption.** Notwithstanding RSA 281-A:2, XI and XIII, RSA 281-A:16, and RSA 281-A:27, there shall be a prima facie presumption that acute stress disorder and post-traumatic stress disorder in an emergency responder, as defined in RSA 281-A:2, V-c are occupationally caused. ***Section 6.*** **281-A:17 Firefighter and Heart, Lung, or Cancer Disease.—** … II. Notwithstanding the provisions of RSA 281-A:2, XI and XIII, 16 and 27, there shall exist a prima facie presumption that cancer disease in a firefighter, whether a regular, call, volunteer, or retired member of a fire department, is occupationally ~~related~~ caused. In order to receive ~~this~~ occupational cancer ~~disability benefit~~ workers' compensation, the type of cancer involved must be a type which may be caused by exposure to heat, radiation, or a known carcinogen, as defined by the International Agency for Research on Cancer. However: (a) A firefighter who has been a firefighter for 10 years shall have the benefit of this prima facie presumption as follows: (1) If a fire department follows the medical examination as outlined by the National Fire Protection Association standard 1582, the firefighter shall provide this report as evidence that the firefighter was free of such disease at the beginning of his or her employment and shall guarantee that he or she has lived a tobacco free ~~life~~ lifestyle. The employer of a ~~call or volunteer~~ firefighter shall provide the required reasonable medical evidence to the workers' compensation carrier and to the firefighter to present as part of his or her claim. (2) If the fire department does not follow the medical examination standard, the firefighter shall guarantee that he or she has lived a tobacco free ~~life~~ lifestyle and has been a firefighter for 10 years and shall be required to present after action reports filed after fire incidents which demonstrate exposure to the known carcinogens as part of the claim, but shall not have the benefit of the prima facie presumption. (b) A retired firefighter who has been retired between 6 and 20 years who guarantees that he or she has lived a tobacco free ~~life~~ lifestyle and who is receiving a pension subject to RSA 100-A, shall be eligible for medical payments only under this section. If a new claim is being filed, the firefighter shall be responsible for filing applicable data and after action reports if no ~~physical~~ medical examination report can be provided. A retired firefighter who agrees to submit to any ~~physical~~ medical examination requested by the employing city, town, or precinct shall have the benefit of the prima facie presumption for a period of 20 years from the effective date of the firefighter's retirement, during which time the firefighter shall be eligible to have his or her medical expenses paid for this period.	

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		(c) No active or retired firefighter shall receive the presumption benefit unless the employer voluntarily has in effect a policy that follows the fire standards and training commission curriculum requirement for best practices for use and cleaning of equipment. (d) For active, regular firefighters whose employment began prior to January 1, 1997, a medical examination as outlined by the National Fire Protection Association standard 1582 may be reimbursed by the department of safety, division of fire standards and training and emergency medical services, and provided as evidence that the firefighter was free of such disease. (e) For the purposes of this section, a person lives a "tobacco free lifestyle" if he or she has not, within the past 6 months, used any tobacco product, including cigarettes, cigars, chewing tobacco, snuff, or pipe tobacco 4 or more times in a week, except in the case of religious or ceremonial use of tobacco, such as by Alaska natives or Native Americans. **SB 59-FN** also includes the following language: ***Section 4.*** **Membership Continued.** To the extent possible, the membership of the commission to study the incidence of post-traumatic stress disorder in first responders and whether such disorder shall be covered under workers' compensation established in section 3 of this act shall remain the same as the commission established in the former RSA 281-A:17-a. ***Section 5.*** **Repeal.** RSA 281-A:17-b, relative to the commission to study the incidence of post traumatic stress disorder in first responders and whether such disorder should be covered under workers' compensation, is repealed.	
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~~ (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.	6/14/19

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

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		… 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.	
North Carolina	HB 220	**HB 220**, in part, amends ***section 58-36-30*** of the North Carolina Insurance Law to read: **§ 58-36-30. Deviations.** … (c) ~~Any approved rate under subsection (b) of this section with respect~~ This subsection applies only to workers' compensation and employers' liability insurance written in connection ~~therewith shall be furnished to the Bureau.~~ therewith. A rate in excess of that promulgated by the Bureau may be charged by an insurer on any specific risk if the higher rate is charged in accordance with rules adopted by the Commissioner. …	7/26/19 for amendments to ***section 58-36-30***
Oklahoma	HB 2367	**HB 2367** is a comprehensive reform bill that amends numerous components of the Oklahoma Administrative Workers' Compensation Act.	5/28/19
Oklahoma	HB 2632	**HB 2632** creates new ***sections 6958*** through ***6968*** in the Oklahoma Insurance Code to be cited as the "Patient's Right to Pharmacy Choice Act," in part, to: • Impose access standards on retail pharmacy networks • Direct the Oklahoma Insurance Department to review retail pharmacy network access • Prohibit pharmacy benefit managers (PBMs) from taking certain actions • Require PBMs to allow a pharmacy to participate in any pharmacy network, provided the pharmacy accepts the terms and conditions • Prohibit contracts between pharmacies and PBMs from containing gag clauses • Require health insurers to monitor covered individuals' access to prescription drug benefits • Prohibit health insurers or PBMs from restricting individuals' choice of in-network prescription drug provider • Require health insurers to adopt a formulary and set minimum standards • Authorize the insurance commissioner to monitor PBMs to ensure compliance	11/1/19
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	11/1/19

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		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. …	
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 one penalty for each separate violation by an employer, insurer or service company for deficiencies revealed in annual audits associated with claims processing performance.	1/1/20

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		~~(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 environment and extending beyond initial instruction or demonstration activities. Such projects are limited to logging, silvicultural thinning, slash	1/1/20

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		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.	
Oregon	HB 2788	**HB 2788** amends ***sections 656.506*** and ***656.790*** of the Oregon Workers' Compensation Law to read: **656.506 Assessments for programs; setting assessment amount; determination by director of benefit level.** … (2) Every employer shall retain from the moneys earned by all employees an amount determined by the Director of the Department of Consumer and Business Services for each hour or part of an hour the employee is employed and pay the money retained in the manner and at such intervals as the director ~~of the Department of Consumer and Business Services~~ shall ~~direct~~specify. (3) In addition to all moneys retained under subsection (2) of this section, the director shall assess each employer an amount equal to that assessed pursuant to subsection (2) of this section. The assessment ~~shall~~ must be paid in such manner and at such intervals as the director may ~~direct~~ specify. (4) The Department of Consumer and Business services shall deposit moneys collected pursuant to subsections (2) and (3) of this section, and any accrued cash balances, ~~shall be deposited by the Department of Consumer and Business Services~~ into the Workers' Benefit Fund. Subject to the limitations in subsections (2) and (3) of this section, the amount of the hourly assessments provided in subsections (2) and (3) of this section annually may be adjusted to meet the needs of the Workers' Benefit Fund for the expenditures of the department in carrying out ~~its~~ the department's functions and duties pursuant to subsection (7) of this section and ORS 656.445, 656.622, 656.625, 656.628 and 656.630. Factors to be considered in making such adjustment of the assessments ~~shall~~ must include, but not be limited to, the cash balance as determined by the director and estimated expenditures and revenues of the Workers' Benefit Fund. (5) ~~It is the intent of~~ The Legislative Assembly intends that the department set rates for the collection of assessments pursuant to subsections (2) and (3) of this section in a manner so that at the end of the period for which the rates ~~shall be~~ are effective, the ~~cash~~ balance ~~shall be~~ of the Workers' Benefit Fund is an amount of not less than ~~six~~ 12 months of projected expenditures from the ~~Workers' Benefit~~ fund in regard to ~~its~~ the department's functions and duties under subsection (7) of this section and ORS 656.445, 656.622, 656.625, 656.628 and 656.630, in a manner that minimizes the volatility of the rates assessed. If the department determines that the balance of the fund will fall below the balance required under this subsection, the department shall devise and report to the Workers' Compensation Management-Labor Advisory Committee a plan to increase the balance to the required amount. The department may set the assessment rate at a higher level if the department determines that a higher rate is necessary to avoid unintentional program or benefit reductions in the time period immediately following the period for which the rate is being set. (6) Every employer required to pay the assessments referred to in this section shall make and file a report of employee hours worked and amounts due under this section upon a combined report form prescribed by the Department of Revenue. The report ~~shall~~ must be filed with the Department of Revenue: …	1/1/20

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		(7) There is established a Retroactive Program for the purpose of providing increased benefits to claimants or beneficiaries eligible to receive compensation under the benefit schedules of ORS 656.204, 656.206, 656.208 and 656.210 ~~which~~that are lower than currently being paid for like injuries. However, benefits payable under ORS 656.210 ~~shall~~ may not be increased by the Retroactive Program for claimants whose injury occurred on or after April 1, 1974. Notwithstanding the formulas for computing benefits provided in ORS 656.204, 656.206, 656.208 and 656.210, the increased benefits payable under this subsection ~~shall~~ must be in such amount as the director considers appropriate. The director annually shall compute the amount which may be available during the succeeding year for payment of such increased benefits and determine the level of benefits to be paid during such year. If, during such year, it is determined by the director that there are insufficient funds to increase benefits to the level fixed by the director, the director may reduce the level of benefits payable under this subsection. The increase in benefits to workers ~~shall be~~ is payable in the first instance by the insurer or self-insured employer subject to reimbursement from the Workers' Benefit Fund by the director. If the insurer is a member of the Oregon Insurance Guaranty Association and becomes insolvent and the Oregon Insurance Guaranty Association assumes the insurer's obligations to pay covered claims of subject workers, including Retroactive Program benefits, ~~such~~ the benefits ~~shall be~~ are payable in the first instance by the Oregon Insurance Guaranty Association, subject to reimbursement from the Workers' Benefit Fund by the director. **656.790 Workers' Compensation Management-Labor Advisory Committee; membership; duties; expenses.** … (2) The director may recommend areas of the law which the director desires to have studied or the committee may study such aspects of the law as the committee shall determine require their consideration. The committee shall biennially review the standards for evaluation of permanent disability adopted under ORS 656.726 and shall recommend to the director factors to be included or such other modification of application of the standards as the committee considers appropriate. The committee shall biennially review and make recommendations about permanent partial disability benefits. The committee shall advise the director regarding any proposed changes in the operation of programs funded by the Workers' Benefit Fund and shall review any plan the Department of Consumer and Business Services devises to increase the balance of the fund to meet the requirement set forth in ORS 656.506 (5). The committee shall report ~~its~~ the committee's findings to the director for such action as the director deems appropriate. … (4) The members of the committee ~~shall be~~ are appointed for a term of three years and shall serve without compensation, but ~~shall be~~ are entitled to travel expenses. The committee may hire, subject to approval of the director, such experts as ~~it~~ the committee may require to discharge ~~its~~ the committee's duties. All expenses of the committee ~~shall~~ must be paid out of the Consumer and Business Services Fund.	
Oregon	HB 3003 A	**HB 3003 A** amends ***section 656.443*** of the Oregon Workers' Compensation Law to read: **656.443 Procedure upon default by employer or self-insured employer group.** … ~~(3) If for any reason the certification of a self-insured employer or self-insured employer group is canceled or terminated, the surety bond or other security deposited with the director must remain on deposit or in effect, as the case may be, for a period of at least 62 months after the employer ceases to be a self-insured employer. The surety bond or other security must be maintained in an amount necessary to secure the outstanding and contingent liability arising from the accidental injuries secured by the surety bond or other security and to ensure the payment of claims for aggravation and claims arising under ORS 656.278 based on those accidental injuries. At the expiration of the 62-month period, or of another period~~	1/1/20

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		~~the director may consider proper, the director may accept in lieu of the surety bond or other security deposited with the director a policy of paid-up insurance in a form approved by the director.~~ (3)(a) If for any reason the certification of a self-insured employer or self-insured employer group is canceled or terminated, the surety bond or other security deposited with the director must remain on deposit or in effect, as the case may be, for a period of at least 62 months after the employer ceases to be a self-insured employer, unless the director accepts in lieu of the surety bond or other security a policy of paid-up insurance approved by the director. A surety bond or other security that remains on deposit or in effect must be maintained in an amount necessary to secure the outstanding and contingent liability arising from the accidental injuries secured by the surety bond or other security and to ensure the payment of claims for aggravation and claims arising under ORS 656.278 based on those accidental injuries. If the surety bond or other security remains on deposit or in effect at the expiration of the 62-month period, or of another period the director may consider proper, the director may accept in lieu of the surety bond or other security deposited with the director a policy of paid-up insurance in a form approved by the director. (b) The director may adopt rules necessary to implement the provisions of this subsection. …	
Oregon	SB 507	**SB 507** amends ***section 656.802*** of the Oregon Workers' Compensation Law to read: ***Section 1.*** **656.802 Occupational disease; mental disorder; proof.** … (7)(a) As used in this subsection: (A) "Acute stress disorder" has the meaning given that term in the DSM-5. (B) "Covered employee" means an individual who, on the date a claim is filed under this chapter: (i) Was employed for at least five years by, or experienced a single traumatic event that satisfies the criteria set forth in the DSM-5 as Criterion A for diagnosing post-traumatic stress disorder while employed by, the state, a political subdivision of the state, a special government body, as defined in ORS 174.117, or a public agency in any of these occupations: (I) A full-time paid firefighter; (II) A full-time paid emergency medical services provider; (III) A full-time paid police officer; (IV) A full-time paid corrections officer or youth correction officer; (V) A full-time paid parole and probation officer; or (VI) A full-time paid emergency dispatcher or 9-1-1 emergency operator; and (ii) Remains employed in an occupation listed in sub-subparagraph (i) of this subparagraph or separated from employment in the occupation not more than seven years previously. (C) "DSM-5" means the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. (D) "Post-traumatic stress disorder" has the meaning given that term in the DSM-5. (E) "Psychiatrist" means a psychiatrist whom the Oregon Medical Board has licensed and certified as eligible to diagnose the conditions described in this subsection.	9/29/19

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		(F) "Psychologist" means a licensed psychologist, as defined in ORS 675.010, whom the Oregon Board of Psychology has certified as eligible to diagnose the conditions described in this subsection. (b) Notwithstanding subsections (2) and (3) of this section, if a covered employee establishes through a preponderance of persuasive medical evidence from a psychiatrist or psychologist that the covered employee has more likely than not satisfied the diagnostic criteria in the DSM-5 for post-traumatic stress disorder or acute stress disorder, any resulting death, disability or impairment of health of the covered employee shall be presumed to be compensable as an occupational disease. An insurer or self-insured employer may rebut the presumption only by establishing through clear and convincing medical evidence that duties as a covered employee were not of real importance or great consequence in causing the diagnosed condition. (c) An insurer's or self-insured employer's acceptance of a claim of post-traumatic stress disorder or acute stress disorder under this subsection, whether the acceptance was voluntary or was a result of a judgment or order, does not preclude the insurer or the self-insured employer from later denying the current compensability of the claim if exposure as a covered employee to trauma that meets the diagnostic criteria set forth as Criterion A in the DSM-5 for post-traumatic stress disorder or acute stress disorder ceases being of real importance or great consequence in causing the disability, impairment of health or a need for treatment. (d) An insurer or self-insured employer may deny a claim under paragraph (c) of this subsection only on the basis of clear and convincing medical evidence. (e) Notwithstanding ORS 656.027 (6), a city that provides a disability or retirement system for firefighters and police officers by ordinance or charter that is not subject to this chapter, when accepting and processing claims for death, disability or impairment of health from firefighters and police officers covered by the disability or retirement system, shall apply: (A) The provisions of this subsection; and (B) For claims filed under this subsection, the time limitations for filing claims that are set forth in ORS 656.807 (1) and (2). ***Section 2.*** The amendments to ORS 656.802 by section 1 of this 2019 Act apply only to claims for benefits that are filed on or after the effective date of this 2019 Act.	
Rhode Island	HB 5151 Substitute A	**HB 5151 Substitute A**, in part, amends ***sections 21-28.6-4*** and ***21-28.6-7*** of the Rhode Island Edward O. Hawkins and Thomas C. Slater Medical Marijuana Act to read: **§ 21-28.6-4. Protections for the medical use of marijuana.** … (e) No employer may refuse to employ, or otherwise penalize, a person solely for his or her status as a cardholder, except: (1) To the extent employer action is taken with respect to such person's: (i) Use or possession of marijuana or being under the influence of marijuana in any workplace; (ii) Undertaking a task under the influence of marijuana when doing so would constitute negligence or professional malpractice or jeopardize workplace safety; (iii) Operation, navigation or actual physical control of any motor vehicle or other transport vehicle, aircraft, motorboat, machinery or equipment, or firearms while under the influence of marijuana; or	7/1/19

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		(iv) Violation of employment conditions pursuant to the terms of a collective bargaining agreement; or (2) Where the employer is a federal contractor or otherwise subject to federal law such that failure of the employer to take such action against the employee would cause the employer to lose a monetary or licensing related benefit. … **§ 21-28.6-7. Scope of chapter.** … (b) Nothing in this chapter shall be construed to require: (1) A government medical assistance program or private health insurer or workers' compensation insurer, workers' compensation group self-insurer or employer self-insured for workers' compensation under § 28-36-1 to reimburse a person for costs associated with the medical use of marijuana; or …	
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
Rhode Island	HB 6134/ SB 909	**HB 6134/SB 909** amend ***sections 28-33-18, 28-33-22, 28-33-25, 28-33-44***, and ***28-35-14*** of the State of Rhode Island General Laws as follows: **§ 28-33-18. Weekly compensation for partial incapacity.** (a) While the incapacity for work resulting from the injury is partial, the employer shall pay the injured employee a weekly compensation equal to seventy-five percent (75%) of the difference between his or her spendable average weekly base wages, earnings, or salary before the injury as computed pursuant to the provisions of ~~§ 28-38-20~~ § 28-33-20, and his or her spendable weekly wages, earnings, salary, or earnings capacity after that, but not more than the maximum weekly compensation rate for total incapacity as set forth in § 28-33-17. The provisions of this section are subject to the provisions of § 28-33-18.2. … **§ 28-33-22. Minors employed in violation of law.** … (c) Whenever the workers' compensation insurance carrier for the employer is obligated to pay treble the amount which would have been payable if that minor had been legally employed, the workers' compensation insurance carrier shall have a complete right of indemnification to the extent the additional benefits are paid against the employer for the additional benefits paid above and beyond the usual workers' compensation indemnity benefit. **§ 28-33-25. Settlement for lump sum or structured-type payment.** (a)(1) ~~In case payments have continued for not less than six (6) months, the~~ The parties may petition the workers' compensation court for an order approving a settlement of the future liability for a lump sum or structured-type periodic payment over a period of time. …	7/15/19

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		§ 28-33-44. Continuation of health insurance benefits. … (b) In the event any employer fails to comply with the provisions of this section, and not its workers' compensation insurance carrier, then the employer shall be liable for hospital and medical costs that would have been paid by the hospital or medical insurance plan afforded the employee had he or she been covered by the plan. … **§ 28-35-14. Copies of petition to respondents.** Upon filing with the workers' compensation court of any petition, stating the general nature of any claim as to which any dispute or controversy may have arisen, the petitioner shall serve a copy of the petition and its attachments on the respondent or respondents in accordance with the workers' compensation court rules of practice. **HB 6134/SB 909** also repeal the following sections of the Rhode Island General Laws: **§ ~~28-35-46. Notice of intent to discontinue, suspend, or reduce payments—Filing—Form.~~** ~~Before an employer may discontinue, suspend, or reduce compensation payments whether they are being received under an agreement, memorandum of agreement, award, order, finding, or decree, or when suitable alternative employment has been offered to the employee pursuant to § 28-33-18.2, the employer shall notify the court and the employee of his or her intention to discontinue, suspend, or reduce payments and the reason for doing so by filing with the court an affidavit setting forth the factual basis for filing the petition to review along with a copy of the medical reports upon which the employer seeks to justify the discontinuance, suspension, or reduction in payments. A copy of the affidavit and medical report shall be forwarded to the employee. The notice of intention to discontinue, suspend, or reduce payments must be given fifteen (15) days prior to the proposed date of discontinuance, suspension, or reduction; provided, that where an employee has returned to work at an average weekly wage equal to or in excess of that which he or she was earning at the time of his or her injury, not including overtime, the notice of intention to discontinue, suspend, or reduce the payments provided for in this section may be given five (5) days prior to the proposed date of discontinuance. Notices shall be in substantially the following form: Notice to Workers' Compensation Court and Employee of Intention to Discontinue, Suspend, or Reduce Payment~~ ~~You are hereby notified that the undersigned employer intends on the ..... day of ..... 20....., to discontinue, suspend, or reduce the payments of compensation to the above-named employee for the following reasons, to wit:~~ ~~(1) Employee has returned to work at an average weekly wage equal to or in excess of that which he or she was earning at the time of his or her injury, not including overtime.~~ ~~(2) Employee has returned to work and is earning wages in the sum of ..... dollars weekly.~~ ~~(3) Employee has been discharged by his or her treating physician on the ..... day of ..... 20.....~~ **§ ~~28-35-47. Wage transcript supporting allegation of return to work.~~** ~~Where the notice of intention to discontinue, suspend, or reduce payments of compensation alleges that the employee has returned to work at an average weekly wage equal to or in excess of that which he or she was earning at the time of his or her injury, not including overtime, or has~~	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~returned to work for wages less than he or she was earning at the time of the injury, the notice shall contain a signed wage transcript signed by the treasurer of the employer, or other appropriate official, setting forth the number of hours worked, the rate of pay, and the wages earned during the period relied upon corroborating the allegation. Provided, that indemnity benefits may be discontinued if the employer files with the department of labor and training a wage transcript showing that the employee has returned to work for at least two (2) consecutive weeks at a salary equal to or in excess of that which he or she was earning, not including overtime, at the time of his or her injury. Notice of the filing shall be sent to the employee and/or the employee's legal representative. If the employee files an objection within two (2) weeks, the matter shall be referred to the court for disposition pursuant to § 28-35-51, and the court may order benefits reinstated.~~ **§ ~~28-35-48. Medical report on ability to return to work.~~** ~~Where the notice of intention to discontinue, suspend, or reduce payments of compensation alleges that the employee is able to return to work, the notice shall be supported by a report of a treating physician.~~ **§ ~~28-35-49. Medical examination on ability to return to light work.~~** ~~Where the notice of intention to discontinue, suspend, or reduce payments of compensation alleges that the employee is able to return to light selected work, the notice shall be supported by a report of a treating physician.~~ **§ ~~28-35-50. Resumption of payments on change of status.~~** ~~If subsequent to the filing of any notice provided for in this chapter there is any change of status of the employee which would affect the right to discontinue, reduce, or suspend compensation payments under §§ 28-35-39–28-35-53, such as, the unwarranted discharge of the employee, a reduction of wages suffered by an employee while he or she is still unable to perform the work which he or she did at the time of his or her injury, or the inability of the employee to continue work due to his or her injury, between the time of the filing of the notice and the time of suspension under the notice, or the time of rendering of a decision following a hearing before the workers' compensation court, payments in accordance with the existing agreement, award, finding, or decree shall be resumed or continued.~~ **§ ~~28-35-51. Review of discontinuance, suspension, or reduction—Disputed cases.~~** ~~Upon receipt of notice of intention to discontinue, suspend, or reduce compensation payments, the court shall notify the employee that he or she has a right to dispute the claim of the employer or insurance carrier and assign the matter for a mandatory pre-trial conference on the date set forth in the notice pursuant to § 28-35-20.~~	
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	7/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		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.	
Texas	HB 387	**HB 387** amends ***section 408.025*** of the Texas Workers' Compensation Act as follows: **Sec. 408.025. Reports and Records Required from Health Care Providers.** … (a-1) A treating doctor may delegate to a physician assistant who is licensed to practice in this state under Chapter 204, Occupations Code, or an advanced practice registered nurse who is licensed to practice in this state under Chapter 301, Occupations Code, the authority to complete and sign a work status report regarding an injured employee's ability to return to work. The delegating treating doctor is responsible for the acts of the physician assistant or advanced practice registered nurse under this subsection. …	9/1/19
Texas	HB 1665	**HB 1665** amends ***section 406.145*** of the Texas Workers' Compensation Act to read: **Sec. 406.145. Joint Agreement.** … (f) If a subsequent hiring agreement is made to which the joint agreement does not apply, the hiring contractor and independent contractor shall notify in writing: (1) ~~the division and~~ the hiring contractor's workers' compensation insurance carrier; and (2) the division, on the division's request ~~in writing~~.	5/23/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… **HB 1665** also includes the following language: The change in law made by this Act applies only to a notification required to be provided on or after the effective date of this Act.	
Texas	HB 2143	**HB 2143** amends ***section 504.019*** of the Texas Labor Code to read: **Sec. 504.019. Coverage for Post-Traumatic Stress Disorder for Certain First Responders.** … (b) Post-traumatic stress disorder suffered by a first responder is a compensable injury under this subtitle only if it is based on a diagnosis that: (1) the disorder is caused by one or more events ~~an event~~ occurring in the course and scope of the first responder's employment; and (2) the preponderance of the evidence indicates that the event or events were ~~was~~ a ~~substantial contributing factor~~ producing cause of the disorder. (c) For purposes of this subtitle, the date of injury for post-traumatic stress disorder suffered by a first responder is the date on which the first responder first knew or should have known that the disorder may be related to the first responder's employment. **HB 2143** also includes the following language: The change in law made by this Act applies only to a claim for workers' compensation benefits based on a compensable injury that occurs on or after the effective date of this Act. A claim based on a compensable injury that occurs before that date is governed by the law as it existed on the date the compensable injury occurred, and the former law is continued in effect for that purpose.	9/1/19
Texas	HB 2503	**HB 2503** amends ***section 408.183*** of the Texas Labor Code to read: **Sec. 408.183. Duration of Death Benefits.** … (b) An eligible spouse is entitled to receive death benefits for life or until remarriage. On remarriage, the eligible spouse is entitled to receive 104 weeks of death benefits, commuted as provided by commissioner rule. (b-1) Notwithstanding Subsection (b), an eligible spouse who remarried is eligible for death benefits for life if the employee was a first responder, as defined by Section 504.055, or an individual described by Section 615.003(1), Government Code, or Section 501.001(5)(F), who suffered death in the course and scope of employment or while providing services as a volunteer. This subsection applies regardless of the date on which the death of the first responder or other individual occurred. … **HB 2503** also includes the following language: The change in law made by this Act to Section 408.183(b-1), Labor Code, applies only to an eligible spouse who remarries on or after the effective date of this Act. An eligible spouse who remarried before that date is governed by the law as it existed immediately before the effective date of this Act, and the former law is continued in effect for that purpose.	9/1/19
Texas	SB 935	**SB 935** adds new ***section 413.0112*** to the Texas Workers' Compensation Act to read: **Subchapter B. Medical Services and Fees**	9/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		… **Sec. 413.0112. Reimbursement of Federal Military Treatment Facility.** (a) In this section, "federal military treatment facility" means a medical facility that operates as part of the Military Health System of the United States Department of Defense. (b) The reimbursement rates for medical services provided to an injured employee by a federal military treatment facility must be the amount charged by the facility as determined under 32 C.F.R. Part 220. (c) Chapter 1305, Insurance Code, and the following sections of this code do not apply to the reimbursement of a federal military treatment facility's charges for medical services provided to an injured employee: (1) Sections 408.027(a) and (f); (2) Section 408.0271; (3) Section 408.0272; (4) Section 408.028; (5) Section 408.0281; (6) Section 413.011; (7) Section 413.014; (8) Section 413.031, as that section relates to medical fee disputes; (9) Section 413.041; and (10) Section 504.053. (d) The commissioner shall adopt rules necessary to implement this section, including rules establishing: (1) requirements for processing medical bills for services provided to an injured employee by a federal military treatment facility; and (2) a separate medical dispute resolution process to resolve disputes over charges billed directly to an injured employee by a federal military treatment facility. **SB 935** also includes the following language: The commissioner of workers' compensation shall adopt rules as required by Section 413.0112, Labor Code, as added by this Act, not later than December 1, 2019. The change in law made by this Act applies only to health care services provided on or after January 1, 2020, in conjunction with a claim for workers' compensation benefits, regardless of the date on which the compensable injury that is the basis of the claim occurred.	
Texas	SB 1063	**SB 1063** amends numerous sections of the Texas Property and Casualty Insurance Guaranty Act to read: **Sec. 462.004. General Definitions**. In this chapter: … (5) "Impaired insurer" means a member insurer that is subject to a final, nonappealable order of liquidation that includes a finding of insolvency issued by a court of competent jurisdiction in this state or in the insurer's state of domicile ~~:~~ ~~(A) placed in:~~	9/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		~~(i) temporary or permanent receivership or liquidation under a court order, including a court order of another state, based on a finding of insolvency; or~~ ~~(ii) conservatorship after the commissioner determines that the insurer is insolvent; and~~ ~~(B) designated by the commissioner as an impaired insurer~~. … **Sec. 462.055. Term; Vacancy.** … (b) The remaining board members, by majority vote, shall fill a vacancy on the board for the unexpired term of a director who serves as an insurance industry board member, subject to the commissioner's approval. The commissioner shall appoint a director to fill a vacancy on the board for the unexpired term of a director who serves as a public representative. **Sec. 462.059. Meeting by Conference Call.** (a) Notwithstanding Chapter 551, Government Code, the board may hold an open meeting by telephone conference call ~~if immediate action is required and convening of a quorum of the board at a single location is not reasonable or practical~~. A meeting held by telephone conference call: (1) must be audible to the public at the location specified in the notice described by Subsection (c); and (2) must allow two-way audio communication during the entire meeting between the members of the board attending a meeting authorized by this section. (a-1) If the two-way audio communication required under Subsection (a) is disrupted during a meeting so that a quorum of the board is no longer able to participate, the meeting may not continue until the two-way audio communication is reestablished. (b) The meeting is subject to the notice requirements that apply to other meetings of the board of directors. (c) The notice of the meeting must specify ~~as~~ the location of the meeting ~~the location at which meetings of the board are usually held~~, and each part of the meeting that is required to be open to the public must be audible to the public at that location. The association must make an audio recording of the meeting. The recording of the open portion of the meeting must be posted publicly to the association's Internet website ~~and must be tape recorded. The tape recording shall be made available to the public~~. **Sec. 462.207. Claims Not Covered: Amounts Due Certain Entities.** … (b) An impaired insurer's insured is not liable, and the reinsurer, insurer, self-insurer, insurance pool, or underwriting association is not entitled to sue or continue a suit against the insured, for a subrogation recovery, reinsurance recovery, contribution, indemnification, or any other claim asserted directly or indirectly by a reinsurer, insurer, self-insurer, insurance pool, or underwriting association to the extent of the applicable liability limits of the insurance policy written and issued to the insured by the insolvent insurer. (c) The association is entitled to recover the association's costs, expenses, and reasonable attorney's fees incurred in defending the association or an impaired insurer's insured against a claim brought in violation of this subsection by a reinsurer, insurer, self-insurer, insurance pool, or underwriting	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		association, on that entity's own behalf or on behalf of the entity's insured, after the date on which the entity is provided notice by the association or otherwise of the provisions of this section applicable to the entity's suit. **Sec. 462.212. Net Worth Exclusion.** … (d) In an instance described by Subsection (c), the association is entitled to assert a claim in the bankruptcy or receivership proceeding to recover the amount of any covered claim and costs of defense paid on behalf of the insured. A court shall award the association the association's costs, expenses, and reasonable attorney's fees incurred in seeking recovery under this section. (e) The association may establish procedures for requesting financial information from an insured ~~or claimant~~ on a confidential basis for the purpose of applying sections concerning the net worth of insureds ~~first-party and third-party claimants~~, subject to any information requested under this subsection being shared with any other association similar to the association and with the liquidator for the impaired insurer on the same confidential basis. If the insured ~~or claimant~~ refuses to provide the requested financial information, the ~~association requests an auditor's certification of that information, and the auditor's certification is available but not provided, the~~ association may deem the net worth of the insured ~~or claimant~~ to be in excess of $50 million at the relevant time. (f) In any lawsuit contesting the applicability of Section 462.308 or this section when the insured ~~or claimant~~has declined to provide financial information requested by the association ~~under the procedure provided in the plan of operation under Section 462.103~~, the insured ~~or claimant~~ bears the burden of proof concerning its net worth at the relevant time and shall pay ~~. If the insured or claimant fails to prove that its net worth at the relevant time was less than the applicable amount, the court shall award~~ the association the association's ~~its full~~ costs, expenses, and reasonable attorney's fees incurred in attempting to obtain the insured's financial information ~~in contesting the claim~~. **Sec. 462.303. Certain Determinations Not Binding.** … (b) A judgment, settlement, or release described by Subsection (a) is not evidence of liability or of damages in connection with a claim brought against the association, an impaired insurer's insured, or another party under this chapter. (c) The association is entitled to recover the association's costs, expenses, and reasonable attorney's fees incurred in contesting a claim based on a judgment, settlement, or release described by Subsection (a) on the association's behalf or on behalf of an impaired insurer's insured after the date on which the party asserting the claim is provided notice by the association or otherwise of the provisions of this section applicable to the judgment, settlement, or release. **Sec. 462.304. Servicing Facility.** (a) The association shall handle claims through: (1) the association's employees or contract claims adjusters; or (2) subject to the approval of the commissioner, ~~through~~ one or more insurers ~~or other persons~~ designated~~, subject to the approval of the commissioner,~~ as a servicing facility under a servicing agreement or loss portfolio transfer agreement ~~facilities~~. …	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(c) The association shall~~:~~ ~~(1)~~ reimburse a servicing facility for~~:~~ ~~(A)~~ obligations of the association paid by the facility~~;~~ and ~~(B)~~ expenses incurred by the facility in handling claims for the association. The association shall reimburse a servicing facility under this subsection in a manner that is consistent with the applicable servicing agreement or loss portfolio agreement ~~; and~~ ~~(2) pay the other expenses of the association authorized by this chapter~~. … **Sec. 462.307. Assignment of Rights.** … (d) Except as provided by Section 462.308 or 462.212, the association does not have a cause of action against the impaired insurer's insured for money the association has paid, other than a cause of action that the impaired insurer would have had if the money had been paid by the impaired insurer. … (f) To the extent the association has a right to recover proceeds from the sale of salvage property related to a covered claim, the association's right to recover the proceeds may not be reduced in the amount of any pre-impairment costs, fees, or expenses related to the salvage property that are not part of a covered claim under Subchapter E. A person or entity in possession of salvage property subject to the association's right of recovery may not seek recovery from the association for any pre-impairment costs, fees, or expenses related to the salvage property that are not a covered claim under Subchapter E. **Sec. 462.308. Recovery from Certain Persons.** (a) The association is entitled to recover: … (2) the amount of a covered claim for workers' compensation insurance benefits and the costs of administration and defense of the claim paid under this chapter from an insured employer or any successor entity to the insured employer under state, federal, or international law whose net worth on December 31 of the year preceding the date the insurer becomes an impaired insurer exceeds $50 million. … (d) A court shall award the association the association's costs, expenses, and reasonable attorney's fees incurred in seeking recovery under this section. **SB 1063** also includes the following language: Except as provided by this section, the changes in law made by this Act apply only with respect to a property and casualty insurance company that is designated as an impaired insurer on or after the effective date of this Act. The law as it existed immediately before the effective date of this Act applies with respect to a property and casualty insurance company that is designated as an impaired insurer before the effective date of this Act, and that law is continued in effect for that purpose.	

NATIONAL COUNCIL ON COMPENSATION INSURANCE, INC.—2019 ENACTED LEGISLATION YEAR TO DATE (AS OF 12/31/19)

JURISDICTION	BILL	SUMMARY	EFFECTIVE
Texas	SB 1336	**SB 1336** amends *sections* ***2051.157, 2053.001, 2053.051***, and ***2053.056*** of the Texas Insurance Code and ***section 407A.351*** of the Texas Labor Code as follows: **Sec. 2051.157. Penalty for Certain Violations.** An officer or other representative of an insurance company is subject to a fine of not less than $100 or more than $500 if the officer or other representative violates any provision of the following relating to the company's business: … (5) Section 2053.051, 2053.052, ~~2053.053,~~ or 2053.055. **Sec. 2053.001. Definitions.** In this subchapter: … (5) "Supplementary rating information" means any manual, rating plan or schedule, plan of rules, rating rule, classification system, territory code or description, or other similar information required to determine the applicable premium for an insured. The term includes increased limits factors, ~~classification relativities,~~ deductible relativities, and other similar factors and relativities. … **Sec. 2053.051. Hazard Classification System.** (a) For workers' compensation insurance, the department shall: … (2) ~~establish classification relativities applicable to an employer's payroll in each of the classes at levels adequate to the risks to which the relativities apply.~~ ~~(b) The classification relativities established under Subsection (a)(2):~~ ~~(1) must be designed to encourage safety;~~ ~~(2) may be territorially based; and~~ ~~(3) may reflect a difference in losses between employers of high wage earners and employers of low wage earners within the same class.~~ ~~(c) The department shall~~ revise the classification system <u>as necessary to carry out the purposes of this chapter</u> ~~at least once every five years~~. <u>(b) A stock company, mutual insurance company, reciprocal or interinsurance exchange, or Lloyd's plan authorized to engage in the business of workers' compensation insurance in this state may not use hazard classifications other than the classifications established by the department.</u> **Sec. 2053.056. Rate Hearings.** … (c) The commissioner shall review the information submitted under Subsection (b) to determine the positive or negative impact of the enactment of workers' compensation reform legislation enacted by the 79th Legislature, Regular Session, 2005, on workers' compensation rates and premiums.	9/1/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		The commissioner may consider other factors~~, including relativities under Section 2053.051,~~ in determining whether a change in rates has impacted the premium charged to policyholders. … **Sec. 407A.351. Rates.** (a) Except as provided by Subsection (b), each group shall use the uniform classification system and ~~,~~ experience rating plan~~, and rate relativities~~ of the department. (b) A group may ~~:~~ ~~(1) use the relativities promulgated by the department modified to produce rates in accordance with the group's historical experience; or~~ ~~(2)~~ file ~~its own~~ rates with the department, including any reasonable and supporting information required by the commissioner. … **SB 1336** also includes the following language: Effective July 1, 2020, Sections 2053.053 and 2054.354(b), Insurance Code, are repealed. Sections 2051.157, 2053.001(5), 2053.051, and 2053.056(c), Insurance Code, as amended by this Act, and Sections 407A.351(a) and (b), Labor Code, as amended by this Act, apply only to an insurance policy that is delivered, issued for delivery, or renewed on or after July 1, 2020. A policy delivered, issued for delivery, or renewed before July 1, 2020, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.	
Texas	SB 2551	**SB 2551** amends various sections and adds ***section 504.074*** to the Texas Statutes to read: ***Section 1.*** **Sec. 607.055. Cancer.** (a) A firefighter or emergency medical technician who suffers from cancer resulting in death or total or partial disability is presumed to have developed the cancer during the course and scope of employment as a firefighter or emergency medical technician if: (1) the firefighter or emergency medical technician: (A) regularly responded on the scene to calls involving fires or fire fighting; or (B) regularly responded to an event involving the documented release of radiation or a known or suspected carcinogen while the person was employed as a firefighter or emergency medical technician; and (2) the cancer is ~~known to be associated with fire fighting or exposure to heat, smoke, radiation, or a known or suspected carcinogen, as~~ described by Subsection (b). (b) This section applies only to: (1) cancer that originates at the stomach, colon, rectum, skin, prostate, testis, or brain; (2) non-Hodgkin's lymphoma; (3) multiple myeloma;	6/10/19

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		(4) malignant melanoma; and (5) renal cell carcinoma ~~a type of cancer that may be caused by exposure to heat, smoke, radiation, or a known or suspected carcinogen as determined by the International Agency for Research on Cancer~~. ***Section 2.*** **Sec. 607.058. Presumption Rebuttable.** (a) A presumption under Section 607.053, 607.054, 607.055, or 607.056 may be rebutted through a showing by a preponderance of the evidence that a risk factor, accident, hazard, or other cause not associated with the individual's service as a firefighter or emergency medical technician was a substantial factor in bringing about ~~caused~~ the individual's disease or illness, without which the disease or illness would not have occurred. (b) A rebuttal offered under this section must include a statement by the person offering the rebuttal that describes, in detail, the evidence that the person reviewed before making the determination that a cause not associated with the individual's service as a firefighter or emergency medical technician was a substantial factor in bringing about ~~caused~~ the individual's disease or illness, without which the disease or illness would not have occurred. (c) In addressing an argument based on a rebuttal offered under this section, an administrative law judge shall make findings of fact and conclusions of law that consider whether a qualified expert, relying on evidence-based medicine, stated the opinion that, based on reasonable medical probability, an identified risk factor, accident, hazard, or other cause not associated with the individual's service as a firefighter or emergency medical technician was a substantial factor in bringing about the individual's disease or illness, without which the disease or illness would not have occurred. ***Section 3.*** **Sec. 409.021. Initiation of Benefits; Insurance Carrier's Refusal; Administrative Violation.** … (a-3) An insurance carrier is not required to comply with Subsection (a) if the claim results from an employee's disability or death for which a presumption is claimed to be applicable under Subchapter B, Chapter 607, Government Code, and, not later than the 15th day after the date on which the insurance carrier received written notice of the injury, the insurance carrier has provided the employee and the division with a notice that describes all steps taken by the insurance carrier to investigate the injury before the notice was given and the evidence the carrier reasonably believes is necessary to complete its investigation of the compensability of the injury. The commissioner shall adopt rules as necessary to implement this subsection. … ***Section 4.*** **Sec. 409.022. Refusal to Pay Benefits; Notice; Administrative Violation.** … (d-1) An insurance carrier has not committed an administrative violation under Section 409.021 if the carrier has sent notice to the employee as required by Subsection (d) of this section or Section 409.021(a-3).	

JURISDICTION	BILL	SUMMARY	EFFECTIVE
		Section 5. **Sec. 415.021. Assessment of Administrative Penalties.** … (c-2) In determining whether to assess an administrative penalty involving a claim in which the insurance carrier provided notice under Section 409.021(a-3), the commissioner shall consider whether: (1) the employee cooperated with the insurance carrier's investigation of the claim; (2) the employee timely authorized access to the applicable medical records before the insurance carrier's deadline to: (A) begin payment of benefits; or (B) notify the division and the employee of the insurance carrier's refusal to pay benefits; and (3) the insurance carrier conducted an investigation of the claim, applied the statutory presumptions under Subchapter B, Chapter 607, Government Code, and expedited medical benefits under Section 504.055. … ***Section 6.*** **Sec. 504.053. Election.** … (e) Nothing in this chapter waives sovereign immunity or creates a new cause of action, except that a political subdivision that self-insures either individually or collectively is liable for: (1) sanctions, administrative penalties, and other remedies authorized under Chapter 415; (2) attorney's fees as provided by Section 408.221(c); and (3) attorney's fees as provided by Section 417.003. ***Section 7.*** **Sec. 504.074. Self-Insurance Account for Death Benefits and Lifetime Income Benefits.** (a) A pool or a political subdivision that self-insures may establish an account for the payment of death benefits and lifetime income benefits under Chapter 408. (b) An account established under this section may accumulate assets in an amount that the pool or political subdivision, in its sole discretion, determines is necessary in order to pay death benefits and lifetime income benefits. The establishment of an account under this section or the amount of assets accumulated in the account does not affect the liability of a pool or political subdivision for the payment of death benefits and lifetime income benefits. (c) Chapter 2256, Government Code, does not apply to the investment of assets in an account established under this section. A pool or political subdivision investing or reinvesting the assets of an account shall discharge its duties solely in the interest of current and future beneficiaries: (1) for the exclusive purposes of: (A) providing death benefits and lifetime income benefits to current and future beneficiaries; and	

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		(B) defraying reasonable expenses of administering the account; (2) with the care, skill, prudence, and diligence under the prevailing circumstances that a prudent person acting in a like capacity and familiar with matters of the type would use in the conduct of an enterprise with a like character and like aims; (3) by diversifying the investments of the account to minimize the risk of large losses, unless under the circumstances it is clearly prudent not to do so; and (4) in accordance with the documents and instruments governing the account to the extent that the documents and instruments are consistent with this section. (d) In choosing and contracting for professional investment management services for an account established under this section and in continuing the use of an investment manager, the pool or political subdivision must act prudently and in the interest of the current and future beneficiaries of the account. **SB 2551** also includes the following language: ***Section 8.*** Sections 607.055 and 607.058, Government Code, as amended by this Act, apply only to a claim for workers' compensation benefits filed on or after the effective date of this Act. A claim filed before that date is governed by the law as it existed on the date the claim was filed, and the former law is continued in effect for that purpose. ***Section 9.*** The commissioner of workers' compensation shall adopt rules as required by or necessary to implement this Act not later than January 1, 2020. ***Section 10.*** (a) Section 504.053(e)(1), Labor Code, as added by this Act, applies only to an administrative violation that occurs on or after the effective date of this Act. An administrative violation that occurs before the effective date of this Act is governed by the law applicable to the violation immediately before the effective date of this Act, and that law is continued in effect for that purpose. (b) Section 504.053(e)(2), Labor Code, as added by this Act, applies only to a claim for workers' compensation benefits filed on or after the effective date of this Act. A claim filed before the effective date of this Act is governed by the law in effect on the date the claim was filed, and the former law is continued in effect for that purpose.	
Utah	HB 55 Second Substitute	**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.** …	5/13/19

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		(4) (a) The division may seek a penalty of not to exceed $500 for each offense to be recovered in a civil action brought by the commission or the division on behalf of the commission against an employer who: (i) within a reasonable time to be fixed by the division and after the receipt of written notice signed by the director or the director's designee specifying the information demanded and served by certified mail or personal service, refuses to furnish to the division: (A) the annual statement required by this section; or (B) other information as may be required by the division under this section; or (ii) willfully furnishes a false or untrue statement. (b) All penalties collected under Subsection (4)(a) shall be paid into: (i) the Employers' Reinsurance Fund created in Section 34A-2-702~~.~~ ; or (ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-704. **34A-2-701. Premium assessment restricted account for safety.** (1) There is created in the General Fund a restricted account known as the "Workplace Safety Account." (2) (a) An amount equal to 0.25% of the premium income remitted to the state treasurer pursuant to Subsection 59-9-101(2)(c)(ii) shall be deposited in the Workplace Safety Account in the General Fund for use as provided in this section. (b) Beginning with fiscal year 2008-09, if the balance in the Workplace Safety Account exceeds $500,000 at the close of a fiscal year, the excess shall be transferred to: (i) the Employers' Reinsurance Fund, created under Subsection 34A-2-702(1)~~.~~ ; or (ii) if the commissioner has made the notification described in Subsection 34A-2-702(7), the Uninsured Employers' Fund created in Section 34A-2-702. … **34A-2-702. Employers' Reinsurance Fund—Injury causing death—Burial expenses—Payments to dependents.** … (7) (a) After the commissioner determines that all liabilities to be paid from the Employers' Reinsurance Fund have been paid, the commissioner shall notify the Division of Finance. (b) Upon notification from the commissioner in accordance with Subsection (7)(a), the Division of Finance shall transfer any residual assets in the Employers' Reinsurance Fund into the Uninsured Employers' Fund. **34A-2-704. Uninsured Employers' Fund.** … 2) (a) Money for the Uninsured Employers' Fund shall be deposited into the Uninsured Employers' Fund in accordance with this chapter~~,~~ and Subsection 59-9-101(2)~~, and Subsection 34A-2-213(3)~~.	

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Utah	HB 232 Substitute	**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 (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.	3/11/19

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		(4) If a court invalidates any portion of this section, the entire section is invalid.	
Utah	SB 161 Sixth Substitute	**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
Vermont	HB 527	**HB 527**, in part, includes the following language: **Workers' Compensation Rate of Contribution** For fiscal year 2020, after consideration of the formula in 21 V.S.A. Section 711(b) and historical rate trends, the General Assembly determines that the rate of contribution for the direct calendar year premium for workers' compensation insurance shall remain at the rate of 1.4 percent. The contribution rate for self-insured workers' compensation losses and workers' compensation losses of corporations approved under 21 V.S.A. chapter 9 shall remain at one percent.	7/1/19
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 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	Will not become effective unless reenacted by the 2020 session of the General Assembly

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		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 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.~~	7/1/19

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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
Virginia	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, 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	7/1/19

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		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.	
West Virginia	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.