



Preliminary Cost Impact Analysis

ANALYSIS OF CORONAVIRUS PRESUMPTIONS IN CONNECTICUT

As Requested on April 14, 2020

NCCI has evaluated the impact of three proposals¹, as requested on April 14, 2020, to establish an irrebuttable presumption of compensability for WC benefits for specified groups of workers who contract the novel coronavirus (COVID-19.) Each of the proposals provided to NCCI for analysis, which are not legislative or regulatory at this time, would result in a significant increase in workers compensation (WC) costs for the impacted classifications for the period of time the presumption is in effect.

A precise estimate of this increase cannot be determined at this time. However, following the framework included in the NCCI white paper titled *COVID-19 and Workers Compensation: Modeling Potential Impacts*, illustrative scenarios are provided in this analysis to estimate the potential magnitude of the expected increase on WC system costs due to the proposals. The following table provides a range of potential impacts based on numerous key assumptions, of which some of the more impactful are displayed:

¹ The occupational classifications in the three proposals are summarized in the table as Proposal A (Front-line Workers Only), Proposal B (Front-line Workers and Other Healthcare Workers) and Proposal C (All Essential Workers). Specific occupations within each group are described later in this paper.



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	Hypothetical Scenarios		
	#1	#2	#3
(1) Infection Rate	5%	20%	50%
(2) Claim Report Rate	50%	50%	50%
(3) Incremental Compensability Rate	Varies by occupational classification ²		
(4) Fatal Rate	0.5%	0.5%	0.5%
(5) Share of WC Losses Affected by Proposals	Varies by occupational classification ³		
(6) Estimated WC System Costs Without COVID-19 ⁴	\$1,025M	\$1,025M	\$1,025M
(7) Potential Percentage Impacts on WC System Costs ⁵			
Proposal A: Includes Front-line (FL) Workers Only	+0.3%	+2.3%	+8.6%
Proposal B: Includes Front-line and Other Healthcare (FL&H) Workers	+1.4%	+9.6%	+34.0%
Proposal C: Includes Front-line, Other Healthcare, and All Other Essential (All Essential) Workers	+7.9%	+62.7%	+238.0%
(8) Potential Dollar Impacts on WC System Costs = (6) x (7)			
Proposal A: Includes FL Workers Only	\$3.1M	\$23.6M	\$88.2M
Proposal B: Includes FL&H Workers	\$14.4M	\$98.4M	\$348.5M
Proposal C: Includes All Essential Workers	\$81.0M	\$642.7M	\$2,439.5M

Some important considerations related to these impacts are as follows:

- **As the white paper indicates, there is considerable uncertainty in many of the assumptions included in the framework presented, several of which are not explicitly shown in the table above.**
- **The effect of the irrefutable presumption, as contained in the proposals, on the percentage of filed claims deemed compensable, that would not have been otherwise, is uncertain.**

² Additional COVID-19 claims becoming compensable due to the proposal, not the total compensability rate for all COVID-19 claims. See Appendix B, Table 2 for details.

³ See Appendix B, Table 3 for details.

⁴ 2018 written premium of \$1,025M from NAIC Annual Statement data for Connecticut, adjusted to include self-insurance. It does not include the policyholder retained portion of deductible policies or adjustments for subsequent changes in premium levels. The use of adjusted premium as the basis for the dollar impact assumes that expenses and other premium adjustments will be affected proportionally to the change in benefit costs. Data on self-insurance is approximated using the National Academy of Social Insurance's October 2019 publication "Workers' Compensation: Benefits, Costs, and Coverages, 2017."

⁵ See Appendix A and Appendix B for calculation details.



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- **Some considerations are not explicitly incorporated in these figures that could result in higher impacts, such as permanent disability benefit awards.**
- **It should not be interpreted to suggest that assumption selections outside of the above (or those provided in the baseline scenario in the white paper) ranges are not appropriate.**

The analysis is based on informal proposals, not on formal statutory bill language. It was completed in an expedited manner and is considered preliminary. If an executive order were made or a legislative bill were introduced, NCCI would perform an analysis based on the actual bill language and the impacts stated in this analysis may change accordingly. Note that the absence of an update to the preliminary analysis does not signify that this is NCCI's final assessment of the estimated cost impact of these proposals.

These proposals were evaluated in isolation, without taking into account any other state or federal legislation currently being considered or recently enacted. The analysis focuses solely on the impact of the proposals on WC system costs. However, other factors resulting from the COVID-19 crisis, such as the increased usage of telecommuting and longer-term effects to the economy, may have significant, potentially offsetting, impacts to the WC system.

Description of Proposals and Actuarial Comments

Currently, Chapter 568 of the Connecticut Statutes establishes standards for when compensation or benefits are payable for disability or death or the need for medical treatment of an employee.

The proposals, which do not describe the dates for which they would apply, would establish an irrebuttable presumption of compensability. Listed below are the proposed sets of occupational classifications to which the irrebuttable presumption would apply:

- (A) Front-line workers, which includes first responders (e.g., police, fire, and ambulance) and front-line healthcare workers⁶
- (B) Front-line workers and other healthcare workers, which includes the occupational classifications from (A) and all other healthcare occupations not already included in (A) (e.g., dentists, chiropractors, and medical labs)

⁶ Defined in the proposal as healthcare workers with direct COVID-19 patient care or ancillary work in COVID-19 patient units (e.g., hospital doctors and nurses).



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- (C) Front-line workers, other healthcare workers, and all other essential workers, which includes the occupational classifications from (A) and (B) as well as other essential workers as defined by Executive Order 7H.

Note that the “all essential workers” proposal as currently worded is very broad and can cover many possible occupational classifications. Executive Order 7H⁷ defines an essential business as a business in:

- The 16 Critical Infrastructure Sectors,
- Healthcare and related operations,
- Infrastructure,
- Manufacturing and corresponding supply chains,
- Retail,
- Food and agriculture,
- Various service related industries,
- Providers of basic necessities to economically disadvantaged populations,
- Construction,
- Services necessary to maintain the safety, sanitation, and essential operations of all residences and other buildings,
- Vendors that provide essential services or products, including services to continue the operation of government agencies and provide for the health, safety, and welfare of the public,
- Defense and national security related businesses.

Currently, it is possible that some portion of filed COVID-19 claims may be found to be compensable. This could occur if the worker contracts COVID-19, and it is determined to be an injury or occupational disease⁸, with the disability or death or need for medical treatment having arisen out of and in the course of employment⁹.

If ultimately enacted, the proposals would eliminate the requirement for designated employees in certain occupations to establish that the contraction of COVID-19 is an injury or occupational

⁷ See <https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Business-Exemptions-for-Coronavirus> for more information on essential businesses as defined by the Governor of Connecticut.

⁸ Section 31-275(15) of the Connecticut Statutes defines occupational disease to include any disease related to the employee’s occupation and due to causes in excess of the ordinary hazards of employment.

⁹ An injury or occupational disease is not covered unless causally traceable to the employment other than through weakened resistance or lowered vitality.



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disease arising out of and in the course of employment as well as eliminate the employer's ability to rebut that the injury or occupational disease arose out of the course and scope of employment.

The scenarios submitted to NCCI for analysis, were they to be proposed and enacted, would increase WC system costs in Connecticut for the affected job classifications, as some claims which may not have been deemed compensable under the current Connecticut WC Act, would be found to be compensable under the irrebuttable presumption. However, there are substantial uncertainties which render a precise estimate of the impact on system costs difficult. These uncertainties include, but are not limited to:

- The incidence rate of the COVID-19 pandemic among the portion of the Connecticut population covered under the WC system,
- The effects of virus containment measures and the resulting decrease in economic activity on the composition of payroll and exposure to COVID-19 at the workplace,
- The rate at which employees infected with COVID-19 will be diagnosed or test positive for it and file a WC claim,
- The share of claims which would have ultimately been compensable under the WC Act in effect prior to the proposals,
- The share of claims which will be deemed compensable under the sets of occupational classifications in the three proposals,
- The claim severity of compensable COVID-19 related WC claims, and
- The extent to which the above unknowns will vary among individual job classifications.



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Illustrative Scenarios

Although NCCI is unable to precisely quantify the impact of the proposals on Connecticut's WC system costs, this section of the document will describe potential WC system cost impacts for each set of the outlined occupational classifications under three **hypothetical** scenarios for illustrative purposes. Scenarios 1 and 3 are not intended to display a minimum and maximum possible impact. Rather, they are hypothetical scenarios reflecting the low and high ends of a range of reasonable assumptions based on publicly available research, WC loss data collected by NCCI, and actuarial judgement. Likewise, Scenario 2 is not intended to indicate NCCI's best estimate of the potential WC system cost impact; it is merely one possible hypothetical scenario among many, using values from the middle of a range of potential assumptions.

The impacts for the three hypothetical scenarios contained in this document were created using NCCI's COVID-19 white paper, which was created using publicly available research on the epidemiological characteristics of the COVID-19 virus, WC loss data collected by NCCI, and other publicly available information. The model is described in detail in the white paper and can be found on ncci.com.

The white paper appendices contain most of the relevant inputs which were used to parameterize the three scenarios described in this document. Most of these inputs from the white paper were used without alteration. However, to reflect the specific circumstances surrounding the irrefutable presumption proposals in Connecticut, the scenarios in this document require selection of three key parameters:

- The assumed infection rate,
- The share of "additional" claims deemed compensable, and
- The share of system costs assumed to be subject to the sets of occupational classifications in the three proposals.

The NCCI white paper displays potential impacts to WC costs for a wide array of possible infection rates among the employed population. In this document, ultimate infection rates of 5%, 20%, and 50% are used for Scenarios 1, 2, and 3, respectively. FL workers and FL&H workers have the potential for especially high rates of infection due to the high levels of unavoidable contact with potentially infected members of the general public. However, both set of workers also have greater access to protective equipment, helping to offset the risk of infection.



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The illustrative scenarios in the white paper reflect a compensability rate for COVID-19 related claims of 100%. However, the paper indicates that this parameter is expected to be modified by the user based on their expectations of compensability for the state and occupations being analyzed. The scenarios in this document contemplate compensability rates less than 100% since we are concerned with the incremental increase in WC system costs due to the implementation of the proposal, rather than the overall change in system costs due to all aspects of the current pandemic.

The scenarios in this document also contemplate the possibility that front-line workers, and to a lesser extent, other healthcare workers, would likely have already been deemed compensable at a higher rate than among other “essential” occupations even in the absence of the proposals. Hence, the incremental compensability rate for other essential occupations is likely to be greater than that for front-line and other healthcare workers. Given all of these considerations, as well as the “irrebuttable” nature of the presumption, incremental compensability rates of 25%, 50%, and 75% are used for FL workers, 35%, 60%, and 85% for FL&H workers, and 60%, 80%, and 95% for all essential workers in Scenarios 1, 2, and 3, respectively.

The hypothetical cost impacts from the framework described in the NCCI white paper must then be converted to impacts on overall WC losses. Therefore, the impact on covered workers must be multiplied by the proportion of overall WC losses within each proposed set of occupational classifications. NCCI estimates that 5.0% of losses in the Connecticut WC system are attributable to FL workers and 12.0% are attributable to FL&H workers¹⁰. The share of losses attributable to the much broader set of all essential workers is uncertain, as Executive Order 7H, which enumerates the categories of essential businesses, is broadly worded, and its applicability to certain occupational classifications is unclear. Based on an analysis of historical Connecticut losses by occupational classification, NCCI estimates that all essential workers may represent between 37.5% and 70% of privately insured WC losses in the state.

The selected scenario parameters discussed above are summarized in the tables in the appendix of this document.

The estimated impact of the irrebuttable presumption proposals in each scenario is shown in the table below, broken down by the proposed sets of occupational classifications. A detailed

¹⁰ NCCI Workers Compensation Statistical Plan data for Connecticut policies becoming effective between 8/1/2012 and 7/31/2017. This figure may understate the total population share since the organizations employing first responders are often self-insured and therefore not required to report data to NCCI.



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example calculation of the impacts for each group under Scenario 2 is included in Appendix A. The impact on each group, summarized in Appendix B, Table 4, is then multiplied by that group's share of total losses from Appendix B, Table 3, and thus represents the overall impact on system costs.

For example, for FL workers, Scenario 2, +46% (from Appendix B, Table 4) x 5.0% (from Appendix B, Table 3) = +2.3%.

Impact of the Proposal on WC System Costs¹¹

Proposals	Example Scenarios		
	#1	#2	#3
(A) FL Workers	+0.3%	+2.3%	+8.6%
(B) FL&H Workers	+1.4%	+9.6%	+34.0%
(C) All Essential Workers ¹²	+7.9%	+62.7%	+238.0%

¹¹ System cost impacts and loss impacts are considered to be synonymous and it is assumed that expenses and other loss adjustments would be affected proportionally to the change in benefit costs.

¹² All essential workers include the occupational classifications in the first two rows (i.e., front-line workers and healthcare workers) and can be considered an overall impact on system costs for all COVID-19 related claims.



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Appendix A

Hypothetical Scenario #2 – Connecticut – Impact to Expected Losses – FL Workers

Row Description	Scenario Assumption
(1) Infection Rate	20%
(2) Report Rate	50%
(3) Hospitalization Rate	10%
(4) Critical Care Rate	15%
(5) Fatal Rate	0.5%
(6) Average Fatal Indemnity Benefit	\$315,536
(7) Average Salary ¹	\$69,029
(8) Pure Premium Factor ²	1.13

Row Description	Symptom Type			Overall ³
	Mild	Moderate	Severe	
(9) COVID-19 Claim Frequency	9.0%	0.850%	0.150%	10%
	= (1) x (2) x [1.0 - (3)]	= (1) x (2) x (3) x [1.0 - (4)]	= (1) x (2) x (3) x (4)	= (1) x (2)
(10) Additional Compensability Rate	50%	50%	50%	50%
(11) Wage Replacement Severity	\$1,122	\$1,683	\$3,367	\$1,203
(12) Medical Severity	\$1,070	\$33,930	\$33,930	\$4,356
(13) Non-Fatal Total Severity	\$2,192	\$35,613	\$37,297	\$5,559
	= (11) + (12)			

Row Description	Estimate
(14) Workforce Population	144,262
(15) Expected Payroll	\$9,958M
(16) COVID-19 Total Severity	\$7,137
(17) COVID-19 Expected Losses ⁴	\$51.5M
(18) Current Expected Losses ⁴	\$112.5M
(19) Scenario Expected Losses ⁴	\$164.0M
(20) Scenario Impact (%)⁴	+46%

¹ Annual mean wage through May 2019 from the U.S. Bureau of Labor Statistics for "Healthcare Practitioners and Technical Occupations," "Healthcare Support Occupations," and "Protective Service Occupations."

² Weighted average pure premium factor from the approved Connecticut loss cost filing effective 01/01/2020 for the largest healthcare-related (8832, 8833, 8835) classifications and firefighter (7704, 7710, 7711) and police (7720) classifications.

³ Overall (10) - (13) derived as the weighted average of the Mild/Moderate/Severe symptom values.

⁴ Estimate for associated occupations, NOT the overall state.



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Hypothetical Scenario #2 – Connecticut – Impact to Expected Losses – FL&H Workers

Row Description	Scenario Assumption	Symptom Type			Overall ³
Row Description	Mild	Moderate	Severe	Overall ³	
(1) Infection Rate	20%				
(2) Report Rate	50%				
(3) Hospitalization Rate	10%				
(4) Critical Care Rate	15%				
(5) Fatal Rate	0.5%				
(6) Average Fatal Indemnity Benefit	\$312,743				
(7) Average Salary ¹	\$68,455				
(8) Pure Premium Factor ²	0.78				
(9) COVID-19 Claim Frequency	9.0% = (1) x (2) x [1.0 - (3)]	0.850% = (1) x (2) x (3) x [1.0 - (4)]	0.150% = (1) x (2) x (3) x (4)	10% = (1) x (2)	
(10) Additional Compensability Rate	60%	60%	60%	60%	
(11) Wage Replacement Severity	\$1,112	\$1,669	\$3,337	\$1,193	
(12) Medical Severity	\$1,070	\$33,930	\$33,930	\$4,356	
(13) Non-Fatal Total Severity = (11) + (12)	\$2,182	\$35,599	\$37,267	\$5,549	
(14) Workforce Population	167,285				
(15) Expected Payroll	\$11,451M	= (14) x (7)			
(16) COVID-19 Total Severity	\$7,112	= (13) Overall + (6) x (5)			
(17) COVID-19 Expected Losses ⁴	\$71.4M	= (14) x (9) Overall x (10) x (16)			
(18) Current Expected Losses ⁴	\$89.3M	= (15)/100 x (8)			
(19) Scenario Expected Losses ⁴	\$160.7M	= (17) + (18)			
(20) Scenario Impact (%)⁴	+80%	= (19) / (18) - 1.0			

¹ Annual mean wage through May 2019 from the U.S. Bureau of Labor Statistics for "Healthcare Practitioners and Technical Occupations" and "Healthcare Support Occupations"

² Weighted average pure premium factor from the approved Connecticut loss cost filing effective 01/01/2020 for the largest healthcare-related (8832, 8833, 8835) classifications and firefighter (7704, 7710, 7711) and police (7720) classifications, with a greater weight given to healthcare-related classifications than for Proposal A.

³ Overall (10) - (13) derived as the weighted average of the Mild/Moderate/Severe symptom values

⁴ Estimate for associated occupations, NOT the overall state



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Hypothetical Scenario #2 – Connecticut – Impact to Expected Losses – All Essential Workers

Row Description	Scenario Assumption
(1) Infection Rate	20%
(2) Report Rate	50%
(3) Hospitalization Rate	10%
(4) Critical Care Rate	15%
(5) Fatal Rate	0.5%
(6) Average Fatal Indemnity Benefit	\$285,089
(7) Average Salary ¹	\$62,350
(8) Pure Premium Factor ²	0.77

Row Description	Mild	Moderate	Severe	Overall ³
(9) COVID-19 Claim Frequency	9.0%	0.850%	0.150%	10%
	$= (1) \times (2) \times [1.0 - (3)]$	$= (1) \times (2) \times (3) \times [1.0 - (4)]$	$= (1) \times (2) \times (3) \times (4)$	$= (1) \times (2)$
(10) Additional Compensability Rate	80%	80%	80%	80%
(11) Wage Replacement Severity	\$1,014	\$1,521	\$3,042	\$1,088
(12) Medical Severity	\$1,070	\$33,930	\$33,930	\$4,356
(13) Non-Fatal Total Severity	\$2,084	\$35,451	\$36,972	\$5,444
	$= (11) + (12)$			

Row Description	Estimate
(14) Workforce Population ⁴	915,805
(15) Expected Payroll ⁴	\$57,100M
(16) COVID-19 Total Severity	\$6,869
(17) COVID-19 Expected Losses ⁵	\$503.3M
(18) Current Expected Losses ⁵	\$439.7M
(19) Scenario Expected Losses ⁵	\$942.9M
(20) Scenario Impact (%)⁵	+114%

¹ Annual mean wage through May 2019 from the U.S. Bureau of Labor Statistics for all occupations.

² Underlying pure premium factor from latest approved Connecticut loss cost filing effective 01/01/2020. Due to uncertainty about the precise mix of occupations covered by the proposal, the weighted average pure premium factor across all classifications is used here.

³ Overall (10) - (13) derived as the weighted average of the Mild/Moderate/Severe symptom values.

⁴ Equal to 55% of the statewide workforce population of 1,665,100 and expected payroll of \$103,819M, respectively.

⁵ Estimate for associated occupations, NOT the overall state.



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Appendix B – Connecticut Specific Parameters for All Hypothetical Scenarios

Table 1 – Infection Rate

Proposals	Example Scenarios		
	#1	#2	#3
(A) FL Workers	5%	20%	50%
(B) FL&H Workers	5%	20%	50%
(C) All Essential Workers	5%	20%	50%

Table 2 – Additional Compensability Rate¹³

Proposals	Example Scenarios		
	#1	#2	#3
(A) FL Workers	25%	50%	75%
(B) FL&H Workers	35%	60%	85%
(C) All Essential Workers	60%	80%	95%

Table 3 – Estimated Share of Overall Privately Insured WC System Costs

Proposals	Example Scenarios		
	#1	#2	#3
(A) FL Workers	5.0%	5.0%	5.0%
(B) FL&H Workers	12.0%	12.0%	12.0%
(C) All Essential Workers	37.5%	55.0%	70.0%

¹³ Represents the incremental percentage deemed compensable beyond what would have been in the absence of the proposal. An irrebuttable presumption may suggest that all filed COVID-19 claims would be deemed compensable. Based on this interpretation, the 25% figure shown for Scenario #1 for Front-line Workers reflects that 75% of cases may currently be compensable under WC for this segment of workers, and the irrebuttable presumption would provide for the remaining 25% of claims to be compensable. The 75% figure shown for Scenario #3 reflects that 25% of cases may currently be compensable under WC for this segment of workers, and the irrebuttable presumption would provide for the remaining 75% of claims to be compensable.



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Table 4 – Impact of the Proposal by Occupation Group and Scenario

Proposals	Example Scenarios		
	#1	#2	#3
(A) FL Workers	+6%	+46%	+172%
(B) FL&H Workers	+12%	+80%	+283%
(C) All Essential Workers	+21%	+114%	+340%

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