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PRESIDENT'S MESSAGE

With 2025 around the corner, it is my honor to introduce AASCIF's next president.

Terry Miller of SFM Mutual Insurance Company will begin a two-year term as president in January. I have had the pleasure of working with Terry since he became CEO of SFM in 2018. His passion for our association is apparent at every AASCIF CEO meeting.

Terry has been a part of SFM for over 40 years and served as their first controller. Over those years, he has progressively taken on more responsibility within SFM until ultimately being appointed CEO in 2018. During his tenure at SFM, Terry has been involved with AASCIF for nearly all of those 40 years. He attended his first AASCIF annual meeting in Kalispell, Montana in 1985. He was a member of the Audit and Data committee in the 1980s and collected financial statement data from each fund to share with AASCIF as a whole. He joined the Finance and Investment Committee in the 1990s and chaired that group in 2002. He has previously served as the AASCIF treasurer and has been an active member of the Executive Committee leading to his election as president at our annual meeting in Providence earlier this year.

Terry exemplifies AASCIF's values of service and sharing. I first met Terry at the AASCIF annual conference in Oklahoma City back in 2017. I chatted with him and learned that he was preparing to host the 2018 conference in Minneapolis. He shared his belief that AASCIF is the best organization going when it comes to sharing professional experiences and is an important part of the overall apprenticeship type model that many of its members utilize. Through my term as president, Terry's contributions have driven home his commitment to AASCIF, and I am confident that I could not be handing the presidency over to anyone who cares more about our organization.

Please join me in welcoming Terry Miller as our next AASCIF President!

Vern Steiner, President & CEO of the State Compensation Insurance Fund

FEATURES From AASCIF

THE FUTURE OF WORKERS' COMPENSATION THROUGH DATA-DRIVEN INSIGHTS: LEVERAGING PREDICTIVE MODELING

By: Sriraman Srinivasan, Analytics Committee Chair

Submitted by the AASCIF Analytics Committee

The workers' compensation industry is undergoing a transformation driven by data science and predictive modeling. As businesses continue to look for ways to improve claims management and resource allocation, data-driven approaches offer significant potential to reshape risk management, underwriting, and policy development. By embracing machine-learning techniques, especially predictive models such as random forests, the industry can make more decisions that are informed and enhance operational efficiency. This article explores how predictive modeling is poised to redefine the future of workers' compensation.

The Role of Predictive Modeling in Claims Severity Assessment

Accurately assessing the severity of insurance claims is critical for managing costs, allocating resources, and improving customer service. Predictive modeling techniques—particularly random forest algorithms—offer a powerful tool to predict the severity of claims using historical data. By leveraging datasets such as First Notice of Loss (FNOL) reports, machine-learning algorithms can automate the assessment of claim severity, ensuring that the right resources are allocated efficiently.

Key FNOL Data Components: FNOL reports typically include:

- Date and time of the incident
- Location and nature of the injury
- Initial medical reports

- Demographics of the claimant (age, occupation, employment duration)
- Circumstances of the incident

By analyzing these variables, predictive models can identify the factors that most strongly influence claim severity, such as the body part affected, the nature of the injury, and the claimant's demographics. This allows for faster and more accurate claims processing.

Predictive Modeling Techniques: Enhancing Claims Efficiency

The journey of predictive modeling starts with data preprocessing, which involves cleaning the data, detecting outliers, and engineering new features that are predictive of claim severity. For example, injury duration and time-to-report can be valuable features that enhance the model's accuracy.

Several types of machine learning models can be applied to claims prediction:

1. **Linear Regression:** A simple, interpretable model to understand the relationship between claims severity and various factors.
2. **Decision Trees:** Useful for handling non-linear relationships between data points and making complex decisions based on multiple variables.
3. **Random Forests:** An ensemble method that combines the predictions of multiple decision trees to improve accuracy and robustness.
4. **Gradient Boosting Machines (GBM):** A powerful model that captures complex patterns in the data.
5. **Neural Networks:** Deep learning models that are especially useful for capturing intricate relationships in large datasets.

Why Random Forests Are Key to Workers' Compensation

Random forests are a particularly promising model in the workers' compensation domain due to their ability to handle

Source: Office of the Surgeon General

large datasets, manage complex relationships, and provide robust predictions. Here is how a random forest model works:

- **Multiple Decision Trees:** A random forest is composed of several decision trees, each analyzing different parts of the data.
- **Randomness:** The “random” aspect ensures that each tree is trained on a random subset of data and features, preventing any single tree from dominating the model’s predictions.
- **Voting Mechanism:** After each tree makes a decision, the majority vote is taken as the final prediction. This makes the model less prone to overfitting and more reliable.

Data-Driven Risk Management and Policy Development

The future of workers’ compensation lies in leveraging these models not only to assess claims but also to manage risk proactively. By integrating data from multiple sources, including FNOL reports, medical histories, and workplace data, companies can identify emerging risks and adjust their policies accordingly. Predictive analytics enables real-time monitoring of workplace conditions, helping insurers and employers alike anticipate potential hazards before they result in costly claims.

Moreover, data-driven insights enable the creation of adaptive policies that evolve with the changing nature of work. For instance, as remote work becomes more common, predictive models can analyze risks related to home office setups and guide policy adjustments that ensure adequate coverage for new types of injuries.

Optimizing Resource Allocation with Predictive Insights

One of the immediate benefits of predictive modeling in workers’ compensation is the optimization of resource allocation. By accurately predicting claim severity, insurers can assign the right level of attention to each claim. More severe claims can be directed to specialized adjusters, while simpler cases can be processed more quickly. This not only improves efficiency but also enhances customer satisfaction by reducing processing times and ensuring that each claim receives the appropriate attention.

Implementation and Continuous Monitoring

To fully leverage the power of predictive modeling, it is important to integrate the models into the claims processing system. This includes continuous monitoring and updating of the models as new data becomes available. A feedback loop can be established, allowing managers to independently assess the severity of claims and compare their assessments with model outputs. This ensures that the models remain accurate and that any changes in claim patterns are quickly accounted for.

Conclusion

As data-driven insights continue to shape the future of workers’ compensation, predictive modeling will play a central role in improving risk management, policy development, and claims processing. Techniques like random forests offer a robust, scalable approach to handling the complexities of workers’ compensation claims, making the industry more efficient, accurate, and responsive to the evolving needs of the workforce. By embracing these innovations, the industry can create a safer work environment and more effectively meet the challenges of the future.

This article is inspired by the content presented at the AASCIF 2024 conference, which highlighted the use of predictive modeling and random forests in transforming the workers’ compensation industry. [Predictive Modeling in Claims, Beacon Mutual Insurance Co]

BREAKING THE MSK DISABILITY CYCLE IN WORKERS' COMPENSATION

David Lupinsky, Vice President Clinical Product Solutions

Submitted by the AASCIF Claims Committee

The workers' compensation system is facing an epidemic of negative patient experiences and diminished outcomes for musculoskeletal (MSK) injuries. This injury class, including common diagnoses such as back, knee, and shoulder injuries, is the leading cause of disability and delayed recovery among work-related incidents. These high-spend, high-variation, highly fragmented cases are associated with significant medical, indemnity, and administration costs, inconsistent provider quality, low patient engagement, and unpredictable long-tail outcomes.

Although MSK injuries present challenges across the healthcare spectrum, work-related cases are especially difficult to manage. In a recent analysis, patients undergoing spine surgery after a workplace injury experienced significantly worse results compared to patients in the general health system, despite being a younger population with fewer comorbidities.¹ This gap also extends to nonsurgical cases, with a 51% decrease in functional score improvement in physical therapy for workers' compensation patients versus commercial health cases.²

Bridging such a deep valley between outcomes requires careful analysis and an openness to new approaches. Continuing to rely on the established system will only bring the same results. In contrast, understanding the primary contributors and developing innovative solutions can help our industry break the cycle and improve the state of care for MSK injuries.

Misaligned Incentives, Limited Data, and Psychosocial Barriers

Why the jarring disparity in outcomes? There are distinct factors unique to workers' compensation to consider—including payment structures, data access, and approaches to behavioral health.

In the current fee-for-service payment structure for work-related MSK care, financial incentives reward provider *activity* over outcomes. Although this is a phenomenon we see throughout the healthcare system, a compounding issue in workers' compensation is that managed care entities also largely operate on a fee-for-service model. Consequently, cases with high oversight, high spend, and poor outcomes typically generate far more revenue than those with optimal outcomes.

Another barrier in workers' compensation is critical health data that is either siloed off or limited due to a lack of patient reporting. To create effective treatment plans and provide continuity of care, care managers need insightful data that goes beyond what is collected in bill review or by pharmacy benefit managers (PBMs). Collection of health information in workers' compensation can be limited and exacerbated in cases where there is a guarded or even adversarial relationship between injured workers, claims stakeholders, and providers. Without the ability to understand medical history and identify potential comorbidities and treatment barriers, the workers' compensation system too often leaves care professionals unequipped to intervene effectively and injured workers left to fend for themselves. Ultimately, this leads to an inability to identify long-tail cases early and take appropriate action proactively.

Finally, workplace injuries are associated with a wide range of psychosocial issues that can become major hurdles to recovery if left unaddressed. According to data from The Hartford, 60% of all costs are driven by approximately 10% of claims that have at least one psychosocial issue present.³ In addition to psychological and behavioral conditions such as anxiety, depression, and sleep disorders, which negatively impact recovery among the general population, injured workers also deal with unique behavioral concerns, including perceived injustice and job dissatisfaction.

For injured workers, these issues often coexist with additional misaligned incentives on the patient side, driven by payment models where care recipients do not directly pay for services. While necessary, this can amplify certain accountability problems compared to general healthcare, where patients are more directly incentivized to seek high-value treatments. What's more, injured workers can also be motivated by the secondary gain of compensation for time away from work, which can become yet another barrier to recovery and return to productive activity.

Closing the Outcome Gap With Value-Based Models

While these concerns are deeply rooted in the current system of treating MSK injuries, there are practical, workable solutions that are already being implemented within the workers' compensation sector.

To improve the state of fee-for-service payment structures, stakeholders must first work to align incentives around an outcomes-focused, value-based approach. This model incentivizes measurable results and demands accountability for the cost of care for injured workers. Basing payments on

episodes of care—a single bill for a single injury or event—can have a tremendous impact on lowering costs, improving outcomes, and facilitating administrative efficiencies. By shifting the focus to achieving value in the form of healthy, functioning workers, versus saving money through unit price discounts, workers' compensation can build a more patient-centered system that still saves payers in the long term.

The next step is identifying cases that are likely to turn into long-tail claims so they can be resourced appropriately. By identifying the highest-risk cases and taking appropriate action early, these cases have a much greater likelihood of seeing recovery and return to work. This requires a close partnership between care management organizations, claims professionals, providers, and payers—in tandem with a deep commitment to evidence-based, data-driven care methodologies.

Finally, to address psychosocial concerns more successfully, care managers must be committed to moving care upstream. Early intervention on behavioral and psychological care is crucial to preventing the need for more extensive intervention down the road. Once again, this requires patient engagement and access to data and the use of innovative approaches. For example, when it comes to gathering key health data from injured workers, surprising evidence shows that patients are more open and honest reporting risk factors to a computer than a human.⁴ Combining high-value, digitally sourced data with human clinical intervention enables care managers to deliver more effective results.

In one exemplary case, data shared through digital engagement tools helped reveal that an injured worker enrolled in [Paradigm's HERO MSKSM](#) solution was recovering from substance misuse. This critical information enabled the care manager to then take appropriate action on the prescription of opioids for an upcoming surgery. By working closely with the management team and treating providers, the injured patient was able to complete a recovery that included successful opioid weaning and return to full-duty work.

While MSK injuries will continue to be a substantial recovery challenge in workers' compensation for years to come, there are practical solutions. Platforms aligned around value-based models, upstream care, and balancing digital patient engagement with human clinical expertise offer exciting potential for more successful recovery outcomes. Bringing these models into the marketplace and increasing their adoption can ultimately help the workers' compensation system break the MSK disability cycle.

Sources

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TACKLING CONTACT INFORMATION CHALLENGES: HOW CRMS SIMPLIFY AND IMPROVE CUSTOMER COMMUNICATION

By Liz Gallwitz

Submitted by the AASCIF Communications Committee

In today's fast-paced business world, keeping track of customer relationships is more important than ever—the workers' compensation industry is no exception. A Customer Relationship Management System, or CRM, can offer significant benefits by improving communication and streamlining processes and workflows. Modern CRMs, like many innovative solutions, have come a long way. Gone are the days of spreadsheets and the rolodex (you might have to Google that one!). CRMs now offer advanced features designed to help track and manage every interaction with employers, injured workers, brokers, and medical providers. A CRM is essential for centralizing customer information, automating communications, and monitoring the life of a policy from start to finish.

Earlier this year, at State Fund in California, we launched a Salesforce module that is part of their CRM suite. Our first phase involves improving the access and insights our marketing representatives and underwriters have into real-time broker and policy data. Procuring this solution is another major step forward toward automating many of our manual processes and helping us better serve our brokers and policyholders. In a future phase, we will explore ways to improve our communication efforts to ensure customers receive timely, consistent and relevant information.

Benefits of a CRM solution for Contact Management

Centralized Information (Single Source of Truth)

Managing customer contact information can quickly become overwhelming. CRMs can provide a centralized platform to house it all, —such as broker and customer information, policy data, communication history, and claims status.

Centralization helps breakdown silos when employees are sharing the same data and eliminates the needs for spreadsheets, paper files, or even email. Information is readily available and up to date for all users in one platform, reducing the need to explore and combine data from multiple systems.

For example, an underwriter can gather a policyholder's claim history and notes from previous conversations to help ensure they are up to speed and ready to help the customer, turning transactions into better customer experiences.

With the rise in cloud-based applications, CRMs can provide this information anytime, anywhere—making it that much more efficient for meeting customer needs.

Improved Customer Segmentation

One great advantage of a CRM system is the ability to segment customers (brokers, policyholders) based on various criteria. This can include factors such as policy type, geographic location, renewal dates, claim status, or policy life stage.

For example, if a marketing representative knows that his broker clients have policies set to expire, they can easily filter the broker segment and send targeted emails or make follow up calls to establish a connection. Similarly, marketing communication teams can create supporting campaigns or share information about special services based on insight specific to each customers' needs.

Real-Time Communication and Reminders

Staying on top of follow-ups, renewal reminders, and claim status as well as important customer milestones, can be challenging without the right tools. CRM software can make this process simple by automating communication and reminders.

For example, if a policyholder requests a follow-up such as a quote or other information from an underwriter, a CRM system can schedule automated emails, notifications, or even text messages. This not only ensures timely replies and avoids potential delays and missed opportunities, but also leads to a better customer experience and can also help build relationships with scheduled birthday or holiday greetings.

Tracking Client Interactions and Communication History

One of the most valuable aspects of using a CRM for contact management, is the ability to track customer interactions from all areas of the business. Whether it's an email, phone call, or in person meeting, CRMs provide a comprehensive log for all communications.

Over time, a CRM builds on its own data and anytime the organization interacts with a customer a detailed history of the customer's profile is created. This complete view allows any team member who works on the customer's account visibility into the customer's history and needs, maintaining a consistent and up-to-date experience.

Reaching the Right Audience

The ability to target policyholders and brokers with the most relevant information improves the effectiveness of the communication and the overall customer experience. By segmenting the audience, a CRM can provide predictive analytics to understand each customer segment preference and behavior. This information helps us to better understand what type of content, or services resonate the most with each audience and to deliver more tailored and personalized messages. By applying these targeted communication strategies, we can increase customer engagement and improve conversion rates for value-added services while building stronger relationships with our customers.

Here are several key benefits for Marketing & Communications:

- Message personalization
- Consistent on-brand communication
- Predictive analytics
- Policyholder and broker Insights

The Future of CRM and AI

With the expansion of Artificial Intelligence (AI), it is exciting to think of the future and the power of CRM software. Salesforce, for example, began to implement AI in their CRM system about 10 years ago, using predictive AI to help sales teams identify prospective leads. Fast forward to today, and software companies like Salesforce continue to expand their CRM products to include more advanced AI features that generate on-the-spot customer insights, AI created content for use in marketing, sales, and more.

For the workers' comp industry, the advances with AI-powered CRMs will only make it easier to drive operational efficiencies, help reduce costs, and create a more customer-centric business model.

Tips if You Are Exploring a CRM Solution

Before exploring a CRM solution, it's important to identify clear business needs and define priorities. Meeting with relevant cross-functional stakeholders (such as Claims, Underwriting, IT) to gather feedback will ensure a comprehensive view of requirements needed for your organization.

Consider how well the CRM solution will integrate into your existing workflows and applications. It should have scalability to ensure it adapts with your future organizational changes.

In Summary

A CRM system is a powerful tool for reaching the right audience at the right time, improving customer relationships and developing more effective communications. In the workers' compensation industry, a CRM can help improve efficiencies in areas that lead to reduced costs, valuable customer insights, stronger relationships, and an overall better experience for brokers, policyholders, injured workers, and internal team members.

WORK FROM HOME INJURIES: A SUMMARY OF WORKERS' COMP. ISSUES AND APPROACHES

by David F. Wertheim, Chief Counsel, NY State Insurance Fund

Submitted by the AASCIF Law Committee

For over a century, states have faced workers' compensation issues stemming from regular and intermittent work performed at home. With the pandemic bringing a rapid and permanent acceleration of work-from-home arrangements, there are many issues surrounding compensability and coverage, such as: are we viewing compensability in the same way as we do for in-office injuries? Which parts of the day are considered within the scope of employment? Has the going and coming rule evolved? Do the rules as to short breaks and purely personal acts apply? And what are the coverage implications for out-of-state telecommuters?

Many work-from-home cases involve commuting injuries, with the claimant seeking an exception to the going and coming rule (which generally excludes commuting injuries). Professionals (teachers, lawyers, therapists etc.) are frequently taking work home. As Larsons describes it, "this 'morsel of work carried around in their pockets' does not give rise to an exception to the going and coming rule."¹ Post-pandemic, perhaps it is better to use the term 'work-from-home' to avoid the overt association with commuting issues inherent in the term 'telecommuting'.

When adjudicating compensability, states will generally examine the regularity of work from home, the presence of equipment (and whether the employer allowed/paid for it), whether there is a benefit to the employer for the regularly performed (as opposed to merely ad hoc) work. See, for example, *Schwan Food Co. v. Frederick*, 241 Md. App. 628 (2019).²

Going and Coming Rule

For injuries that occur while driving to/from office to/from home, two cases illustrate the variety of approaches to the issue of compensability. In an Iowa case, *Seaman v. Burgess Health Ctr.*, 2015 Iowa App. LEXIS 916 (2015), claimant was a therapist/social worker. She treated clients at her office at the employer's facility and prepared reports. She was fatally injured in a motor vehicle accident during the drive from her home to the office. Her estate argued that the dual-purpose exception

applied, as she did perform work from home and was driving to the office to deliver time-sensitive reports. However the Court found that while she did sometimes perform work from home, it was occasional and neither directed nor expected. The held that decedent "did some work at home in the evenings to complete her reports. Her employer did have a telephonic dictation system, which would allow [decedent] to dictate her notes from anywhere, including her office at Burgess or at her home. The record is clear, however, that [decedent's] home was not a dedicated office space or secondary office space."

Contrast that with the *McKeever* decision from New Jersey. A corporate lawyer was fatally injured in a motor vehicle accident while driving home from work. Decedent did not have an official work-at-home arrangement, but the Court was persuaded that as a matter of 'professional survival' decedent needed to work diligently from home. The Court held: "it was essential for the decedent to work at home in order to live up to his employer's expectations; ... the employer, through such agents as the decedent's immediate supervisors, encouraged such activity, and that the decedent undertook this obligation constantly with his employer's knowledge."³

At-Home Injuries

For injuries in the home environment, when a specific action is found to be directly work-related, it will likely be held compensable. For example, in a 2000 Utah case⁴, claimant, a district sales manager, was permitted to use his home as a base of operations. He was provided a company car and received frequent deliveries at home by mail or courier. On a cold January morning while expecting a package, he was spreading salt on his driveway when he sustained a severe neck injury. As the clearing of his driveway in order to receive the package was incident to his employment arrangement, it was deemed compensable.

The thornier question that states have been wrestling with is whether scope of employment issues will be applied to work-from-home in the same way they would be applied in the office, even if the incident-producing event is not directly related to work.

In Oregon, a worker (a custom decorator) was injured when she tripped over her dog while walking from her house to her nearby garage to retrieve fabric and other supplies. The Board denied the claim, as they found that this was a ubiquitous risk she would have faced regardless of her employment, and which was outside of the control of the employer. The Court of Appeals reversed and established, finding "... although the employer may not have had control over claimant's dog, it had control over whether claimant worked away from the studio.

If, as a condition of employment, an employer exposes workers to risks outside of the employer's control, injuries resulting from the risks can be compensable." *Sandberg v. JC Penney Co.*, 243 Ore. App. 342 (2011).

In New York, the leading case is *Matter of Capraro v Matrix Absence Mgmt.*, 187 AD3d 1395 (2020), issued in October of 2020, with the underlying facts having arisen well before the start of the pandemic. The claimant was an insurance claims examiner⁵ working from home. His computer was supplied by the employer. He asked Matrix if they would pay for some new office furniture. When they declined his request, claimant ordered (at his own expense) a new chair, desk and drawer. The unassembled furniture was delivered in boxes to his home, and claimant asserted he was injured as he carried the boxes upstairs to his home office.

The general rule in New York as applies to short breaks such as coffee breaks is that "accidents that occur during an employee's short breaks, such as coffee breaks, are considered to be so closely related to the performance of the job that they do not constitute an interruption of employment". *Matter of Marotta v. Town & Country Elec., Inc.*, 51 A.D.3d 1126 (2008)

The NY Workers' Compensation Board issued a decision that carved out work from home injuries by reasoning that "[e]mployees who work from home, outside the direct physical control of their employers, are potentially able to alternate between work related and personal activities when they choose. For this reason, injuries sustained by employees working from home should only be found to be compensable when they occur during the employee's regular work hours and while the employee is actually performing her employment duties."⁶

The Appellate Division reversed the Board⁷ finding that the existing method for scope of employment injuries is unaltered merely by working from home, to wit: "There is no requirement that the underlying activity be done at the employer's direction or directly benefit the employer for the resulting injury to be compensable, and accidents that occur during an employee's short breaks, such as coffee breaks, are considered to be so closely related to the performance of the job that they do not constitute an interruption of employment. Nevertheless, purely personal activities are not within the scope of employment, and whether an activity is within the course of employment or purely personal depends upon whether the activity is reasonable and sufficiently work related." (*Capraro @ 1396*; underlying citations and grammatical marks omitted)

Thus, the case was remitted for a determination as to whether the injury occurred while performing a purely personal act. In lieu of this decision, the parties reached a negotiated and approved settlement of the claim. The main takeaway

from *Capraro* is that actual engagement in work activities is not required, and injuries at home during short breaks are generally compensable in the same way they would be viewed in the office.

In Maine, an employee suffered a fatal heart attack at home while walking on a treadmill. The Supreme Judicial Court held it compensable because his injury occurred during work hours, in a place that the employer sanctioned for his work, and he was using his employer-provided BlackBerry, and the "use of a treadmill to exercise allowed him to work while exercising." *Estate of Sullwold v. Salvation Army*, 2015 ME 4, 108 A.3d 1265.

A comment in the Spring 2024 Marquette Law Review addressed work-from-home injuries in Wisconsin.

"Injuries sustained by telecommuters in their homes fall under Wisconsin Statutes section 102.03(1)(c)4., which provides: "[T]he premises of the employer include the premises of any other person on whose premises the employee performs service." Thus, there are few statutorily defined limits to when Wisconsin telecommuters can recover workers' compensation benefits for work-related injuries sustained in their homes. Further, telecommuter injuries can occur in two specific contexts: injuries where the home serves as a primary workplace and injuries where the home serves as an additional workplace."

A subsequent case in New York drives this point home. Claimant was working at home during the COVID-19 pandemic, and during his lunch break he was holding his lunch in his right hand when his family dog (named Hercules) tripped him, and he fell down onto his left side and injured himself. The Board's majority held it to be compensable, but a dissent would have found it to be a purely personal act. On final administrative appeal, the Full Board found it compensable per *Capraro*.⁹

Not that this article is obsessed with at-home dog-related injuries, but a 2019 Florida decision illustrates how each state approaches the question of whether a risk at home is analyzed the same way a risk in the office. In *Sedgwick CMS v. Valcourt-Williams*, 271 So. 3d 1133, 2019 Fla. App. LEXIS 5350(2019), claimant (an insurance claims adjuster¹⁰) had a work-from-home agreement with her employer, and "... had been working three hours when she went downstairs for a cappuccino. As she reached to get a cup, she fell over one of her two dogs." Over a vigorous dissent, the appellate Court held that "[h]ere, the employer did not contribute to the risk that [claimant] would trip over her dog. The workers' compensation law therefore does not require the employer to cover the cost of the injury." As the dissent points out, the

majority's analysis draws a distinction which "change[s] the previously settled law on 'arising out of' so that now 'arising out of' means only injuries that are directly caused by working rather than incident to employment."¹¹

Jurisdiction and Coverage for Out-of-State Workers

Parallel to the scope of employment issues explored above are jurisdictional and insurance compliance issues for remote workers (especially full-time telecommuters) working outside of your state. The suite of issues goes beyond workers' compensation, as it also concerns prevailing and minimum wage laws, leave entitlements, unemployment laws, and of course taxation. According to a 2022 ABA Journal of Labor and Employment Law article:

"... (75%) of office workers and (56%) of all U.S. workers were working from home, at least some of the time, in June of 2020.... Among those employees who worked from a new location during the pandemic, a full two-thirds failed to notify their employer of their interstate work status for some or all of that time--putting both employers and employees at risk of noncompliance with the laws and regulations of the host states."¹²

The broad general jurisdiction rules of 'where to claim' are well known, in that long-arm jurisdiction of where the 'employment' is located will govern, while the physical location of the accident will also permit filing in that state (usually). Many states, such as New York, provide for offsets in case of multi-state claims.

However, the more pressing question for employers is what policies or endorsements are necessary to avoid both claims headaches for carriers and non-compliance penalties for employers in other states. Multi-state endorsements 3A and 3C may not fill all coverage gaps for full time remote work in other states. Further complexity arises for workers now located in monopolistic states (Ohio, North Dakota, Wyoming, Washington), for whom a separate policy is required.

Conclusion

In sum, the pandemic rapidly accelerated the behavioral aspects of technological advances in the working world, and for workers' compensation this has meant the application and, in some cases, advances regarding going and coming, scope of employment while working from home, and questions of compliance, jurisdiction, and coverage. For insurance counsel, perhaps never before has workers' compensation insurance and adjudication been more deeply integrated into other areas of employment law, and it appears we are still evolving right along with the workforce itself.

Sources

¹ 2 Larson's Workers' Compensation Law §16.10 @p.2, citing *Santa Rosa Jr. Coll. V Workers' Comp App. Bd.*, 40 Cal 3d 345(1985), which stated, "... the draftsman designs on a napkin, the businessman [or woman] plans at breakfast, the lawyer labors in the evening. But this hearthside activity – while commendable – does not create a white-collar exception to the going and coming rule."

² This roughly corresponds to the three-pronged test articulated by Larsons, at 2 Larson's Workers' Compensation Law §16.10

³ *McKeever v. N. J. Bell Tel. Co.*, 179 N.J. Super. 29, 430 A.2d 247 (1981). The scope of this decision was criticized in the subsequent decision of *Manzo v. Amalgamated Industries Union Local 76b*, 241 N.J. Super. 604, 575 A.2d 903 (1990).

⁴ *Ae Clevite v. Labor Comm'n*, 2000 UT App 35, 996 P.2d 1072 (2000)

⁵ Of course!

⁶ Employer: Matrix Absence Management, 2019 NY Wrk. Comp. LEXIS 4888

⁷ *Matter of Capraro v Matrix Absence Mgt.*, 187 A.D.3d 1395(2020)

⁸ Comment: Telecommuting and Workers' Compensation in Wisconsin: Adopting Standards for the Work-From-Home Revolution, 107 Marq. L. Rev. 833

⁹ Employer: NYC DEP, 2023 NY Wrk. Comp. LEXIS 4529

¹⁰ Of course!

¹¹ *Id.*, dissent by Bilbrey, J.

¹² Mamaysky, I. & Lister, K., Working From Home: Unraveling the Employment Law Implications of the Remote Office, 36 ABA Journal Lab. & Emp. Law 343 (2022). (internal citations omitted)

DEVELOPING LOSS PREVENTION CONSULTANTS: A STRATEGIC APPROACH FOR WORKERS COMPENSATION CARRIERS

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Submitted by the AASCIF Safety & Health Committee

In the evolving world of workers' compensation, loss prevention consultants play a critical role in reducing workplace injuries and minimizing financial risk. Developing a highly skilled team of consultants is key to the success of any workers' compensation carrier. This article outlines best practices for hiring, onboarding, and developing loss prevention consultants, based on proven strategies used by industry leaders such as Missouri Employers Mutual Insurance Company (MEM), State Compensation Insurance Fund (STATE FUND), and Beacon Mutual Insurance Company. These strategies not only ensure technical competence but also emphasize the importance of communication, influencing change, and continuous professional development.

Hiring the Right Individuals: Building Trust and Driving Performance

The foundation of any successful loss prevention team starts with hiring the right individuals. The process goes beyond finding candidates with technical skills; it is about identifying people who can thrive in a team environment, bring fresh ideas, and challenge the status quo. By hiring individuals who are adaptable, communicative, and eager to learn, workers' compensation carriers build teams that can influence change, grow professionally, and continuously add value to both the organization and its policyholders.

Hiring the right people fosters trust within the team. Trust is essential for healthy competition, where team members feel comfortable sharing ideas, questioning existing practices, and pushing for improvements. When teams trust one another, they are more likely to collaborate effectively, find innovative solutions, and set higher standards for success. Without this trust and the right individuals in place, teams can stagnate, simply continuing with what has always been done. This stagnation inhibits growth and limits the potential for

demonstrating value to the organization, policyholders, and agents.

The right hires create a positive feedback loop that benefits everyone involved. Trust within the team drives development, and development leads to better performance metrics. In the long term, everyone—from the organization to the policyholder—wins.

Onboarding and the First 90 Days: Setting a Solid Foundation

The first few weeks to months in a new role can be overwhelming for any new hire, regardless of their prior experience. There are new systems to learn, processes to understand, and organizational cultures to adapt to. A well-structured onboarding program can significantly alleviate this initial pressure, setting the foundation for long-term success.

At MEM a carefully outlined 90-day plan for new hires is a key element of their onboarding process. This plan includes specific objectives and periodic reviews to ensure that the new consultant is on track and has ample opportunity to ask questions and receive feedback. Early success in the first 90 days hinges on a structured, well-thought-out plan that provides clarity on expectations and resources for support.

This approach to onboarding doesn't stop at the 90-day mark. Continuous feedback and development are integral to the growth of loss prevention consultants. Regular check-ins, whether through formal evaluations or informal conversations, help new hires fine-tune their skills and adapt to the organizational culture. MEM's strategy of ongoing mentorship, through initiatives like its buddy program, ensures that new employees have someone to turn to for advice and support outside of their immediate department, fostering cross-functional relationships and broader learning experiences.

This structured start ensures that new hires are not only technically competent but also aligned with the company's mission, values, and goals.

Continuous Development: Fostering a Culture of Learning and Growth

Development for loss prevention consultants is not a one-time event—it is an ongoing process. Continuous learning, sharing best practices, and staying up to date with industry trends are essential for success in this role. Companies like State Compensation Insurance Fund (State Fund) and Beacon Mutual Insurance Company recognize the importance of this ongoing development and have implemented various programs to encourage it.

At State Fund, new hires participate in a Loss Prevention Training Program (LPTP), which traditionally focused on technical skills such as interpreting safety regulations and identifying hazards. While these technical skills are essential, State Fund has realized the growing importance of communication and relationship-building in loss prevention. As a result, they have restructured the LPTP to include training on effective writing, persuasive communication, and relationship management. These skills are crucial for influencing policyholders and ensuring that safety recommendations are clearly understood and followed.

Beacon Mutual has taken a similar approach by transitioning from a specialist model to a generalist model. By exposing consultants to a wide range of industries—such as manufacturing, healthcare, and construction—Beacon ensures that its staff gain practical experience across various sectors. This broad exposure allows consultants to develop a deeper understanding of different safety challenges and risk factors, making them more adaptable and capable of applying safety principles across diverse contexts.

Beacon also emphasizes collaboration and knowledge-sharing among its consultants. Joint site visits, team discussions, and case study reviews are common practices that promote the exchange of expertise and best practices. This collaborative approach not only strengthens the team's collective knowledge but also helps individual consultants refine their skills and techniques by learning from their peers.

In addition to internal development programs, many organizations encourage their consultants to pursue professional certifications such as Certified Safety Professional (CSP), Certified Industrial Hygienist (CIH), Certified Professional Ergonomist (CPE), and others. MEM and Beacon provide support in pursuing these certifications by offering financial assistance and additional resources for exam preparation. At Beacon, a financial reward is provided for achieving a designation such as CSP, CIH, etc. Encouraging professional certifications not only helps consultants deepen their technical knowledge but also provides formal recognition of a consultant's skill set.

By fostering a culture of continuous learning, companies can ensure that their consultants are always improving their skills and staying up to date with the latest industry trends. This ongoing development creates a workforce that is not only technically proficient but also highly adaptable and capable of influencing positive change within the policyholder's organization.

Selling, Influencing, and Communication: Beyond Technical Expertise

In addition to technical skills, loss prevention consultants need to excel in communication, persuasion, and relationship-building. After all, their role is to influence policyholders to make changes that will reduce risk and prevent injuries. Simply providing a recommendation is not enough—the consultant must be able to communicate the value of that recommendation in a way that resonates with the policyholder and motivates them to act.

At STATE FUND, this realization prompted a shift in their training focus. They found that many safety recommendations were unclear, lacked specific instructions, and failed to communicate the urgency or importance of taking action. As a result, STATE FUND restructured its training program to focus more on effective communication and persuasive writing. This change not only improved the quality of written recommendations but also helped consultants become more effective in face-to-face interactions with policyholders.

MEM has taken this concept a step further by incorporating selling and influencing skills into its consultant training programs. MEM recognizes that consultants are, in essence, salespeople—they are selling the idea of safety and risk reduction to policyholders who may be resistant to change. To be successful, consultants must be skilled in persuasion, able to demonstrate the value of implementing safety measures in terms of long-term cost savings, reduced risk, and improved employee well-being.

By developing these non-technical skills, loss prevention consultants become more effective influencers, capable of driving meaningful change within policyholder organizations.

New Metrics: Measuring Success Beyond Production Quotas

Historically, the success of loss prevention teams has been measured through task-based metrics such as production quotas, timeliness, and quality scores. While these metrics are important, they don't fully capture the impact that loss prevention consultants have on reducing risk and preventing injuries.

MEM has recognized the need for more meaningful, outcome-based metrics that better align with the company's strategic goals. At MEM, this has led to the development of the "influencer score," a metric designed to measure how well consultants are influencing change within policyholder organizations through the recommendation process.

The influencer score is composed of three key components:

1. **Recommendation Awareness:** This measures how many unique policyholders have received a recommendation aimed at reducing loss or exposure.
2. **Recommendation Accuracy:** This evaluates how well the recommendations align with the loss drivers of the policyholder or the class codes on the account.
3. **Recommendation Accountability:** This measures the compliance rate of the recommendations, tracking how many have been implemented by the policyholder.

The individual influencer score provides a comprehensive view of each consultant's effectiveness in using available tools, communicating ideas, and driving change. It also serves as a diagnostic tool for identifying areas where consultants may need additional training or support. If a consultant has a low influencer score, MEM can target specific areas for improvement, helping them develop the skills they need to be more successful in influencing change.

At a department level, MEM measures success through frequency reduction. This metric compares how policyholder accounts have performed in terms of injury frequency before and after interventions by the loss prevention team. By focusing on outcomes—reducing injury frequency—MEM aligns its department goals with the overall corporate objective of minimizing risk and saving money for both the company and its policyholders.

Conclusion: Building a Stronger Future Through Consultant Development

Developing loss prevention consultants is essential for workers' compensation carriers looking to reduce risk, prevent injuries, and drive long-term success. By focusing on hiring the right individuals, providing structured onboarding, and fostering a culture of continuous learning, organizations can build strong teams of consultants capable of influencing meaningful change.

Incorporating non-technical skills such as communication, persuasion, and relationship-building into consultant development programs ensures that consultants can effectively communicate the value of their recommendations and drive compliance among policyholders. By moving away from task-based metrics and embracing outcome-based goals like the influencer score and frequency reduction, companies can better measure the true impact of their loss prevention teams.

With these strategies in place, workers' compensation carriers can create a more adaptable, innovative, and successful loss prevention workforce—one that is well-equipped to tackle the challenges of today and tomorrow.

AROUND AASCIF



CALIFORNIA

Premium Threshold Change

State Fund increased its schedule rating eligibility threshold from \$25,000 of standard premium to \$50,000 of standard premium for policies effective December 1, 2024, and later.

With this change, brokers can immediately bind more of their new business submissions via our online BindNow system. In addition, any renewals that are less than \$50,000 of standard premium—whether they previously went through our instant quote and bind process or were reviewed by an underwriter—will now go through the automatic renewal process via BindNow.

Together, these changes help brokers submit, bind, and renew more policies in less time.

Injury and Illness Prevention Plan (IIPP) BuilderSM in Spanish

State Fund has introduced a Spanish version of its [IIPP BuilderSM](#), a free tool designed to help businesses easily create a workplace safety program.

Launched in 2021, the IIPP Builder has become a valuable resource for all California employers, simplifying the creation of their Cal/OSHA-required Injury and Illness Prevention Program (IIPP). The tool walks users through the entire IIPP development process, generating a customized safety plan that meets their business needs.

Supplier Diversity Week

To attract new suppliers owned by minorities, women, veterans, LGBTQIA+ individuals, and persons with disabilities to do business with State Fund, the Enterprise Procurement team sponsored its first Supplier Diversity Week.

Supplier diversity is increasingly recognized as a key component of corporate social responsibility (CSR) and sustainable business practices. By engaging with a diverse supplier base, State Fund contributes positively to local economies, promotes job creation within underrepresented communities, and encourages innovation by accessing varied perspectives and experiences. [Read a recent report](#) on the positive economic impact of State Fund's program.



LOUISIANA

LWCC's Louisiana Loyal Service Project Strengthens Community Through Service

Louisiana Loyal is a movement to celebrate and elevate Louisiana. But movement requires action; action to overcome challenges and work towards a brighter future. LWCC is celebrating the culmination of service and action as we conclude the 2024 Louisiana Loyal Service Project, which refocused its efforts to the Baton Rouge area, benefiting the Greater Baton Rouge Food Bank. In collaboration with agent partners, LWCC employees amassed over 200 volunteer hours, packaging and sorting over 900 boxes that provide over 24,000 meals to families struggling with food insecurity across their 11 parish service area.

“LWCC’s purpose is to help Louisiana thrive, and we believe volunteerism is a powerful way to activate that purpose,” said Seth Irby, LWCC, SVP, Chief Strategy Officer. “Small actions that we can take together add up to meaningful change. The Louisiana Loyal Service Project is how we model corporate volunteerism, and our hope is that other businesses across the state feel inspired to use their resources and time for the betterment of their community.”

Hunger and food insecurity continue to be pressing challenges across Louisiana, with an estimated 683,110 residents—many of them children and seniors—facing uncertainty about their next meal. Food banks and community organizations work tirelessly to bridge this gap, but the need for volunteerism and support remains urgent. The Louisiana Loyal Service Project’s in-person volunteer opportunities, in-office food drives, and direct donations provide the Greater Baton Rouge Food Bank much needed support for them to meet the needs of their 11-parish service area.

[Learn more about our impact.](#)



Celebrating Louisiana Through Its Stories

Throughout LWCC’s history, our stakeholders have been key to our success. In communities across the state, these businesses, workers, and industry experts are fueling a vibrant economy and a deep pride in Louisiana. We share these purpose-driven and passionate stories because these are the people and businesses shaping Louisiana’s future. In amplifying their voices, we aim to inspire pride in what Louisiana has to offer and foster a culture of excellence within the state.

At LWCC, we believe in the power of storytelling to inspire and uplift. Through the Louisiana Loyal movement, we are committed to highlighting these stories, showcasing the individuals and organizations that embody the spirit of progress. By celebrating those who are working to make a difference, we’re not only shining a light on their contributions but also inviting others to join the movement. Through this collective effort, we bring to life our vision to elevate Louisiana and achieve our purpose to help the state thrive.

“As we continue to tell these stories, we hope to inspire others to invest in Louisiana’s future,” says Seth Irby, LWCC, SVP, Chief Strategy Officer. “Whether it’s through business innovation, community engagement, or personal leadership, every action contributes to the larger narrative of a thriving Louisiana. Together, we can build a legacy that reflects the strength, determination, and boundless potential of our great state.”

[Learn More & Explore our Louisiana Loyal Stories](#)



MAINE

MEMIC Group Announces \$18.7 Million Dividend

The MEMIC Group's Board of Directors has approved an \$18.7 million dividend distribution to as many as 17,000 eligible policyholders who obtain their workers' compensation insurance from the company. This 2024 dividend brings the total capital and dividend distributions for Maine policyholders to \$370 million since 1998.

The recent dividend, amounting to approximately 11 percent of premiums paid to MEMIC in 2021, reflects the ongoing commitment of policyholders to workforce safety.

[Read the full dividend announcement here.](#)

The MEMIC Group Promotes 17-Year Industry Veteran Stacey Foote to Vice President of Claims



Stacey Foote has been promoted to Vice President of Claims for the MEMIC Group. In her new role, Stacey will lead the Eastern Region claims handling operations across key territories, focusing on establishing pivotal policies, driving strategic planning initiatives, and implementing service-enhancement programs.

Stacey has been an integral part of the MEMIC team since 2004, starting as a Compensation Specialist and steadily progressing through various leadership roles.

Stacey looks forward to partnering with MEMIC's Eastern Region stakeholders and service teams to ensure the safety and fair treatment of workers, aligning with MEMIC's mission to make workers' comp work better.

[Read the full press release here.](#)



NEW YORK

NYSIF Publishes Long Covid Information for Employers

The New York State Insurance Fund (NYSIF), the state's largest, not-for-profit workers' compensation insurer, today announced the release of an educational pamphlet to assist employers in understanding Long Covid. Long Covid is a multifaceted syndrome that causes new, returning, or ongoing symptoms in people for weeks, months, or years after their initial infection with Covid-19 and can have significant limitations on a person's day-to-day activities. NYSIF's new publication provides background on Long Covid and identifies strategies that can assist employers in supporting employees experiencing Long Covid.

"Long Covid and its effects impact workers, employers, and the economy," said NYSIF Executive Director and CEO Gaurav Vasisht. "NYSIF's new publication will help businesses understand the risks posed by Long Covid to the workforce, how to mitigate those risks, and how to support those affected."

The new resource outlines the most commonly reported symptoms of Long Covid, the number of people affected, and the consequences for the labor force and the economy. In addition, it encourages employers to communicate to employees that many people with Covid-19 go on to experience Long Covid, and that taking measures to protect themselves against Covid-19 can help avoid the potentially life-altering effects of Long Covid. The document highlights ideas for supporting workers who have or care for someone with Long Covid and explains the importance of filing a workers' compensation claim when a worker contracts Covid-19 on the job.

The information sheet is the latest in a series of NYSIF initiatives on Long Covid. Get the sheet and learn more from the report "Shining a Light on Long Covid: An Analysis of Workers' Compensation Data", a panel discussion featuring public health and policy professionals, and a webinar on Long Covid ICD Coding by visiting the [Long Covid resource page.](#)



OREGON

SAIF Declares \$60 Million Dividend

In September, SAIF's board of directors announced a \$60 million dividend for its policyholders. This continues a 15-year tradition of providing dividends, marking the 27th instance since 1990.

SAIF stands out as one of the few insurance providers in Oregon that consistently returns dividends to its customers. As a not-for-profit company with a public mission to make workers' compensation coverage available, affordable, and accessible, it's an important part of our value to policyholders.

"Our commitment to serving our customers with expertise and heart remains unwavering," said Chip Terhune, president and CEO of SAIF. "After careful consideration of the uncertainty in the current economic landscape and medical trends, we believe offering this dividend to our policyholders is the appropriate thing to do."

This year, 51,288 policyholders will receive the dividend, which will be calculated based on the premium for policies that ended in 2023 and will be distributed in October.

New "Stop the Fall" Resources Can Help Prevent Workplace Slips, Trips, and Falls

Same level slips, trips, and falls are some of the top causes of workplace injuries, and they happen across all industries. The [Bureau of Labor Statistics](#) lists it as the third most common cause of non-fatal workplace injuries in 2022, second only to overexertion and contact with objects.

SAIF has new resources centered on the [Stop the Fall triangle](#). Each side represents a strategy you can use to reduce the risk of slips, trips, and falls: <https://youtu.be/O5ez8atU3II>

We also have [posters](#), an [eLearning module](#), and an [assessment](#) so you can identify slip, trip, and fall hazards in your workplace, available in English and Spanish. Find more at saif.com/falls.

SAIF's Chief Safety Officer Joins Oregon Department of Education Task Force

Pam Ahr, chief safety officer, has been asked to join the Oregon Department of Education's task force to guide the content of a comprehensive safety guide.

Young workers are twice as likely to get injured on the job, according to the National Institute of Occupational Science and Health (NIOSH). Ensuring there are appropriate safety and health resources for instructors and students is extremely important.

"This is an opportunity for us to provide some guidance, materials, and resources to help ODE's curriculum for students, visitors, and instructors of STEM classrooms, shops, and lab spaces across Oregon schools," Ahr says.

The goal is to have the guide completed and ready for adoption by the 2025-26 school year.

SAIF's Annual Agriculture Safety Season Returns for the 27th Year

Starting in November, SAIF will again tour Oregon to provide agriculture safety seminars.

Held in 16 cities across the state, these free trainings will run through March 2025. Ten of the trainings are conducted entirely in Spanish.

The seminars have been offered for more than 26 years to farm owners, managers, and workers around Oregon to educate them on how to stay safe in their workplace.

Every year, presenters aim to focus on various topics to address key safety challenges. This time around, they'll touch on:

- Navigating Oregon OSHA's top citations
- Coexistence with agriculture chemicals revisited
- Winter warriors: Cold stress safety on the farm
- Emergency first aid on the farm

More information can be found at saif.com/agseminars.



RHODE ISLAND

Beacon Mutual Hosts 2024 AASCIF Conference in Providence: A Showcase of Collaboration and Community

Beacon Mutual was honored to host the 2024 AASCIF (American Association of State Compensation Insurance Funds) conference in Providence, Rhode Island. The event brought together workers' compensation professionals from across the U.S. and Canada for an insightful and dynamic program, featuring educational sessions, inspiring keynote speeches, and engaging networking opportunities, all while showcasing the unique charm of Rhode Island's capital.

A major contributor to the conference's success was the dedication of more than 30 Beacon Mutual employees who volunteered as ambassadors. From managing registration to facilitating breakout sessions and assisting with tours, their enthusiasm ensured the event ran smoothly, reflecting the company's commitment to excellence and the warm hospitality for which Rhode Island is known.

Beacon Mutual President and CEO Brian Spero praised the team, stating, "The 2024 AASCIF conference was a tremendous success, largely due to the dedication of our employees. Their energy and professionalism created a welcoming atmosphere and left a lasting impression on our guests."

Attendees also enjoyed tours highlighting Providence's rich history and culture. Along with excursions to Newport and America's Cup Sailing, participants were treated to Federal Hill food tours, sampling the best of Providence's renowned Italian district, and art tours of the city, showcasing Providence's vibrant creative scene. These tours provided a deeper connection to the local culture, further enriching the conference experience.

A special highlight of the conference was the closing WaterFire ceremony on Tuesday night, an iconic Providence tradition. The event featured a reception at The Capital Grille, adjacent to the WaterFire basin, where attendees could take in the festivities. Guests also had the unique opportunity to participate in a lottery, with winners selected to serve as torchbearers or brazier lighters on boats along the river, adding a personal touch to the magical experience. The WaterFire celebration was a perfect closing to the conference, blending Rhode Island's rich culture with the camaraderie of the workers' compensation community.

Beyond the activities, the conference made a lasting impact through charitable initiatives. A \$10,000 donation was made to Kids' Chance Rhode Island, which provides scholarships to children affected by workplace injuries, and conference guests assembled backpacks for Make-A-Wish Massachusetts and Rhode Island, ensuring that children have everything they need for their wish trips.



The 2024 AASCIF Conference also contributed over \$760,000 to the local economy, according to the Providence Warwick Convention & Visitors Bureau, reinforcing Rhode Island's appeal as a premier conference destination.

As Beacon Mutual reflects on the success of the event, it is clear that the teamwork, community involvement, and dedication of its employees were key to the conference's success. The company is proud to have hosted such a meaningful gathering and looks forward to supporting the AASCIF community in the future.





WASHINGTON

Major Moves at Washington State Department of Labor & Industries

A couple of key leadership positions have been filled at Washington State Department of Labor & Industries (L&I).



Brenda Heilman has been named the new assistant director for Insurance Services, replacing Mike Ratko who retired on Sept. 30. Heilman previously served as the Insurance Services division's deputy assistant director.

Heilman has been with L&I for more than 30 years. She has a strong background in workers' compensation, claims administration, policy, and management. She has worked on and led numerous projects across the 11 programs in the division.

As assistant director, she wants to build upon L&I's efforts to help injured workers heal and return to work. Within the division, she wants to focus on workplace culture, looking for ways to connect and support each other in L&I's hybrid work environment.



Kirsta Glenn, previously chief of Return to Work Partnerships in Insurance Services, has been picked to fill Heilman's former role as Insurance Services deputy assistant director.

Glenn, who recently received the [2024 Governor's Outstanding Leadership Award](#) from Washington Gov. Jay

Inslee, brings a wealth of expertise to the role. This includes experience managing projects across multiple L&I programs and divisions and a strong background in risk management and strategic leadership.

She previously served as a Line of Business manager and was the program manager for Research and Data Services, where she supported various Insurance Services programs and projects.