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PRESIDENT'S MESSAGE

As I move toward the end of my two-year stint as President of AASCIF, I find myself reflecting on the changes we see all around us. Whether it's the growth of AI, the shift to hybrid work environments, or economic uncertainty – the recurring theme is change. It seems that we're constantly being asked to reevaluate how we live, work and serve the changing needs of our customers. When I consider the moving landscape of workers' compensation, I can't help but contemplate what role an organization like AASCIF can play in navigating into the future.



For inspiration, I reviewed some past AASCIF newsletters to see what others have shared on this subject. I was struck by a comment from Vern Steiner in 2024 about the stability and reductions in costs our policyholders had experienced over the preceding decade. After seeing another two years of this trend, the question I ask is: "Can it go on forever, or will the changes I noted above be the catalyst to instability?"

Vern described how workers' compensation can provide critical stability in the face of change, and I'd like to address that theme. (Spoiler alert: I don't claim to be as eloquent as Vern, and I won't attempt a metaphor about changing seasons).

As monoline carriers, we all focus on workers' compensation. It's all we do. We bring stability to our policyholders, their employees (both healthy and injured) by making sure our stakeholders truly benefit from our expertise. Since our inception, AASCIF's members have embraced technological changes by learning what works and what doesn't. As experts, it's our responsibility to bring forward the ideas that will solve the problems, and to avoid being distracted by the ideas that won't. To make a meaningful difference, technology must be properly vetted and deployed to fix existing work issues. We know not to run around with the latest new "innovation" just looking for a problem to solve.

AASCIF can help by connecting us to people who have already found their way through the barriers that are currently perplexing us. While our individual operations have their differences, we often face similar challenges. When I engage with AASCIF, I hope to find a colleague who's been down the same road before. Even when I don't, it's great to connect with a peer who's interested in the issue I am facing and willing to give me a nudge in the right direction.

As we move back and forth between our apprehension over that next new challenge and excitement about the next new solution, we have an opportunity to build a reliable future for customers, employees and the workers' comp system on which we all rely. It's our focus on delivering the best possible service to our customers that I believe can provide stability in the face of any change.

On the topic of learning together, I want to remind you all that our Annual Conference is in Albuquerque, New Mexico July 26-29, 2026. Thinking about sharing ideas, networking and seeing old friends makes me excited about another conference. I hope to see you there to discover more about the important work we do and how we can keep doing it well!

FEATURES From AASCIF

POST SETTLEMENT: THE END OR JUST THE BEGINNING?

By Mark Long, SVP of Regulatory Affairs, Ametros

Submitted by the AASCIF Claims Committee

You've just settled an injured worker's claim. The file on your desk is closed, and you are now free to focus on others. Your work may be done, but in many cases, the stress, uncertainty, and lack of direction are just beginning for the injured worker.

Yes, the injured worker can feel relieved they have settled their claim and received their settlement funds. But, they still have an injury, often complex or catastrophic, that will require support, doctor's appointments, procedures, therapy, ongoing medical attention...and funds.

After a workers' compensation case settles, injured workers often lose the support system they relied on during their claim, leaving them feeling lost and vulnerable. Too often, we close the file and move on, leaving injured workers anxiously trying to schedule ongoing appointments and properly manage their settlement funds, all while navigating the emotional toll of life after injury.

It's time to shine a spotlight on the forgotten chapter of workers' compensation claims management – post settlement.

Changing the Narrative

In the workers' compensation industry, we love to talk about outcomes. Outcomes for our respective companies, outcomes for employers, and most importantly, outcomes for injured workers.

But when we talk about injured worker outcomes, oftentimes, we refer to outcomes that happen pre-settlement or alongside settlement. We measure success by asking a handful of common questions:

- How quickly were we able to get an injured worker the care they needed to recover?
- How efficient was their care path – were we able to reduce the number of doctor or therapy appointments?
- How effective were we at preventing setbacks or delays in recovery?
- How quickly were we able to get them back to work?

While these questions are critical factors to measure, they simply do not apply to all injured workers, especially those who have suffered a catastrophic or complex injury.

The future is often uncertain for injured workers who fall into this category. Most often, they do not return to work. While settlement is critical to their long-term livelihood and health, they do not always fully understand what the process entails.

But what if, by doing a better job of educating an injured worker and by taking a more empathetic, proactive role in post-settlement professional administration, we could have a stronger impact on their life moving forward?

What if making this additional effort not only benefited injured workers, but also benefited key stakeholders involved in the claim?

What if we measured outcomes by looking at an injured worker's full journey, through settlement and beyond?

Now that's industry outcomes worth measuring.

Building the Foundation – Empathy

To properly help an injured worker through their journey beyond settlement, it's important to start with a foundation built on empathy. A genuine understanding of their experience plays a crucial role in achieving successful outcomes, but what exactly does that mean in practice?

While it's important to care for injured workers, empathy takes things one step further. Caring is about showing concern, kindness, and support toward an injured worker. Empathy, on the other hand, is about understanding and sharing their feelings.

This distinction is critical because empathy enables us, as workers' compensation professionals, to put ourselves in the shoes of an injured worker, to truly understand and appreciate what they're going through. And when we do that, our desire to provide high-quality support goes up exponentially, which ultimately leads to the best outcomes possible for injured workers. As injured workers express relief and gratitude for this type of support, workers' compensation professionals also experience higher job satisfaction.

This is especially true for people who have direct contact with injured workers, namely those who serve in customer service roles. As the frontline, these team members often have the most opportunity to help injured workers feel safe, supported, and

seen. While trying to navigate an emotionally charged period of their life, injured workers, like all of us, crave empathetic human interactions. And in a world fixed with AI, empathy is something even the smartest technology cannot provide.

To drive home this point, I want to share the story of injured worker, Derek. At just 21, Derek's life changed in an instant after a workplace injury resulted in paraplegia. An avid athlete, outdoor enthusiast, and adventure seeker pre-injury, Derek was both physically and mentally shattered post-injury. In a dark place and not knowing what to do with his life, his journey included stages of grief and despair until he eventually turned the corner and found hope, resilience, and peace.

Fortunately, Derek had compassionate partners on his side from the start, including Ametros customer service representative Patty. A key player throughout his journey from pre- to post-settlement, Patty helped Derek through the hardest chapter of his life by doing what she would want someone to do for her – understand and support him every step of the way. Knowing he had someone on his side made all the difference in Derek's journey, his outlook, and ultimately, his success.

With the help of supportive partners, like Patty, Derek was able to move forward, working hard to achieve a happy, fulfilling, and productive life post-settlement. Today, he is an avid outdoor photographer, a Special Olympics coach, a bowman, and a podcaster who uses his voice to encourage people living with disabilities to get outside and enjoy nature.

It's clear that adopting an empathic approach can positively impact an injured worker's journey, as well as boost employee satisfaction and workplace culture.

Putting the Proper Tools in Place

With a solid people-centered foundation established, let's circle back to the two main challenges injured workers face post-settlement – handling ongoing healthcare needs, such as doctor appointments, prescriptions, and medical equipment, and properly managing post-settlement funds.

The workers' compensation system is flawed in that we expect injured workers to be able to do this – and do it well – during a time when their life has drastically, and permanently, changed. Imagine how hard it must be to find normalcy in life after a traumatic complex or catastrophic injury. Now pile on the stress of juggling ongoing medical appointments and proper money management. For many injured workers, it's simply too much to bear.

This is where high-quality post-settlement professional administration can play a vital role. Without it, funds can run out too soon, paperwork can get messy, and Medicare compliance can become confusing.

Here's how professional administration benefits injured workers and why it's the best choice post settlement.

1. *Make Funds Last*

One of the biggest concerns injured workers face is making sure their settlement funds last. Without professional oversight, it's easy to overspend or miss out on potential savings.

As a professional administrator, Ametros, for example, serves thousands of injured workers undergoing medical treatment. This means we can connect injured workers with pharmacies, doctors, and equipment providers, while negotiating discounts on their behalf.

Injured workers don't need to worry about being over-billed or incorrectly billed. Our team meticulously reviews medical bill for accuracy and ensures all discounts are applied.

With professional administration, injured workers get the care they need without the financial stress. And with significant savings, funds go further, which means injured workers can be confident they will have the coverage they need for future medical needs.

2. *Organize the Messy Paperwork*

After a settlement, handling medical bills, payments, and Medicare reporting can be time-consuming and confusing. Many injured workers find themselves buried in paperwork. With a professional administration partner, injured workers don't have to worry about any of that. All the paperwork, such as processing payments, maintaining records, and keeping everything organized, is taken care of. Instead of stressing over paperwork, injured workers can focus on their health and life.

3. *Help Navigate the MSA Process*

If an injured worker's settlement includes a Medicare Set Aside (MSA), it's essential to ensure those funds are utilized properly. One of the biggest risks injured workers face post-settlement is non-compliance with Medicare regulations. MSA regulations can be quite intricate, and mismanagement may negatively affect future Medicare benefits.

Professional administration ensures that doesn't happen, by monitoring spending, tracking expenses, and reporting to Medicare as required. This means injured workers don't have to worry about making a mistake that could jeopardize their healthcare.

4. *Allow Injured Workers Freedom to Choose*

Many injured workers find themselves unable to access the care they truly need. Professional administration changes that. Regardless of in- or out-of-network, there are no restrictions on the providers or physicians an injured worker can see. Each

injured worker has the freedom to choose without ever having to deal with utilization review. Professional administration allows for flexibility, rather than being forced into limited care options.

5. Provide Unmatched Security Measures

When an injured worker's settlement funds are professionally administered, they are held in an individual, FDIC-insured account specific to that injured worker's name and social security number. Injured workers can rest assured that their funds are safe. In addition, injured workers can access their balance 24/7 through a secure online portal and mobile app.

With the support of a professional administrator, injured workers can focus on rebuilding their health and their life instead of dealing with medical bills, Medicare rules, paperwork, and ultimately, stress. They can move forward with confidence, knowing their benefits are protected and their settlement funds will last.

And as I mentioned previously, injured workers aren't the only ones to benefit from this type of partnership. When a professional administrator is involved post settlement, adjusters experience faster case closures, fewer post-settlement issues, and cleaner file resolution, while attorneys see reduced compliance risk and smoother post-settlement transitions.

Real Life Results

Here are a few examples, based on real-life injured workers, to demonstrate how a renewed focus on the post-settlement period can truly benefit injured workers.

Our first injured worker, Carl, suffered a complex workplace injury. Early on, he settled the indemnity portion of his claim; however, he was reluctant to settle on the medical side because he was fearful of not having enough funds for his future care.

With some education and proper administrative support, Carl's concerns were put to rest. He settled the medical portion of his claim, confident of his ability to extend the life of his settlement funds. In fact, he has seen up to a 25 percent decrease in his ongoing prescription expenses.

Another great example is Carol, who was in the workers' compensation system for more than 10 years. While she was tired of seeing doctors within the system, she was reluctant to settle her case. She didn't fully understand what settlement meant, what she would be responsible for moving forward, and whether it would be the right thing for her future.

Ametros partnered with both Carol and the defense to get her case settled. With a little patience and dedicated one-on-one support, Carol was able to better understand the settlement process and her responsibilities moving forward. Now that

she has settled her claim, she can choose which providers and pharmacies work best for her. This flexibility has greatly enhanced her quality of life.

Impact You Can Measure

If real life injured worker examples aren't enough, here are some statistics, taken from [Ametros' 2024 Member Impact Report](#), to demonstrate the value of a professional administration partner: *

Overall

- Ametros saved injured workers (its members) a total of \$87 million annually. That's an average of \$6,719 per member
- These figures translate to an overall average of 53.9% savings per member

Medical Appointments

- Members saved 60% on their provider visits

Prescriptions

- Members saved 38.4% on their prescriptions

Future Funds

- 96.4% of Ametros' members carried over funds into 2025, thus preserving their settlement dollars

We Can Do Better

Too often, injured workers who bear the biggest physical and emotional tolls from a workplace injury are left dangling by the workers' compensation system at a time when they need the most support. Post settlement is often just the beginning of a tough road ahead as they navigate their new normal.

There's an abundance of proof that it makes sense, for all involved, to continue supporting injured workers post-settlement. Instead of turning our backs, let's work to address each injured worker's unique needs so they can achieve the best outcome possible – a return to life after injury.

* Disclaimer: Discount averages presented are based on Ametros' [2024 Member Impact Report](#), published in October 2025. This data was independently reviewed and verified by PKF O'Connor Davies. Any potential discounts or savings for medical treatment, including but not limited to, prescription drugs, durable medical equipment and/or healthcare items and services, are not guaranteed. Ametros has made no warranties, promises, representations or guarantees whatsoever about potential cost savings or the level of potential discounts obtained on any item, service or prescription payment. There are no assurances that prior successes or past results as to cost savings will be applicable to a Member on any of Ametros' platforms. For additional information, please see our Terms & Conditions Page.

PFAS AND THE LONG TAIL LIABILITY PROBLEM: WHY WORKERS' COMPENSATION SYSTEMS SHOULD PAY ATTENTION

By Jon Atkins (Pinnacol Assurance) and Ivo Trummer (SAIF Corporation)

For decades, Per and Polyfluoroalkyl Substances (PFAS) existed in the background of industrial life — useful, unremarkable, and largely unquestioned. Today, they occupy a very different place in the national conversation, as evidenced by the 2019 movie *Dark Waters* that starred Mark Ruffalo as attorney Robert Billott who uncovered a decades-long cover-up of environmental contamination by one of the PFAS manufacturers. What was once a niche environmental concern has evolved into one of the more consequential legal and regulatory battles of the modern era. PFAS litigation now spans thousands of personal injury claims, billions of dollars in settlements, and an emerging wave of workers' compensation cases that could reshape long tail liability for years to come. For state funds and workers' compensation carriers, the trajectory is uncomfortably familiar. PFAS may not be asbestos, but the structural echoes are impossible to ignore.

PFAS are not a single chemical but a sprawling family of more than 15,000 synthetic compounds, all built on the same molecular backbone: a carbon fluorine bond so strong that it resists heat, water, oil, and — critically — natural degradation. This durability made PFAS indispensable across industries. They appear in firefighting foams used to extinguish high intensity fuel fires at airports and military bases, in the non stick surfaces of cookware, in water resistant textiles, in stain proof carpets, in grease resistant fast food wrappers, and even in the manufacturing of semiconductors and aerospace components. Their ubiquity is precisely what now makes them so legally volatile. PFAS do not break down. They accumulate in soil, water, and the human body, creating a slow building exposure profile that is only now being fully understood.

Scientific studies have been used in litigation to establish links between PFAS exposure and severe health conditions. Current personal injury litigation primarily focuses on: Kidney, testicular, liver, and pancreatic cancers; Reduced vaccine efficacy and increased susceptibility to infections; Thyroid disease, high cholesterol, and ulcerative colitis; and low birth weight and developmental delays in children. As the evidence base has grown, so too has the litigation.

Most federal PFAS lawsuits are consolidated into Multidistrict Litigation (MDL) No. 2873, titled *In re: Aqueous Film-Forming Foams Products Liability Litigation*, overseen by Judge Richard M. Gergel in the District of South Carolina. There are over 10,000 active lawsuits within this MDL alone. Early years of the MDL focused on “Phase One” claims brought by municipal water providers seeking cleanup costs. In 2023 and 2024, settlements totaling over \$11 billion were reached with 3M, DuPont, and Chemours to address water contamination. With water system settlements largely underway, the court has turned toward “Phase Two”: individual personal injury claims. These focus on plaintiffs who developed cancer or other illnesses after consuming contaminated water or using PFAS-laden products. While 3M and DuPont remain the primary targets, the “litigation net” is widening. Plaintiffs are also pursuing claims against companies like Costco regarding PFAS in baby wipes or outdoor gear manufacturers for “false advertising” of “safe” or “natural” products and fast-food chains and manufacturers using PFAS-coated packaging are facing class actions for failing to disclose the presence of forever chemicals.

While personal injury lawsuits target the manufacturers of the chemicals, litigation is emerging in Workers' Compensation systems. This involves employees seeking benefits for occupational exposure. Firefighters have been the earliest and most visible cohort. Their exposure is twofold: through Aqueous Film Forming Foam (AFFF) used in training and emergency response, and through turnout gear treated with PFAS for water resistance. Studies have shown that PFAS chemicals, often used to make firefighting gear water and heat resistant, can leach from the material, leading to long-term exposure. This exposure can occur through skin contact while wearing the gear, and inhalation when PFAS particles become airborne during firefighting operations.

Yet firefighters are only the beginning. Workers in several industries have historically experienced elevated PFAS exposure, often through direct handling or through PFAS-containing equipment. Chemical manufacturing employees, semiconductor workers, metal platers, and industrial maintenance personnel have all handled PFAS containing materials for decades. Their exposure levels often far exceed those of the general public, creating fertile ground for occupational disease claims as scientific consensus strengthens.

A less discussed but increasingly important category involves wastewater treatment workers. PFAS containing products ultimately wash into municipal wastewater systems, where the chemicals resist degradation. As a result, PFAS accumulate in sewage sludge and persist in the biosolids that are processed,

transported, or land-applied as fertilizer. Workers who handle biosolids at any point in this processing chain may face elevated exposure through aerosolization, dermal contact, or equipment maintenance. As states begin restricting land application of PFAS contaminated biosolids and federal agencies evaluate new monitoring requirements, plaintiffs may argue that employers and municipalities had constructive knowledge of these risks. This group may represent a significant cohort of future PFAS claimants, particularly for state funds that insure public sector operations.

The challenge for workers' compensation systems is that PFAS related conditions fall squarely within the realm of occupational disease — a category already fraught with complex causation disputes. Proving that a worker's kidney cancer was caused by twenty years of handling AFFF, rather than genetics or lifestyle, is inherently difficult. Presumptive coverage statutes are beginning to shift that calculus, but only for certain occupations and certain cancers. As scientific evidence evolves, more states may expand these presumptions, increasing the likelihood of compensable claims. For example, California, Washington and Colorado have presumptions for kidney and testicular cancer, which are often linked to PFAS. Minnesota has enacted a workers' compensation presumption law and has also banned PFAS in all products by 2032. Illinois enacted new reporting requirements for PFAS in firefighting gear to bolster a worker's ability to prove exposure during their claims process.

At the same time, workers' compensation's exclusive remedy doctrine does not shield PFAS manufacturers from liability. Injured workers may still pursue third party claims against chemical producers, creating subrogation opportunities for carriers. Given the scale of PFAS litigation, subrogation may become an essential tool for mitigating long tail exposure — but only if carriers begin documenting exposure histories and identifying potential third party defendants early in the claims process.

The comparison to asbestos is not perfect. PFAS related diseases lack the diagnostic clarity of mesothelioma, and the exposure pathways are more diffuse. Yet the structural parallels are striking: widespread historical use, long latency periods, bioaccumulation, evolving scientific consensus, and litigation that begins with a narrow set of occupations before expanding outward. PFAS may not replicate the full scale of asbestos litigation, but the pattern is familiar enough to warrant serious attention.

For state funds and workers' compensation carriers, the implications are clear. PFAS is not a future problem — it is a present one, already shaping regulatory frameworks, litigation strategies, and occupational disease claims. Our AASCIF members can plan ahead for future PFAS litigation by creating specific processes and protocols. First, coordinate with underwriting and safety services to encourage feasible substitutions, controls, and recordkeeping that reduce exposure and heighten awareness. On the claims end, plan interview protocols to capture potential PFAS touchpoints (from employers: job title and duties, years of exposure, site locations, AFFF use/training history, turnout-gear issuance dates, biosolids/sludge handling, plating baths, semiconductor chemicals, and any on-site testing or remediation) as well as potential exposure in prior employments. For potential third-party recovery, preserve product and vendor identifiers early; foam brands, gear make and model, purchase orders, Safety Data Sheets, and any employer exposure records. On the medical side, establish a pathway for medical review and consistent causation documentation (including competing risk factors), and consider a plan for toxicology expertise. Finally, follow state presumption and regulatory changes so adjusters know when the burden of proof may shift or any presumptions are created.

PFAS litigation has matured into a multi generational battle. For personal injury plaintiffs, the focus is on individual health outcomes; for workers, it is on occupational safety and exposure documentation. For insurers, it is a test of readiness. The “forever chemicals” are not going away, and neither is the liability they carry. The question is not whether PFAS will shape the future of workers' compensation, but how prepared carriers will be when it does.

NOBODY KNOWS WHAT WE DO! IF WE DON'T TELL THE SERVICE STORY

By Maryann Hoff & Jeff Floyd

Submitted by the Safety and Risk Management Committee

Imagine you are a safety and loss control professional at an insurance carrier. You meet a new colleague, someone new not just to your organization, but to insurance altogether. With genuine curiosity they ask: "So... what do you and your department actually do?" You have 30 seconds, no more. What do you say?

If you are like most of us, this is not the first time you have faced this question. We have all explained our jobs to friends, family members, and new acquaintances, only to watch their eyes glaze over once they realize what we do doesn't fit nicely into a mental picture. Our profession isn't as easily visualized as "teacher," "doctor," "sales," or "engineer."

Now imagine seeing that same expression, we'll call it confusion with a slice of polite disengagement, on the face of a colleague, or worse, a senior leader within your organization.

That moment matters more than we often realize.

Taking longer than 30 seconds, try this: "Loss Control helps protect people, businesses, and our insurance company by preventing and reducing injuries, as well as improving the quality of risk. We work with policyholders before and after losses occur to identify hazards, strengthen safety cultures, and reduce claim costs. We support underwriting decisions, help retain and attract profitable business to help the organization grow."

When we don't actively communicate what we do, we risk being siloed. With what we do being highlighted by something happening such as a loss instead of what didn't happen due to our actions, it can seem like we are doing invisible work. Without collaboration across functions, especially with communications, underwriting, claims, and marketing, we miss opportunities to build relationships and demonstrate value.

Technical knowledge alone does not always resonate with non-safety professionals. Terms like "hazard analysis," "root cause," or "loss frequency" may be accurate, but they do not always connect. Communicating what we do, why we do it, and how it matters not just to clients, but to internal stakeholders is critical to our credibility and impact.

At its foundation, loss control exists to influence behavior and decision-making. We guide policyholders to take meaningful practice actions that:

- Improve the quality of their risk
- Prevent workplace incidents and protect their workforce
- Reduce the severity of injuries when incidents occur to minimize losses

Fewer injuries mean fewer claims, lower costs, safe healthier workers, and more sustainable businesses.

For our Underwriters and Agency partners, Loss Control is often a differentiator in a competitive marketplace. Our expertise, tools, and consultative approach demonstrate value before a policy is bound. We help prospects understand:

- Where their exposures exist through curious consultative discussions and facility tours
- What improvements are achievable through safety efforts
- How safety investments connect directly to financial outcomes

In many cases, our involvement, insights and initial interaction helps make the difference between winning or losing an account.

With the policyholder Loss Control, at its best, is not transactional, it is relational and rooted in partnership. Over time, we become trusted advisors who:

- Help shape workplace safety culture and employee engagement
- Identify and mitigate physical hazards while educating on best practices and how policyholders can be proactive
- Provide strategic direction aligned to business goals

These relationships often extend beyond individual policy terms, strengthening loyalty and trust into a stickiness factor demonstrated in retention.

Retention of business is not secured by price alone. It is earned through:

- Consistent expertise in a variety of technical areas to elevate collective understanding
- Responsiveness and conscientiousness regarding service needs
- Partnership in a way that builds long term capability for sustainability

When policyholders see real value from Loss Control services, they are more likely to renew even in challenging market conditions. There are countless instances where the relationship with their Loss Control partner is the differentiator. Our work directly supports premium retention and profitability.

When colleagues join us onsite or sit in on a client meeting, they often see only the surface: walking the facility, asking questions, having conversations. That perspective is understandable and although that peek behind the curtains we get into an organization is eye opening, the insight into our work is also incomplete.

What they don't see:

- The preparation before the visit: data analysis, loss history review, industry benchmarking, internal and external stakeholder collaboration
- The work after the visit: detailed reporting, recommendations, follow-up, visit coordination, continued stakeholder collaboration and tracking outcomes

When we leave a facility or meeting, the work has only just begun.

It's incredibly important to note that Loss Control does not operate in isolation. Our work intersects with nearly every function:

- Premium Audit: Clarifying operations and classifications as we interact with the prospect or policyholder
- Claims: Identifying root causes, reducing severity, ensuring preinjury best practices for claims management are in place and supporting transitional return-to-work strategies
- Underwriting: Informing risk selection, pricing, and appetite decisions. Giving insights into management commitment well beyond the application and loss data
- Regulatory Requirements: In some states, carriers are required to offer loss control services delivered by qualified professionals
- Accounts Receivable: Supporting retention and stable premium flow as well as insights into business happenings that may be of impact
- Agency and Broker Partners: Enhancing relationships and demonstrating carrier value
- The Policyholder: The center of everything we do in the services we provide onsite and digitally

In all these areas we are connectors and influencers. Loss Control serves as both an internal consultant and an external partner.

Safety and loss control is a mission-driven profession. It attracts people who care deeply about preventing injuries and protecting lives. That passion is real and necessary. People who combine personality, technical knowledge, sales expertise (even without knowing it), business acumen, and influence to drive organizational success. We are integral to outcomes that define a successful insurance carrier and are therefore accountable to the business.

Our work must produce outcomes such as:

- Improved loss experience delivering on performance
- Profitable growth through influence on new business
- Stronger client relationships impacting retention

When aligned correctly, these goals are not in conflict, they reinforce one another. Loss Control should be recognized as:

- A value-added resource for the premium policyholders pay
- A strategic asset to the organization
- A true contributor to carrier success, not just a support function

Telling the story is part of the job. Nobody knows what we do unless we tell them. Our ability to articulate our impact, internally and externally, is just as important as the technical expertise we bring to the table. When we consistently tell the service story of Loss Control, and support it with meaningful metrics, we strengthen our relevance, our relationships, and our role in the organization's success. We ensure our work is understood, valued, and positioned where it belongs: at the core of the organization's performance and promise. And that is work worth making visible.

AM BEST REAFFIRMS SFM'S FINANCIAL STRENGTH RATING OF A- (EXCELLENT)

SFM Mutual Insurance Co. announced today that its Financial Strength Rating of “A- (Excellent)” and Long-Term Issuer Credit Rating of “a-” have been reaffirmed by AM Best Rating Services, Inc.

The organization performed a detailed analysis of SFM's balance sheet, operating performance, business profile, innovation initiatives and enterprise risk management. AM Best reaffirmed SFM's standing, which has been at “A- (Excellent)” since 2020.

Before publicly disclosing the rating in April 2026, AM Best conducted an in-depth review of SFM's finances and operations, and the organization concluded that SFM maintains the strongest level of risk-adjusted capitalization as measured by Best's Capital Adequacy Ratio (BCAR) scores.

“In our annual review with AM Best, we were thrilled to once again demonstrate how our commitment to service delivers strong financial results,” said President and CEO Terry Miller. “We consider AM Best's assessment to be an excellent indicator of SFM's long-term financial strength and stability.”

About AM Best

AM Best is a global credit rating agency, news publisher and data analytics provider specializing in the insurance industry. Headquartered in the United States, the company does business in over 100 countries with regional offices in London, Amsterdam, Dubai, Hong Kong, Singapore and Mexico City. For more information, visit www.ambest.com.

AROUND AASCIF



NEW MEXICO

Built for New Mexico. Trusted for 35 Years.

This year, New Mexico Mutual is proud to celebrate 35 years of serving New Mexico’s businesses and workers with workers’ compensation coverage rooted in local expertise and a deep commitment to our state. For more than three decades, our work has been about more than insurance—it’s about supporting our fellow New Mexicans and helping our communities thrive.

As we mark this milestone, we’re also excited to share an important step forward in our organization: the introduction of a formal purpose statement:

Working to strengthen New Mexico communities – one business, one worker at a time.

The purpose statement was crafted through thoughtful reflection and collaboration by our employees over several internal group workshops to dive into the why we do what we do and the impact we strive to make every day within our state.

“This purpose builds on the values that have guided us for 35 years and provides a clear lens for how we continue to serve policyholders, support injured workers, and invest back into the communities we call home. It’s a commitment we’re proud to stand behind—today and for years to come”, says Kellie Mixon, President and CEO of New Mexico Mutual.



NEW MEXICO MUTUAL



OREGON

SAIF's New Chief Product Officer

SAIF has welcomed Pat Yu as our new chief product officer. In this role, Pat will oversee SAIF's software solutions portfolios and the product delivery teams.

Pat brings more than 15 years of experience guiding complex products, most recently in senior product management positions at GCI Communications and AON.

Helping Our Policyholders Save Money on Workers' Comp

SAIF launched a series of short videos highlighting steps policyholders can take to help save money. These videos, available in English and Spanish, cover topics like timely filing, injury prevention, and payroll reporting. [Watch the videos here.](#)

SAIF Hosts Agents for Annual Seminar

SAIF's 34th annual SAIF Workers' Compensation Insurance Seminar, held on April 2, brought together appointed agents and SAIF employees. Attendees enjoyed a variety of presentations, including ones on return-to-work services, safety and health, Oregon courts, and the most recent legislative session.



WASHINGTON

Washington L&I's Insurance Services Division Adopts Three-Year Strategic Plan to Drive Outcomes

The Insurance Services Division at the Washington State Department of Labor & Industries (L&I) has adopted a new three-year strategic plan to better align resources, improve outcomes for injured workers, and strengthen system performance.

For state fund insurers, delivering strong operational results requires more than managing day-to-day performance.

It requires clear choices about where to focus and staying grounded in what matters most to workers, employers, and the long-term health of the system. The plan is designed to do exactly that: connect mission to measurable outcomes and ensure resources are used where they create the highest value.

The plan, in place 2026-2028, prioritizes faster, more consistent claim decisions, improved customer experience, partnership with providers, and modernized service delivery, including easier payment options and clearer communication with workers and employers.

Just as importantly, it establishes a framework to evaluate whether these efforts are improving recovery, reducing long-term disability, and maintaining financial sustainability.

"A strategic plan helps us focus on the outcomes that matter most and align our efforts to achieve them," Assistant Director for Insurance Services Brenda Heilman said.

The division's five strategic goals include:

- Advancing priority policy objectives in collaboration with stakeholders.
- Preventing unnecessary long-term disability.
- Improving trust and satisfaction for workers, employers, and partners.
- Ensuring financial integrity and sustainability.
- Strengthening workforce capability and continuous improvement.

The strategic plan will guide investment decisions, performance measurement, and program improvement efforts across the division. By linking strategy to operations and outcomes, L&I aims to improve performance and deliver greater value to Washington workers and employers.

New L&I Tool Helps Janitors, Employers Assess the iImpact of Commercial Workload and Prevent Injuries on the Job

Every day, thousands of janitors in Washington make sure that our workspaces are clean and ready to use. Unfortunately, hundreds of those workers are hurt on the job each year from sprains and strains, falls, and other workplace hazards.

A groundbreaking new tool from Washington State Department of Labor & Industries (L&I) can help prevent injuries to people who do janitorial work and save employers time and money.

Dubbed the Janitorial Workload Calculator created by L&I's Safety & Health Assessment & Research for Prevention (SHARP) Program, the online tool shows employers how long certain cleaning tasks should take, improves efficiency, and helps employees avoid injuries.

“Janitorial work is often invisible, but all of us need and expect a clean place to work,” said Naomi Anderson, lead epidemiologist for the project. “This tool can help employers make sure they have enough workers for the job, and they’re not overworking their janitorial staff which can lead to on-the-job injuries.”

Janitors and employers can use the online calculator to plan the safest and most effective way to take on new jobs. They can also calculate and consider workload concerns in commercial office buildings or other spaces.

Safety and health professionals can use it to run risk evaluations for janitorial workers.

Users of the calculator can select a cleaning activity, for example, “damp mopping.” Then, they enter the amount of time available for the job and the square footage a task will cover.

The calculator reports out:

- Whether they’ve given the worker enough time to complete the task.
- How many hours the selected task, done in a standard way, should take.
- Whether the workload is in line with or above the Center for Disease Control’s recommendations.
- The energy demand expected of the worker for that shift.
- The stress expected on the worker’s wrists, hands, shoulders, and back.

The [Workload Calculator](#) is available to everyone through L&I’s public website. To find out more about SHARP’s studies and research, visit the [SHARP home page](#).