



# Legislative & Regulatory Report

NATIONAL ALLIANCE OF LIFE COMPANIES *An Association of Life and Health Insurance Companies*

## February 2012

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*The news in this publication, including links to background and supplemental information on state websites, is available on the NALC members website at <http://members.nalc.net>.*

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## Kentucky

### *Insurer Collection of Commission Payments (Advisory Opinion 2012-01)*

The Department has been made aware of an emerging practice related to the collection and payment of producer compensation. This Advisory Opinion provides an overview of Kentucky law related to the subject matter, an outline of the emerging practice as it has been made known to the Department, and a statement of the Department's position related to the practice.

Kentucky Revised Statute 304.14-030 defines "premium," in pertinent part, as follows:

"Premium" is the consideration for insurance, by whatever name called. Any "assessment," or any "membership," "policy," "survey," "inspection," "service" or similar fee or other charge in consideration for an insurance contract is deemed part of the premium.

Further, KRS 304.12-190(2) provides, "No person shall willfully collect as premium or charge for insurance any sum in excess of the amount actually expended or in due course to be expended for insurance applicable to the subject on account of which the premium was collected or charged." Based on the definition of premium and the prohibition against collecting charges above and beyond the premium charged, the Department's long-standing position has been that fees, commissions, and compensation (collectively referred to herein as "commissions") to be paid by the insurer to an agent are considered a part of the premium and must be included in and filed as part of an insurer's rate filing. Absent the inclusion of commissions in a rate filing, insurers would be in violation of KRS 304.12-190 should commissions be added to the cost of the insured's premium.

The Department has become aware of an emerging practice, particularly with respect to health insurance. The practice entails insurers excluding commissions from the premium charged to the insured, encouraging agents/producers to negotiate a commission with the insured directly, collecting the commission from the insured separate from the premium, and forwarding the commission to the agent. It has been acknowledged to the Department that this practice is being implemented by insurers as an effort to avoid paying rebates under the Medical Loss Ratio requirements of the federal Patient Protection and Affordable Care Act. The Department is concerned with this practice and has determined that the practice is not permitted in the State of Kentucky.

An agent is defined by KRS 304.9-020 as a "person who sells, solicits, or negotiates insurance or annuity contracts." An "agent" is an agent of an appointing insurer and, in accordance with KRS 304.9-035, an insurer is liable for the acts of its appointed agents. On the other hand, a "consultant" is defined at KRS 304.9-040 as follows:

A "consultant" is a person, who as an independent contractor in relation to a client, for fee or compensation other than from an insurer, in any manner advises or purports to advise, any person actually or prospectively insured...under, an insurance contract...existing or proposed, relative to coverage, advisability, rights, or interests under such contract, or relative to the retention, exchange, surrender, or exercise of rights thereunder.

It is the Department's position that the changes that insurers are contemplating with respect to commission payments, if implemented, will change the role of the insurance producer from that of agent to that of consultant. That being the case, an insurance producer will be required to have a consultant's license with the proper line of authority in order to engage in the practice of negotiating and receiving commissions directly from the client/insured rather than receiving compensation from the insurer for business produced.

Not only will additional licensure requirements be imposed with respect to an insurance producer who collects commissions directly from the insured but, it is imperative that an insurance producer acting as a consultant understand their fiduciary responsibilities to their client. KRS 304.9-360 sets forth the obligations of a consultant. The statute provides as follows:

A consultant is obligated, under his license, to serve with objectivity and complete loyalty the interest of his client alone; and to render his client such information, counsel and service, as within the knowledge, understanding and opinion in good faith of the licensee, as will best serve the client's insurance or annuity needs and interests.

KRS 304.9-360 clearly specifies that the consultant must serve the client/insured's interests rather than the interests of the insurer. Further, KRS 304.9-360(7) prohibits a person dually licensed as a consultant and an agent to act as both a consultant and an agent with regards to any risk which is the subject of a consultant contract required by KRS 304.9-360(4). As a result, a person dually licensed as a consultant and an agent is prohibited from selling, soliciting, and negotiating insurance as an agent while also collecting commissions from an insured as a consultant.

In addition to the above, the Department also has concerns with respect to an insurer collecting the commission on behalf of the agent/consultant from the insured and subsequently paying the commission to the agent/consultant. The act of collecting the commission separate from the premium does not necessarily transform the payment of the commission into something other than premium. The definition of premium in KRS 304.14-030 broadly includes any fee or charge by whatever name called. Consequently, it is the Department's position that the insurer cannot avoid the implications of the federal Medical Loss Ratio requirements simply by requiring the insured to remit the commission check separate from the premium check. Also, the ramifications of an insurer acting as a collection entity for the agent/consultant remain unclear.

In particular, it is unclear what the effect of non-payment of the commission payment would be on the insured. Further, KRS 304.12-190 prohibits the insurer from collecting any fee in excess of the premium charged for insurance.

Based on the above, the Department opines that the practices as outlined in this Advisory Opinion are contrary to Kentucky law and public policy as stated herein. Consequently, such practices are prohibited in the State of Kentucky. Any plans to implement such practices should be terminated. Any insurers that have already implemented such practices should cease and desist in order to avoid any further administrative action. If you have any questions regarding this Advisory Opinion, please contact the Department's Health and Life Division at (502) 564-6088.

This bulletin is available at <http://insurance.ky.gov/Bulletin.aspx>.

## Nevada

### *Funeral and Burial Services Quarterly Financial Reports (Bulletin 12-001)*

Pursuant to NRS 689.325 and NRS 689.565, every trustee of a trust fund maintained for the benefit of the beneficiaries of prepaid funeral contracts or prepaid burial-services contracts must file with the Commissioner, within 15 days after the first day of each calendar quarter, a financial statement showing the activity of all trusts required to be maintained by the seller. The purpose of this bulletin is to identify the information that must be included in a quarterly financial report from the trustee and guidance on how to submit the report.

The quarterly statement must include the information identified below and be accompanied by a \$10 fee.

- A balance sheet (a detailed breakout of the types of assets and liabilities).
- An income statement detailing expenses, contract pay-outs, and purchases.
- A detailed schedule of assets that provides sufficient detail so as to confirm compliance with NRS 689.315(1)(c).
- An asset transaction detail report detailing assets acquired or sold, including gains and losses, providing sufficient detail so as to confirm compliance with NRS 689.325(1).
- A detailed schedule of liabilities including a list of all outstanding contracts identifying whether for funeral or burial services.
- The trustee's declaration that assets equal or exceed 125% of total trust liabilities in compliance with NRS 689.325(2).

Trustees may submit their quarterly reports using the System of Electronic Rate and Form Filing System (SERFF) available through the National Association of Insurance Commissioners (NAIC) or by mailing the quarterly statement to the Division of Insurance as follows:

Nevada Division of Insurance  
Property & Casualty Section  
1818 College Parkway, Suite 103  
Carson City, NV 89706-7986

SERFF is a cost-effective and efficient way to submit filings. For information on how to "get started" to submit your quarterly statements electronically through SERFF, visit the NAIC's website at <http://www.serff.com/getstarted.htm>.

## New Jersey

### *Accelerated Death Benefits (Proposal: PRN 2011-246)*

The Department of Banking and Insurance (Department) is proposing a new rule related to accelerated death benefits.

The Interstate Insurance Compact (Compact) is an important modernization initiative that benefits state insurance regulators, consumers, and the insurance industry. The Compact enhances the efficiency and effectiveness of the way insurance products are filed, reviewed, and approved, allowing consumers to have faster access to competitive insurance products in an ever-changing global marketplace. The Compact promotes uniformity through application of national product standards embedded with strong consumer protections. The Compact established a multi-state public entity, the Interstate Insurance Product Regulation Commission (IIPRC), which serves as an instrumentality of the member states. New Jersey, along with 40 other states, is a member of the IIPRC. The IIPRC serves as a central point of electronic filing for certain insurance products, including life insurance, annuities, disability income, and long-term care insurance to develop uniform product standards, affording a high level of protection to purchasers of asset protection insurance products.

In 2007, the IIPRC adopted standards for accelerated death benefits of life insurance policies. The standards provide for the advance payment of some or all of the death proceeds payable under a life insurance policy upon the occurrence of a qualifying event. The proposed amendments are intended to make the Department's current accelerated death benefits rules more consistent with the IIPRC standards.

Submit comments by February 3, 2012 to: Robert J. Melillo, Chief, Department of Banking and Insurance, P.O. Box 325, Trenton, NJ 08625-0325, Fax: (609) 292-0896, E-mail: [legsregs@dobi.state.nj.us](mailto:legsregs@dobi.state.nj.us). The entire notice and proposed text are available at <http://www.state.nj.us/dobi/lrnurulz.htm>.

## New Mexico

### *Interest on Unpaid Claims (Bulletin 2012-01)*

This Bulletin hereby establishes the interest rate to be applied to unpaid claims after 45 days after required proof of loss has been furnished.

New Mexico Statutes Annotated, §59A-16-21 provides that:

*Any insurer issuing any policy, certificate or contract of insurance, surety, guaranty or indemnity of any kind or nature which fails for a period of forty-five days, after required proof of loss has been furnished, to pay to the person entitled the amount justly due shall be liable for the amount due and unpaid with interest on that amount at the rate of one and one-half times the prime lending rate as determined by the superintendent, for New Mexico banks per year during the period the claim is unpaid.*

New Mexico Administrative Code 13.10.22.12 provides that:

*Each contract shall provide that a MHCP failing to pay a health care professional or failing to pay a covered person/or out of pocket covered expenses within forty-five days after a clean claim has been received by the MHCP shall be liable for the amount due and unpaid with interest on that amount at the rate of one and one half times the rate established by a bulletin entered by the superintendent in January of each calendar year. For the purposes of this section, "clean claim" means a manually or electronically submitted claim that contains all the required data elements necessary for accurate adjudication without the need for additional information from outside of the MHCP's system and contains no deficiency or impropriety, including lack of substantiating documentation currently required by the MHCP, or particular circumstances requiring special treatment that prevents timely payment from being made by the MHCP.*

The 2012 interest rate is hereby set as one and one half times 3.25%. This interest rate shall remain in effect until the Superintendent completes a review of the interest rate in January 2013 and issues a Bulletin. Any questions regarding this Bulletin may be directed to Christine Baca at (505) 827-4241 or at [christinea.baca@state.nm.us](mailto:christinea.baca@state.nm.us).

The bulletin is available at <http://www.nmprc.state.nm.us/insurance/insurance-bulletins/index.html>.

## New York

### *Second Amendment to 11 NYCRR 99 (Insurance Regulation 151)*

The Superintendent proposed amendments to Insurance Regulation 151, Valuation of Annuity, Single Premium Life Insurance, Guaranteed Interest Contract and Other Deposit Reserves. Interested persons have until March 15 to submit comments regarding these amendments.

Maintaining solvency of insurers doing business in New York is a principal focus of the Insurance Law. One fundamental way the Insurance Law seeks to ensure solvency is by requiring all insurers and fraternal benefit societies authorized to do business in New York State to hold reserve funds necessary in relation to the obligations made to policy or contract holders. The Insurance Law prescribes the mortality tables and interest rates to be used for calculating such reserves.

This amendment allows the use of substandard annuity mortality tables in valuing impaired lives under individual single premium immediate annuities. Use of a substandard annuity mortality table or the use of a constant addition to the standard mortality rate allows the insurer to recognize the impaired health of the annuitant. A substandard rating may only be applied if there is documented medical proof that there is at least a 25% reduction in the life expectancy of the annuitant when compared to a normal healthy individual of the same age and gender.

The proposed regulation is available at <http://www.dfs.ny.gov/insurance/rproindx.htm>. Address comments to Martha Lees at [Martha.Lees@dfs.ny.gov](mailto:Martha.Lees@dfs.ny.gov).

## South Dakota

### *Preexisting Condition Exclusions for Credit Disability (Bulletin 12-01)*

This Bulletin is intended to provide guidance to credit disability insurance carriers with respect to the administration of preexisting condition provisions. It has come to the Division's attention that confusion as to the administration of these provisions may have arisen. Some credit health policies, including credit disability, contain preexisting condition provisions which exclude coverage if the disability commenced during the waiting period for preexisting conditions. These provisions are compliant with ARSD 20:06:06:04.02. However, ARSD 20:06:06:04.02 has not been revised to conform to the language in SDCL §§ 58-17-97 and 58-18-86. To clarify the standard to be applied to these provisions, effective immediately, policies containing preexisting condition exclusions should be administered consistent with language in SDCL §§ 58-17-97 and 58-18-86 and the content of this Bulletin, 12-01.

Current statutes do not allow for any preexisting condition exclusion beyond the statutory waiting period regardless of when a disability may have commenced. Thus, a disability that is incurred during the waiting period and arises from a preexisting condition may be excluded only during the preexisting condition waiting period. Coverage for such a disability may not be denied after the preexisting condition period concludes. For the purposes of a benefit calculation, if a disability due to a preexisting condition continues after the end of the condition waiting period, benefits for that preexisting condition then commence at the end of the waiting period.

Any policy or certificate in force that contains language allowing the preexisting condition exclusion to apply beyond the waiting period based upon when the disability is incurred must be administered so that the exclusion is limited to the waiting period in accordance with SDCL § 58-17-97 or SDCL § 58-18-86 rather than ARSD 20:06:06:04.02 or the policy language. Any new policies or certificates with preexisting condition exclusions must contain provisions providing that the exclusion only applies during the waiting period and providing that coverage commences once the period concludes.

The Division intends to proceed with a change to ARSD 20:06:06:04.02 in 2012 so that its content is consistent with SDCL §§ 58-17-97 and 58-18-86 and this Bulletin, 12-01.

This bulletin is available at <http://dlr.sd.gov/insurance/laws.aspx>.

## Tennessee

### *Electronic Notifications (Bulletin)*

The Insurance Division of the Department of Commerce and Insurance ("Division") has received recent inquiries from insurers as to whether electronic mail messages are allowable to comply with statutorily required notification to policyholders. The purpose of this bulletin is to offer the Division's interpretation of whether

electronic mail messages constitute effective notice under the Tennessee insurance law, codified in Title 56 of Tennessee Code Annotated (the "Law").

Insurers are directed several times in the Law to notify policyholders of cancellation, conditional renewal, and nonrenewal events and in certain circumstances of premium increases. Each of these directives are specific in requiring insurers to either "mail" or "deliver" notice to their insureds *at the address shown in the policy* prior to or within a time after the occurrence of one of the above named events. After having reviewed the various laws requiring notice and in considering their intent, the Division interprets effective notice as required under the Law to include electronic mail messages to policyholders where the policyholder's electronic mail address is on file with the insurer and where the policyholder elects to receive communications through electronic mail.

The Division understands that allowing electronic mailings in place of physical mailings could result in significant cost savings to the insurers, which may then presumably be passed on to insureds. However, physical mailings delivered through the United States Postal Service do provide safeguards not available to electronic mailings; for example, a policyholder who moves will leave a change of address with the post office and will have his mail forwarded, even where he forgets to change his address with his insurance company. The delivery of certain notifications to the policyholder, such as cancellation, are of paramount importance for consumer protection.

In order to ensure that those consumer protections contemplated by the statutory notice requirements are upheld, the Division will require that policyholders be given the option to continue to receive hard copy mailings of notice requirements or other communications. Further, the Division will require that the insurer make a disclosure to any policyholder electing to receive communications electronically, either in the language of the policy itself or in a separate disclosure form presented for the policyholder's signature. The policyholder's signature may include an electronic signature as contemplated by the Uniform Electronic Transactions Act found at Tennessee Code Annotated, Section 47-10-101, et seq. This disclosure must contain the following or substantially similar language:

"The policyholder electing to allow for notices and communications to be sent to the electronic mail address provided by the policyholder should be aware that the insurer rightfully considers this election to be consent by the policyholder that all notices may be sent electronically, including notice of nonrenewal and notice of cancellation. Therefore the policyholder should be diligent in updating the electronic mail address provided to the insurer in the event that the address should change."

An insurer's failure to grant a request from a policyholder to continue to receive hard copy mailings of communications from the insurer or an insurer's failure to provide the above disclosure where required could result in the Division taking action against the insurer's license pursuant to the authority of Tenn. Code Ann. § 56-2-305.

Any questions about the intent of this Bulletin should be directed to the Insurance Division, 4th Floor, Davy Crockett Tower, 500 James Robertson Parkway, Nashville, Tennessee, 37243, and/or telephone number (615) 741-2176. The bulletin is available at <http://www.state.tn.us/commerce/insurance/bulletins.shtml>.

## Utah

### *Suitability in Annuity Transactions (R590-230)*

The Utah Insurance Department has proposed changes this rule regarding Suitability in Annuity Transactions. A hearing has been scheduled for March 7, 2012, at Noon in Room 3112 of the State Office Building, behind the Capitol. The comment period ends March 16. The earliest possible date it could go into effect is March 23.

Interested persons may send comments to J. Whitby by email: [jwhitby@utah.gov](mailto:jwhitby@utah.gov); FAX 801-538-3829; or mail: State Office Building, Room 3110, Salt Lake City, UT 84114.

The purpose of this rule is to: (a) set forth standards and procedures for recommendations to consumers that result in a transaction involving annuity products so that the insurance needs and financial objectives of consumers at the time of the transaction are appropriately addressed; and (b) require insurers to establish a system to supervise recommendations.

The rule text is available at <http://www.insurance.utah.gov/docs/rules/230Amend1-19-12.pdf>. The filing form is available at <http://www.insurance.utah.gov/docs/rules/230FlgFrm1-19-12.pdf>.

## Virginia

### *Credit Insurance Experience Exhibits (Administrative Letter 2012-01)*

In accordance with § 38.2-3730 B of the Code of Virginia, adjustments to the prima facie rates applicable to credit life and credit accident and sickness insurance for the triennium commencing January 1, 2013 will be established and published later this year.

This letter serves as a reminder to all carriers licensed to write either or both of these coverages that the Credit Insurance Experience Exhibit (CIEE) for the 2011 reporting year, from which information will be obtained to properly calculate these rates, must be submitted to the Commission no later than April 1, 2012.

In order to expedite the review process, we are requesting that ALL carriers complete the attached questionnaire. This questionnaire will enable the Bureau of Insurance (the Bureau) to identify carriers who have Virginia experience to report on the CIEE from those who do not have any Virginia experience to report. Carriers who have experience to report must answer all questions and submit the questionnaire and the completed CIEE to the Life and Health Forms and Rates Section of the Bureau. Because of the time constraints under which the rate calculation must be completed, it is imperative that complete and accurate CIEEs are provided to the Bureau on or before April 1, 2012. Please note that carriers with no experience to report are not required to answer questions 1-9 on the questionnaire, however, all carriers must return the questionnaire to the Bureau with the company's name, NAIC # and contact information completed.

New this year is a Company Filing Portal that will allow carriers to submit the questionnaire and, if required, the CIEE electronically. To access the questionnaire and the portal, go to <http://www.scc.virginia.gov/boi/co/miscforms.aspx>, and scroll down to "Credit Insurance Experience Exhibit". You will also note that there are instructions on the website for submitting the documents through the portal.

Attached to this administrative letter are examples of some of the problems identified with CIEE filings in previous years. In some instances, although information was correct, an explanation was necessary to properly evaluate the information. Carriers are hereby directed to review the attachment to ensure that similar problems do not recur this year. Please note that the CIEE must be filed on a direct basis, i.e. before taking into account reinsurance ceded. Only carriers who have Virginia experience to report are required to complete and submit the CIEE to the Bureau. All carriers must submit the completed questionnaire.

We strongly encourage all carriers to submit the questionnaires and the CIEEs, if required, to the Life and Health Forms and Rates Section via the portal. Please contact the Bureau with any questions or requests for clarification. Questions or requests for clarification regarding the filing of required documents should be

directed to: Amanda McCauley, (804) 371-0034; [amanda.mccauley@scc.virginia.gov](mailto:amanda.mccauley@scc.virginia.gov). The complete bulletin with attachments is available at <http://www.scc.virginia.gov/boi/adminlets/2012.aspx>.

## Washington

### *R 2011-23 Suitability of Annuity Sales*

The Washington State Office of the Insurance Commissioner has proposed changes to RCW 48.23.015, Suitability of Annuity Sales. The purpose is to update existing rules regarding disclosures and suitability of sales for annuities based on the National Association of Insurance Commissioner's model regulation #275 adopted in April of 2010.

The office will hold a hearing on February 20, 2012, in Room TR 120, 5000 Capitol Blvd., Tumwater, Washington. The deadline for comments is March 20.

Interested persons may send comments to Kacy Scott at [kacys@oic.wa.gov](mailto:kacys@oic.wa.gov), or by filling out the form located at [http://www.insurance.wa.gov/laws\\_regs/commentform.shtml](http://www.insurance.wa.gov/laws_regs/commentform.shtml).

The rule is available at [http://www.insurance.wa.gov/laws\\_regs/rules\\_pending.shtml](http://www.insurance.wa.gov/laws_regs/rules_pending.shtml).

## State Legislature Lineup for 2012

State	Governor	House			Senate		
		Dem	Rep	O/V	Dem	Rep	O/V
AK	Sean R. Parnell (R)	16	24		10	10	
AL	Robert J. Bentley (R)	40	65		12	22	1
AR	Mike Beebe (D)	54	46		20	15	
AZ	Janice K. Brewer (R)	20	40		9	21	
CA	Edmund G. Brown, Jr. (D)	52	28		25	15	
CO	John W. Hickenlooper (D)	32	33		20	15	
CT	Dannel P. Malloy (D)	99	52		22	14	
DE	Jack A. Markell (D)	26	15		14	7	
FL	Richard L. Scott (R)	39	81		12	28	
GA	Nathan Deal (R)	63	115	2	20	36	
HI	Neil Abercrombie (D)	43	8		24	1	
IA	Terry E. Branstad (R)	40	60		26	24	
ID	C. L. "Butch" Otter (R)	13	57		7	27	1
IL	Patrick "Pat" Quinn (D)	64	54		35	24	
IN	Mitchell E. Daniels (R)	40	60		13	37	
KS	Samuel D. "Sam" Brownback (R)	33	92		8	32	
KY	Steve Beshear (D)	59	40	1	15	22	1
LA	Piyush "Bobby" Jindal (R)	46	56	3	17	22	
MA	Deval L. Patrick (D)	127	33		35	4	1
MD	Martin O'Malley (D)	98	43		35	12	
ME	Paul R. LePage (R)	72	78	3	14	20	1
MI	Rick Snyder (R)	46	62	2	12	26	

State	Governor	House			Senate		
		Dem	Rep	O/V	Dem	Rep	O/V
MN	Mark Dayton (D)	61	72	1	29	37	1
MO	Jeremiah W. Nixon (D)	56	106	1	8	26	
MS	Phil Bryant (R)	67	54	1	25	27	
MT	Brian Schweitzer (D)	32	68		22	28	
NC	Beverly Eaves Perdue (D)	52	68	1	19	31	
ND	Jack Dalrymple (R)	25	69		12	35	
NE	Dave Heineman (R)						49 * _
NH	John H. Lynch (D)	105	294	2	5	19	
NJ	Chris J. Christie (R)	46	33	1	24	16	
NM	Susana Martinez (R)	37	33		27	15	
NV	Brian E. Sandoval (R)	26	16		11	10	
NY	Andrew M. Cuomo (D)	98	50	2	30	32	
OH	John Richard Kasich (R)	40	59		10	23	
OK	Mary C. Fallin (R)	31	68	2	16	31	1
OR	John A. Kitzhaber (D)	30	30		16	14	
PA	Tom Corbett (R)	91	112		20	30	
RI	Lincoln Davenport Chafee (I)	65	10		29	8	1
SC	Nikki Randhawa Haley (R)	48	76		19	27	
SD	Dennis M. Daugaard (R)	19	50	1	5	30	
TN	William "Bill" Haslam (R)	34	64	1	13	20	
TX	Rick Perry (R)	49	101		12	19	
UT	Gary R. Herbert (R)	17	58		7	21	1
VA	Robert F. McDonnell (R)						
VT	Peter Shumlin (D)	94	48	8	22	8	
WA	Christine Gregoire (D)	55	42	1	27	22	
WI	Scott Walker (R)	39	59	1	16	17	
WV	Earl Ray Tomblin (D)	65	35		28	6	
WY	Matt Mead (R)	10	50		4	26	

**Legend**

O/V = Other, Vacant

\*  
\_ = Nebraska has a non-partisan, unicameral legislature

# 2012 STATE LEGISLATIVE SESSIONS

State	Profile	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Con-venes	Adjourns	Carry-over	2012 Est. Bills
Alabama	Y													2/7	5/17	NO	2850
Alaska	Y													1/17	4/15	11-12	400
Arizona	Y													1/9	6/22	NO	1500
Arkansas	Y													2/13	3/15	NO	500
California	N													1/4	8/31	11-12	2200
Colorado	N													1/11	5/9	NO	850
Connecticut	Y*													2/8	5/9	NO	1300
Delaware	Y													1/10	6/30	11-12	500
Florida	Y													1/10	3/9	NO	2500
Georgia	Y													1/9	4/11	11-12	3000
Hawaii	Y													1/18	5/3	11-12	3200
Idaho	N													1/9	4/7	NO	750
Illinois	N													1/11	1/8/13	11-12	5000
Indiana	Y													11/22/11	3/14	NO	1150
Iowa	Y													1/9	4/17	11-12	1950
Kansas	Y													1/9	5/25	11-12	800
Kentucky	Y													1/3	3/29	NO	1500
Louisiana	Y													3/12	6/4	NO	3400
Maine	Y													1/4	4/18	11-12	350
Maryland	Y													1/11	4/9	NO	2750
Massachusetts	N													1/4	1/1/13	11-12	1200
Michigan	N													1/11	12/31	11-12	2000
Minnesota	Y													1/24	5/21	11-12	3000
Mississippi	Y													1/3	5/5	NO	3500
Missouri	Y													1/4	5/30	NO	2050
Montana		<b>No Regular 2012 Session</b>												<b>No Regular 2012 Session</b>			
Nebraska	N													1/4	4/12	11-12	700
Nevada		<b>No Regular 2012 Session</b>												<b>No Regular 2012 Session</b>			
New Hampshire	Y													1/4	6/7	11-12	850
New Jersey	N													1/10	1/8/13	12-13	6400
New Mexico	Y													1/17	2/16	NO	1100
New York	Y													1/4	1/8/13	11-12	4400
North Carolina	N													5/8	7/13	11-12	1350
North Dakota		<b>No Regular 2012 Session</b>												<b>No Regular 2012 Session</b>			
Ohio	N													1/2	12/31	11-12	800
Oklahoma	Y													2/6	5/25	11-12	2600
Oregon	Y													2/1	3/6	NO	300
Pennsylvania	N													1/10	11/30	11-12	1800
Rhode Island	Y*													1/3	6/22	11-12	2600
South Carolina	Y													1/10	6/7	11-12	1600
South Dakota	Y													1/10	3/19	NO	600
Tennessee	Y													1/10	5/26	11-12	5400
Texas		<b>No Regular 2012 Session</b>												<b>No Regular 2012 Session</b>			
Utah	Y													1/23	3/8	NO	850
Vermont	Y													1/3	5/31	11-12	600
Virginia	Y													1/11	3/10	12-13	3600
Washington	Y													1/9	3/17	11-12	1900
West Virginia	Y													1/11	3/13	NO	2500
Wisconsin	N													1/17	5/30	11-12	700
Wyoming	Y													2/13	3/12	NO	300
U.S. Congress	N													1/2	12/16	11-12	4850
Washington D.C.	N													1/3	12/31	11-12	1400
Puerto Rico	N													1/12	6/30	09-12	2625

TOTAL BILLS = 185,025 (98,025 estimated 2012 intros + 87,000 carryovers, 2011)

\* Not publicly available

◀ Projected Executive Action Deadline

vt 06.15.11