Oregon Administrative Rule Revision
Chapter 436, Divisions 050 & 060
Stakeholder Rulemaking Advisory Committee Meeting
Aug. 25, 2021, 1:30 p.m.

Location of meeting: Virtual Zoomgov meeting

Committee members attending:

Kirsten Adams	Associated General Contractors
Karen Betka	Farmers Insurance
Larry Bishop	Sedgwick, Inc.
Eric Boling	TRISTAR Insurance Group
Lloyd Cawley	Farmers Insurance
Amanda Davies	EC Electric
Jennifer Flood	Ombudsman for Injured Workers
Jaye Fraser	SAIF Corporation
Olivia Geidl	Gallagher Bassett
Michael Hamilton	Medata
Tyler Janzen	Association of Oregon Counties
Ryan Jones	Liberty Mutual Insurance
Thais Lomax	Sedgwick, Inc.
Kristina Marada	Old Republic Risk Management
Shawn Miller	American Property Casualty Insurance Association
Sue Quinones	City of Portland
Clyde Rapozo	Liberty Mutual Insurance
Julie Riddle	The Hartford
Dan Schmelling	SAIF Corporation
Elaine Schooler	SAIF Corporation
Keith Semple	Oregon Trial Lawyers Association
Catherine Shaw	Sedgwick Risk Management
Paloma Sparks	Oregon Business & Industry
Veronica Vanslyke	American Family Insurance
Shellie Vedack	Northwest Spring Manufacturing
Christine Vue	Peoples Injury Network Northwest
Gina Wescott	Special Districts
Ashley Willard	Travelers Insurance
Nancy Williams	American International Group
Diana Winther	IBEW Local 48 | Management-Labor Advisory Committee
Kimberly Wood	Management-Labor Advisory Committee
Annette York	Kaiser Permanente

State of Oregon staff present:

Aaron Fellman	Jason Cupp
Adam Breitenstein	Katie Bruns
Barb Belcher	RaNae Smith
Bob Hamre	Sally Coen
Daneka Karma	Summer Tucker
Don Gallogly	Tasha Fisher
Fred Bruyns	Troy Painter
Heather Williamson	

Meeting summary:

Fred Bruyns welcomed the committee members, described the purposes of the advisory committee, including collection of advice about fiscal impacts of possible rule changes.

Aaron Fellman guided the committee through the agenda, which has been copied in below. "Minutes" have been added under each "ISSUE" and at the end.

ISSUE #1

Rule: 436-050-0110 Notice of Insurer's Place of Business in State; Coverage Records Insurers Must Keep In Oregon
436-050-0210 Notice of Self-Insurer's Place of Business in State; Records Self-Insured Must Keep In Oregon

Issue: New statutory language gives the division the authority to allow for telework by rule.

Background: Current law requires an insurer or self-insured employer to maintain an Oregon location where claims are processed. This phrasing does not clearly allow for claims to be processed remotely by teleworking employees.

Under HB 2039, insurers and self-insured employers will be allowed to process claims "remotely from" an Oregon location in accordance with rules adopted by the director. This new phrasing allows the division to specify when telework is allowable and when it is not.

In most cases, the industry's past use of telework has not had a negative impact on the public or the division. Many stakeholders allowed staff to telework before the 2020 COVID-19 pandemic, and both the division and its stakeholders made extensive use of telework during the pandemic.

However, a stakeholder's use of telework could have a negative impact if:

- Injured workers and division staff are not able to reach claims examiners during normal business hours; or
- Claims performance declines due to decreased opportunities for training and collaboration.

Options:

- Adopt rules giving insurers and self-insured employers broad authority to process claims remotely.
    - Adopt rules requiring all insurers and self-insured employers to meet accessibility standards. These standards may include requiring claims examiners to be available during normal Oregon business hours and/or setting timeframes for

responding to calls or emails from injured workers or division staff.

- Adopt rules requiring all insurers and self-insured employers to meet standards for claims processing performance.

- Adopt rules providing that insurers and self-insured employers may not process Oregon claims from places of business located outside the state (except as permitted by OAR 436-050-0230 for self-insured employers.)

- Other.

Fiscal Impacts, including cost of compliance for small business:

Recommendation:

Minutes:

Aaron Fellman explained that this issue concerns division 050, rules 0110 and 0210, which cover the obligation of an insurer or self-insured employer to maintain a claims processing location. New statutory language gives the division the authority to allow for telework via rule, and we would like to discuss with the committee what type of framework we should adopt. Aaron added that, for background, current law requires insurers and self-insured employers to maintain an Oregon location where claims are processed. This wording doesn't clearly allow for the practice of telework, which has caused some problems and prompted questions about whether certain practices are allowable. Currently, we don't have a great basis for our answers to those questions. HB 2039 attempted to fill that gap by providing that, while claims must still be processed at Oregon locations, they may also be processed remotely from those locations, in accordance with rules adopted by the director. Aaron said he wanted to emphasize, before getting into the options, that the division is not looking to clamp down on the process of telework. We recognize that many in the industry have allowed claims examiners to telework for many years, and this has become ubiquitous during the Covid-19 pandemic. That said, there are some concerns that tend to come up when we have these conversations: that it might impact the ability of workers or physicians' staff to reach claims examiners; or it might lead to a decrease in claims handling performance.

Aaron said that looking at the options, the one most discussed internally, is to adopt a rule giving insurers and self-insured employers broad authority to process claims remotely, but at the same time establish some standards for accessibility and performance for everyone in the industry, whether staff process claims from home or not. These standards would be around accessibility and claims processing performance. Regarding accessibility, approaches we might take are requiring claims examiners to be available during normal business hours, or setting time frames for responding to calls or emails. For performance, we might set standards resembling our current audit standards. One other possible rulemaking approach is adopting rules that insurers and self-insured employers may not process claims from places of business located outside the state, to make a distinction between a claims examiner teleworking and responsibility for claims being shifted to a processing location somewhere other than Oregon.

Kristina Marada asked how committed the division is to not allowing adjusters to process claims at a business location outside of the state.

Aaron Fellman replied that he has had some discussions with agency staff, and that the division is fairly committed to that. The division's intent in asking for the statutory change was to make it more clear that telework is allowable, but we do still see the Oregon claims processing location as important to maintain. We are just looking to make it easier to process claims remotely from that location rather than from another location.

Julie Riddle asked about telework if someone lives just outside of Oregon – in Washington – if that is something that would be acceptable. They might be in the office two-three days per week and teleworking two-three days per week.

Aaron Fellman said yes, that is something we would be open to and added that he doesn't think at this time we are considering restrictions on where someone is working remotely, except that we don't want claims processing responsibility shifted to out-of-state offices.

Dan Schmelling asked if the division could address what is telecommuting versus remote working. Telecommuting might be viewed as working from home two or three days a week, versus remote work, where the adjuster is attached to an Oregon work location, but maybe never come into the office – it's 100 percent remote work.

Aaron Fellman replied that the division hasn't discussed putting in requirements for how often someone would need to come into the office.

Dan Schmelling agreed that the division should not do so. Dan asked if the focus is more on whether the adjuster is tied to an Oregon location where they receive direction and their work is virtually performed.

Aaron Fellman replied that that is exactly right.

Julie Riddle said, regarding the first bullet, she agrees with reasonable time frames to respond; obviously we need to be able to stay in contact whether working from an office or a remote location. Julie continued that she would hesitant about our setting hour requirements, such as eight to five. There should be some flexibility there.

Dan Schmelling asked if WCD has seen a change in responsiveness during the past sixteen months, and if this is tied to remote work or the pandemic situation or people just being nonresponsive.

Aaron Fellman replied that we don't have numbers regarding this.

Dan Schmelling asked if this is something that is needed or anecdotal or a concern.

Aaron Fellman said that at this time it is more of a concern. We think that standards for responsiveness are a good idea, but wanted to clarify that these standards would be for everybody, whether teleworking or not.

Dan Schmelling said they also work with their policy holders, medical providers, employers, and workers, and they have found that providing flexibility for their staff to work outside of business hours allows for better communication with various stakeholders. So, taking a narrow focus – is that going to have unintended consequences?

Shawn Miller said he agrees. Given the pandemic, workers have been much more flexible in their work schedules, and in some cases can be more productive. Limiting hours or being that prescriptive would have unintended consequences, and we should not narrow that. Shawn added that he agrees with the prior speakers.

ISSUE #2*

Rule: 436-050-0120 Records Insurers Must Keep in Oregon; Removal and Disposition
436-050-0220 Records Self-Insured Employer Must Keep in Oregon; Period to be Retained, Removal and Disposition

Issue: New statutory language requires that claims records be "made available" at a claims processing location. Current rule does not define what it means to make a record available.

Background: Current law requires an insurer or self-insured employer to maintain an Oregon location where complete records of claims are kept. This phrasing does not clearly allow for the common industry practice of storing records on a server and accessing them remotely.

Under HB 2039, insurers and self-insured employers will instead be required to "make records available" at an Oregon location. To implement this change, the division needs to adopt standards for making electronic and physical records available.

Recommendation (see appendix for possible rule language):

- Adopt rules providing that a claim record is "made available" when it can be accessed electronically, in real time, from an Oregon claims processing location.

- Adopt rules providing that if a record is not made accessible electronically, it must be made physically available at an Oregon claims processing location.

- Adopt rules providing that physical records may be archived off-site when the denial of a claim has become final by operation of law, or after the expiration of the aggravation rights on a compensable claim, or not less than one year following the final payment of compensation, whichever comes later.

- Adopt rules establishing a timeframe for providing the director access to an archived record.

Fiscal Impacts, including cost of compliance for small business:

Minutes:

Aaron Fellman explained that this issue concerns rules 0120 and 0220, which are recordkeeping requirements applicable to insurers and self-insured employers. The issue here is new statutory language requiring that records be "made available" at the claims processing location. The current rule doesn't define what it means to make a record available. Some background: Current law requires insurers and self-insured employers to maintain complete claims records at an Oregon location and bars removal of the records out of state except in accordance with rules adopted by the director. This phrasing does not allow for some forms of electronic recordkeeping that have become very common in the industry, such as keeping records on the cloud. One of our goals with HB 2039 was to make it clear that if an insurer is keeping records on a server that might not be located on site or even in the state, this doesn't necessarily mean they are out of compliance. The new statutory language requires records to be made available at an Oregon location, rather than kept there. To implement this change we see a need to adopt a standard for availability. In the Appendix there is some possible rule language. Broadly, though, what we are looking at is a three-tiered approach, in which records can be made available in one of three ways: First, electronically available in real time from an Oregon claims processing location – this would cover anything available on the cloud; second, being made physically available from an Oregon claims processing location; and third, under certain circumstances, by being physically retained at an off-sight location. We currently have rules on when records may be removed from the state – when a denial of the claim is final, expiration of aggravation rights on a compensable claim, or a year has passed without any payments on the claim – scenarios where a claim is unlikely to surface again. What we had in mind was adapting the rules to make it possible to archive the claim record under those circumstances. We would also want to establish a time frame for providing the director access to records that have been archived.

Paloma Sparks said their preference would be the first option. More and more employers are maintaining records in an electronic format.

Aaron Fellman apologized that he hadn't made it clear that under the draft rules we would be allowing storage under any of these options. We wanted to make sure, even though most records are being kept electronically at this point, that there is a framework in place for records that cannot be stored that way.

ISSUE #3

Rule: 436-060-0017 Release of Claim Documents

Issue: The division currently requires insurers to provide paper copies of claim documents to claimants on request, but the requirement does not exist in rule.

Background: Current rule requires insurers and self-insured employers to provide legible copies of claim documents to claimants and claimants' attorneys upon request.

An insurer may provide electronic files in response to a request. However, some claimants and claimants' attorneys do not wish to receive electronic files because of the expense of printing them.

The division's current position is that an insurer must provide paper copies upon request. However, this requirement does not exist in rule.

Options:

- Amend rules to require insurers and self-insured employers to provide claimants with paper copies of claims files, if requested.
- Take no action.
- Other.

Fiscal Impacts, including cost of compliance for small business:

Taking no action may create additional costs for claimants and claimants' attorneys.

Recommendation:

Minutes:

Aaron Fellman explained that this issue concerns division 060, rule 0017. The division currently requires insurers to provide paper copies upon request, but this requirement is not clearly stated in rule. As background, this rule requires insurers and self-insured employers to provide legible copies of claim documents to claimants, claimants' attorneys, and beneficiaries upon request. Many records are stored electronically, and an insurer can try to satisfy this requirement by providing electronic files. Some claimants and claimant attorneys prefer to receive paper records. When reviewing our recordkeeping requirements, we found that although the division's position is that an insurer must provide paper copies on request, this isn't stated clearly anywhere in rule. So, the issue here is whether we should make it clear in rule that this is an obligation on the insurer or self-insured employer's part – or not.

Keith Semple said they would support a rule to codify the current practice for this.

Julie Riddle asked for clarification if this is only in the instance where they are not willing to accept it electronically, or if this would apply to all requests.

Aaron Fellman replied that he was not sure he has discussed that with anyone internally, but his impression is that it would be if paper is specifically requested.

Dan Schmelling said they agreed with the last comment, that as long as it's not a requirement if the recipient says electronic records – that's fine, that's how we want to receive them – but yes, the default would be paper.

ISSUE #4*

Rule: 436-050-0120 Records Insurers Must Keep in Oregon; Removal and Disposition
436-050-0220 Records Self-Insured Employer Must Keep in Oregon; Period to be Retained, Removal and Disposition
436-060-0005 Definitions
436-060-0017 Release of Claim Documents

Issue: Stakeholders have raised concerns about whether electronic recordkeeping and claims reporting will affect claimants' ability to access records.

Background: During hearings on HB 2039 and HB 2040, legislators and stakeholders expressed concerns about how allowing electronic recordkeeping and claims reporting could affect claimants' access to records. A specific concern was that if the division no longer receives paper copies of claims documents, claimants and insurers will not be able to use the division as a resource for reconstructing files that have been lost or destroyed.

The division takes these concerns seriously and is considering options for addressing them. We anticipate further discussions as part of the rulemaking to implement HB 2040, which is not expected to take place this year.

At this time, the division is considering several minor rulemaking changes to clarify recordkeeping requirements or allow the division to collect more information on claim file destruction. These changes primarily affect division 050 rules on records insurers and self-insurers must maintain and division 060 rules requiring insurers and self-insurers to provide copies of records to claimants.

The division is also interested in using this rulemaking as an opportunity to hear directly from stakeholders on the issue.

Options:

1. Amend division 050 rules on recordkeeping requirement to provide that an insurer or self-insured employer must maintain any document that is subject to disclosure under OAR 436-060-0017.

2. Amend division 050 rules to provide that the division may assess civil penalties against an insurer that loses or destroys a claim record it was required to maintain.

3. Amend division 060 rules on documents subject to disclosure to better align with the Workers' Compensation Board's disclosure requirements under OAR 438-007-0015.

4. Amend division 060 rule to require insurers to copy the division when informing a worker that requested documents have been lost or destroyed.

5. Amend division 060 to use the same definition of 'date stamp' as divisions 009 and 010.

Fiscal Impacts, including cost of compliance for small business:

Recommendation:

Minutes:

Aaron Fellman explained that this issue touches division 050, rules 0120 and 0220, which have recordkeeping requirements, division 060, rule 0005, definitions, and division 060, rule 0017, the rule on release of claim documents to claimants. Stakeholder have raised concerns about whether electronic recordkeeping and claim reporting could affect claimants' ability to access records. As background, during hearings on HB 2039, which we have been discussing, and HB 2040, a bill to allow for electronic claims reporting, stakeholders expressed concerns about whether this move to a more electronic reporting structure could impact claimants' ability to access records. A specific concern raised was that if the division no longer receives paper copies of claim documents, claimants and insurers would not be able to use the division as a resource to reconstruct files that have been lost or destroyed. The division takes these concerns seriously and is considering how to address them. These concerns are not necessarily a primary focus of this rulemaking, but we wanted to take this opportunity to share some minor changes we are considering, as well as to provide you with the opportunity to share your thoughts with us directly.

Aaron continued and said that he wasn't going to go into options one, three, and five in much detail; those are mostly making clarifying changes to existing rules, either about what records must be maintained, what records are subject to disclosure, or the definition of a date stamp – though we can discuss these in more detail if the committee prefers. Option two would provide that the division could assess civil penalties against an insurer or self-insured employer that loses or destroys a claim record that they are required to maintain. Option four would require insurers to copy the division when informing a worker that requested documents have been lost or destroyed. For anyone who is not as familiar with division 060, rule 0017, an insurer that receives a request for records is required to notify the worker that documents have been lost or destroyed and reconstruct the file. The division doesn't currently receive notice when this happens, so we don't really have a good idea of how often this happens. We are open for any discussion of those options or broader discussion of the issue.

Keith Semple said they would like to see some documentation or codification of the documents that are required to be kept, and would like to see notice when the documents have been destroyed inadvertently. In a recent case they were able to recover some of the documents from

the Workers' Compensation Division, which was helpful, but it would have been good to have more robust requirements in place.

ISSUE #5

Rule: 436-050-0045 Nonsubject workers (or new rule)

Issue: New statutory language provides that the casual labor threshold must be adjusted annually. Current rule does not provide a method for publishing the adjustment.

Background: Under current law, workers performing casual labor are nonsubject when certain conditions are met. One of these conditions is that the total labor cost for the work being performed is less than $500 in any thirty day period.

A bill passed in the 2021 legislative session, HB 3188, provides that the threshold below which labor is consider 'casual' is increased to $1000. HB 3188 further provides that this threshold must be adjusted annually on July 1 by the percentage increase in the state average weekly wage for that year.

To implement HB 3188, the division needs to adopt a rule providing a method for publishing the adjustment.

Recommendation:

- Adopt rules providing that the adjustment will be publicized in a new bulletin.

Fiscal Impacts, including cost of compliance for small business:

Minutes:

Aaron Fellman explained that this issue concerns division 050, rule 045, on nonsubject workers, though this might also be a new rule. New statutory language provides that the casual labor threshold must be adjusted annually, but current rule does not provide a method for publicizing this adjustment. As background, under current law, workers performing casual labor are nonsubject when certain conditions are met. One of these conditions is that the total labor cost for work performed is less than $500 in any 30-day period. HB 3188 passed in the 2021 legislative session and increased this threshold to $1000 and further provides that the threshold must be adjusted annually, effective July 1, by the percentage increase, if any, in the state average weekly wage for that year. To implement that bill, we see a need to adopt a rule providing a method for publishing the adjustment. The option we have been looking at up to this point is to create a new bulletin for this purpose, but we are open to any other suggestions that folks might have.

Clyde Rapozo said he thinks a bulletin is a great way to do this.

ISSUE #6*

Rule: 436-050-0055 Extraterritorial coverage

Issue: Statute provides that some out-of-state employers are exempt from Oregon workers' compensation law, but does not specify that other out-of-state employers are subject to the law.

Background: When an out-of-state employer assigns workers to Oregon on a temporary basis, statute provides that the employer is exempt from ORS chapter 656 as long as it meets certain conditions. These conditions include (1) having extraterritorial coverage and (2) being from a state that recognizes Oregon extraterritorial coverage.

An out-of-state employer that does *not* meet these conditions is *not* exempt. If the employer employs subject workers in the state, it qualifies as a subject employer and must obtain Oregon coverage or be liable as a noncomplying employer.

However, the rules and statutes specifically addressing out-of-state employers do not make this clear. In order to understand its obligations, a non-exempt out-of-state employer would need to read these rules and statutes in conjunction with the rules and statutes dealing with coverage requirements generally.

Anecdotal evidence suggests that it may be unclear to stakeholders how Oregon coverage law applies to out-of-state employers. These employers may be unaware that they need coverage for temporary or incidental work in Oregon, or may believe that their home-state coverage satisfies this requirement in all cases. Adding explanatory language to current rule could provide clarity.

Options:

- Adopt rule providing that an out-of-state employer that is not exempt under ORS 656.126 is subject to Oregon workers' compensation law while temporarily engaged in Oregon and must obtain Oregon coverage for any subject workers it employs in the state.

- Take no action.

Fiscal Impacts, including cost of compliance for small business:

Recommendation:

Minutes:

Aaron Fellman explained that this issue concerns division 050, rule 0055, on extraterritorial coverage. Statute provides that some out-of-state employers are exempt from Oregon's workers' compensation law when they are here on a temporary basis, but doesn't specify that out-of-state employers are subject to the law under other circumstances. As background, when an out-of-state employer assigns workers to work in Oregon on a temporary basis, statute provides that the employer is exempt from the requirements of ORS chapter 656 as long as essentially two conditions are met: 1) the employer must have extraterritorial coverage; and 2) the home state

must similarly exempt Oregon employers with extraterritorial coverage from its coverage requirements. An out-of-state employer that doesn't meet these conditions is not exempt; if it employs subject workers in the state for any length of time, it qualifies as a subject employer and must obtain Oregon coverage. Otherwise it could be held responsible as a noncomplying employer. The issue here is that the rules and statute that talk about out-of-state employers don't make this clear. In order to understand its obligations, an out-of-state employer that is not exempt would need to read these rules and statute in conjunction with rules and statutes dealing with coverage requirements more generally. Anecdotal evidence suggests that this might not be very clear to stakeholders, especially out-of-state employers, how Oregon coverage laws apply to out-of-state employers. This might leave folks unaware that they need coverage for temporary or incidental work or possibly might leave them believing that their home state coverage satisfies this requirement even in cases when it does not. Adding explanatory language to current rule could provide a little more clarity. There is draft rule language attached to the agenda, but what we would be looking at doing is adopting a rule that provides that an out-of-state employer that is not exempt is subject to Oregon workers' compensation law while temporarily engaged here and must obtain Oregon coverage for any of its subject workers.

Jaye Fraser asked how much of a problem this is. It seems sort of unnecessary to put in a rule that says unless you are exempt you have to get coverage. That seems to go without saying. How many other times do the rules not say this. It isn't clear what we are trying to solve.

Aaron Fellman replied that this is a reasonable point. This isn't a situation that comes up very often. We do have reciprocity with all of the states bordering Oregon, plus Montana. In conversations on this issue, it doesn't appear that this is clear to everybody how our coverage requirements apply to out-of-state employers.

Clyde Rapozo asked if the employers think they don't have to be covered at all – the cases that are coming across to you – it seems odd.

Aaron replied that the employers say they have coverage from their home state and it does apply if a worker is injured in Oregon, so why should they have to have coverage under Oregon law. That's the distinction that is not necessarily clear.

Jaye Fraser said they are wondering whether out-of-state employers are going to read these rules – would expect they would call the department or call their insurance agent.

Aaron Fellman said that is a fair question and said he acknowledges the point.

Jaye Fraser said maybe the problem could be addressed using some sort of industry notice or something on the website, as employers are more likely to look at the website than scroll through the rule.

Aaron Fellman responded that if the general sense is that the rule seems unnecessary, we will certainly take that into account when deciding how to proceed.

Clyde Rapozo said he would second Jaye's suggestion.

ISSUE #7

Rule: 436-050-0165(4) Security Deposit Requirements

Issue: Form 1810 can be used to change the name of a self-insured employer on a surety bond, but rule does not require the form to be used for name changes.

Background: When a self-insured employer provides security in the form of a surety bond, rule requires that Form 824 be used for the bond and that Form 1810 be used for any changes in the amount of the penal sum.

Form 1810 can also be used to change the name of the principal on the bond, which would be necessary if a self-insured employer underwent a name change (or, in some cases, a change in ownership.) However, rule does not require Form 1810 to be used for name changes. Adding this requirement would provide clarity for self-insured employers and bond companies.

Options:

- Adopt rule requiring that Form 1810 be used to make changes to the name of the principal on Form 824.
- Take no action.

Fiscal Impacts, including cost of compliance for small business:

Recommendation:

Minutes:

Aaron Fellman explained that this issue concerns division 050, rule 0165, section (4), "Security Deposit Requirements for Self-Insured Employers." Form 1810, a division form, can be used to change the name of a self-insured employer on a surety bond, but the rule does not require that name changes be executed using this form. As background, when a self-insured employer chooses to provide security in the form of a security bond, rule requires that Form 824, another division form, be used as the body of the bond, and that Form 1810 be used for any changes to the amount of the penal sum. Form 1810 also includes a field that can be used to change the name of a principal on the bond, which might happen if the self-insured employer undergoes a name change or a change in ownership. However, rule does not require Form 1810 be used for name changes. Adding this requirement would provide some clarity for self-insured employers and bond companies as to what their obligations are when a name change occurs. So, what we are proposing here is to require Form 1810 be used for name changes on surety bonds.

Committee: No discussion.

Housekeeping

- 436-050-0040: Incorporate definition of 'sole proprietor' used in ORS 656.029.

- 436-050-0005(5): Clarify that 'default' includes failure to pay compensation (per statutory definition) and amend later references to 'default' to avoid redundancy.

- 436-050-0180(1)(d)(A): Add more specific page citation to rule requiring director to use annual report data when calculating CPACs.

- 436-050-0300(1): Clarify that a self-insured employer group is not required to maintain a common claims fund in a year when the director applies an IBNR factor greater than zero percent.

- Other non-substantive grammatical or formatting changes.

Minutes:

Aaron Fellman referred to the housekeeping issues (above), and that we don't consider these to be substantive. These are more in the nature of minor clarifying changes or changes to better align the text of division 050 with style changes we've adopted elsewhere. Aaron added that he wasn't going to go over these issues one at a time, but that if anyone sees anything of concern, they should feel free to speak up or reach out to Fred or to him after the meeting.

Aaron thanked the committee members for their insight and for attending.

Fred Bruyns thanked the committee and promised to keep everyone informed. Fred added that if anyone is not on his distribution list, that they should stay connected after we close the meeting and let him know how to make contact and keep them informed. Fred asked that if the committee members have additional thoughts after the meeting to send them to him within the next two weeks. The division would like to file proposed rules in September for a hearing tentatively scheduled for Oct. 18.