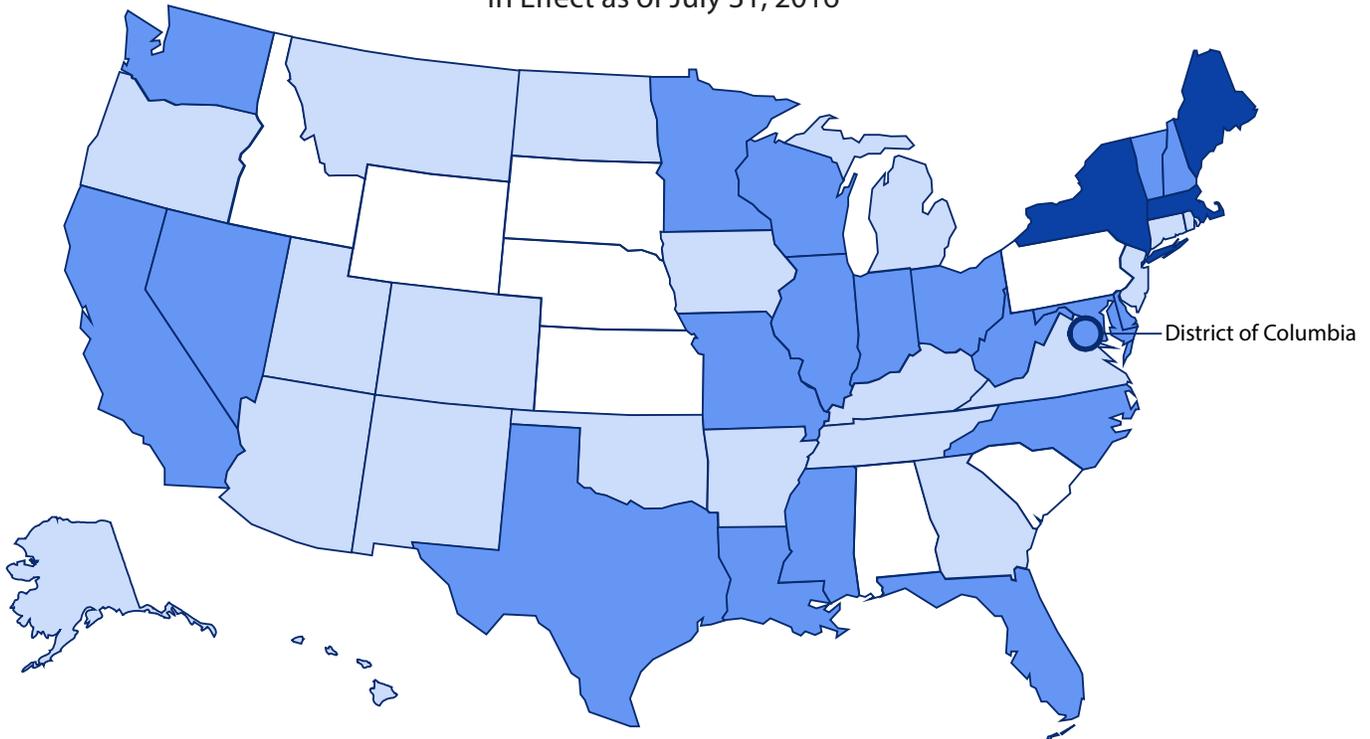


# STATE LAW FACT SHEET: A SUMMARY OF WORKSITE HEALTH PROMOTION LAWS IN EFFECT AS OF JULY 31, 2016\*

## Worksite Health Promotion State Laws In Effect as of July 31, 2016



- State enacted statutes or regulations containing 11-15 WHP interventions (n=3). Maine, Massachusetts, New York.
- State enacted statutes or regulations containing 6-10 WHP interventions (n=20). California, Delaware, District of Columbia, Florida, Illinois, Indiana, Louisiana, Maryland, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, North Carolina, Ohio, Texas, Vermont, Washington, West Virginia, Wisconsin.
- State enacted statutes or regulations containing 1-5 WHP interventions (n=20). Alaska, Arizona, Arkansas, Colorado, Connecticut, Georgia, Hawaii, Iowa, Kentucky, Michigan, Montana, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Utah, Virginia.
- State enacted no statutes or regulations containing WHP interventions (n=8). Alabama, Idaho, Kansas, Nebraska, Pennsylvania, South Carolina, South Dakota, Wyoming.

Note: No states have enacted more than 15 of the WHP interventions identified in this study.

## Background

Approximately 50% of adults in the United States have at least one chronic health condition. Among that population, 25% have two or more conditions.<sup>1</sup> Chronic disease accounts for 7 out of every 10 deaths in the United States each year, and an estimated 86% of the nation's \$2.9 trillion in health care expenditures.<sup>2</sup>

Fortunately, lifestyle modifications to reduce associated risk factors of chronic disease could prevent or control it in individuals.<sup>3</sup> Worksite health promotion (WHP) is an evidence-based strategy that operates across multiple levels of authority to target health risk factors and reduce the prevalence of chronic disease.<sup>4</sup> The workplace provides an



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

**Table 1. Worksite Health Promotion Law Components**

Components	Number of States with Component	List of States with Component
(1) Law authorizes state tax credits for WHP programs	3	IN, ME, MA
(2) Law authorizes state grants or other funding for WHP programs	16	AZ, IL, ME, MD, MA, MI, MN, NV, NY, NC, OH, OK, TX, VT, WV, WI
(3) Law authorizes state WHP program certification	2	IN, MA
(4) Law authorizes state to raise awareness for WHP programs	19	CA, D.C., FL, IL, LA, ME, MD, MA, MN, MS, NV, NH, NJ, NY, NC, TX, VT, WA, WV
(5) Law authorizes workplaces to provide health risk assessments with feedback	12	DE, D.C., IL, ME, MD, MA, MS, NH, NY, OH, TX, WI
(6) Law authorizes workplaces to make WHP program benefits available to family members	6	ME, MD, MA, MN, TX, WV
(7) Law authorizes workplaces to offer flexible work scheduling	4	AR, MS, MO, TX
(8) Law authorizes WHP programs to provide incentives to employees for participation or success in WHP	28	AK, AZ, AR, DE, FL, GA, IN, KY, LA, MN, MD, MA, MI, MN, MS, MO, NH, NY, NC, OH, TN, TX, UT, VT, VA, WA, WV, WI
(9) Law authorizes state evaluation of WHP programs	13	CA, IL, IN, ME, MD, MA, MN, NV, NY, NC, VT, WA, WV
(10) Law authorizes workplace tobacco cessation interventions	25	CO, DE, FL, IL, IN, IA, LA, ME, MD, MA, MN, MS, MO, NV, NH, NY, NC, OH, OK, RI, TX, VT, VA, WA, WV
(11) Law authorizes workplace obesity prevention programs/activities	25	AR, CA, DE, D.C., FL, IL, IN, LA, ME, MD, MA, MN, MS, MO, NV, NH, NJ, NY, NC, OH, TX, VT, WA, WV, WI
(12) Law authorizes workplace skin cancer prevention programs/activities	2	FL, NY
(13) Law authorizes workplace depression and stress programs/activities	11	D.C., IL, IN, LA, ME, MA, MS, MO, NY, NC, WI
(14) Law authorizes workplace high blood pressure programs/activities	10	CA, DE, IL, LA, ME, MA, NV, NH, OH, WI
(15) Law authorizes workplace high cholesterol programs/activities	11	CA, IL, LA, ME, MA, MS, NH, OH, VT, WA, WI
(16) Law authorizes workplace diabetes programs/activities	8	FL, MA, MS, NV, NH, OH, VT, WI
(17) Law authorizes workplace education about the signs of heart attack and stroke	6	FL, ME, MA, NV, TX, VT
(18) Law authorizes workplace public access defibrillation programs/activities as part of a worksite health promotion program	0	None
(19) Law authorizes workplace lactation support program/activities	26	AR, CA, CO, CT, D.C., GA, HI, IL, IN, ME, MN, MS, MT, NV, NM, NY, NC, ND, OK, OR, RI, TN, TX, UT, VT, WA
(20) Law authorizes workplaces to provide vaccinations at the worksite	2	DE, WI
(21) Law authorizes workplaces to integrate WHP and occupational health and safety programs/activities	7	D.C., LA, MD, NV, NY, WV, WI

opportune setting for encouraging healthy lifestyle modification because over 50% of the US adult population spends most of their waking hours at work.<sup>5</sup> Furthermore, employers may benefit from improved workforce health through reductions in the estimated 50% of company profits that are spent on health care, reductions in absences, and increased productivity from employees with one or more chronic health conditions.<sup>6</sup>

WHP programs often target risk factors of individuals through behavioral changes (such as healthy eating and physical activity) and screening programs, but interventions can be uniquely tailored to the needs of the organization.<sup>7,8</sup> Even low-cost mechanisms, such as playing music in stairwells and displaying signs to encourage stair use, can be effective methods of increasing healthy habits.<sup>9</sup> WHP programs that incorporate both environmental changes and individual-level strategies can effectively improve healthy behaviors of employees,<sup>9</sup> which also can influence their family members and lead to greater overall population health.<sup>7</sup>

Comprehensive WHP programs consist of coordinated strategies and activities to address risk factors from various angles. Evidence indicates that programs are more likely to be effective when they combine multiple interventions to meet the particular needs and goals of the organization.<sup>10</sup> The [CDC Worksite Health Scorecard](#) is a tool for employers to determine the comprehensiveness of their WHP programs as compared with other similar businesses.<sup>11</sup> The Scorecard lists 18 different components of WHP programs (referred to in the Scorecard as modules) such as tobacco control, nutrition, and physical activity. Research from the Scorecard was incorporated into this study to identify components that may be found in state law.

The community (including decision makers, employers, health professionals, and others) can work together to develop successful WHP programs.<sup>7</sup> In that regard, law provides an effective means of implementing public health strategies such as occupational health and safety (OHS) rules and worksite smoking restrictions.<sup>12,13</sup> Although little has been published on the role state law plays in WHP, a North Carolina study indicates that state laws promoting WHP can be valuable in overcoming obstacles to program implementation, and that methods used may be transferrable to other states.<sup>14</sup>

A study of state WHP laws conducted in 2013 determined that more than 66% of the United States had enacted laws regulating or encouraging WHP programs.<sup>15</sup> This document summarizes data collected in an update conducted in 2016, focusing how states have enacted laws that put into action WHP programs, and describe some common components of WHP state laws.

## Data Collection and Methods

State laws (including statutes and regulations) in effect as of July 31, 2016, were collected and reviewed across 51 jurisdictions (the 50 US states and Washington, DC), using the legal search engine, Westlaw (Thomson Reuters, Eagan, Minnesota). Laws were analyzed across 21 components (see Table 1) derived from a CDC tool called the Quality and Impact of Component (QulC) Evidence Assessment.<sup>16</sup> The tool analyzes best available evidence for potential public health effect and quality. Twenty-one components found during this assessment to align with “best,” “promising,” or “emerging” evidence became the framework of the state law collection.<sup>17</sup>

Enacted state law containing these components in conjunction with WHP programs were reviewed and coded based on level of authority (encouraged, required in part, or required without exception; collectively referred to as “authorized”). This research helps identify which states have enacted evidence-based WHP laws.

## State Laws

To As of July 31, 2016, a total of 43 states had enacted laws authorizing at least 1 of the 21 WHP program components identified in this study. Of the 51 jurisdictions analyzed, 3 states had 11 to 15 components, 20 had 6 to 10, 20 had 1 to 5, and 8 had no components enacted into law (Map). No state had more than 15 components. Results of the state law analysis for the 21 WHP components are explained below.



### Incentives for Employees

The most common component found in state law was authorization for incentives to employees who participated in or met goals associated with WHP program activities (28 states). This type of provision allows employers to provide financial or other rewards without violating anti-discrimination laws.



### Environmental Support

Some of the components in this study incorporate aspects of larger organizational procedures into WHP programs. These include workplace lactation support, inclusion of automated external defibrillator (AED) programs into WHP programs, and integration of OHS into WHP programs. Each have a foundation in policies that are beyond the scope of WHP, but evidence indicates that adding relevant education or other types of support into the WHP program can have a positive effect on the well-being of the workforce.<sup>16</sup>



### State Support for Businesses

This research also identified laws that facilitate development or maintenance of WHP programs by offering to employers grants or funding (16 states), or tax incentives (3 states). Laws varied in terms of what circumstances were required to receive such benefits. These could be provided in the form of compensation to sustain an existing WHP program. Other common elements include providing startup funds for small businesses that would not otherwise have the ability to provide WHP programs. Employer eligibility for such funds varied widely across states.



### Guidance Provisions

Other types of law assist employers by providing guidance on WHP programs, such as allowing the state or businesses to raise awareness of WHP programs (19 states), allowing the state to evaluate WHP programs (13 states), and requiring or encouraging certification of WHP programs (2 states). These laws speak to how WHP programs can or should be implemented.

Workplace lactation support is the second most common component identified in state law (26 states). These laws typically require public and private employers to provide a clean, private, dedicated location other than a restroom for lactation, except for in circumstances when it would cause undue hardship on the business. Another common element of these types of laws was to provide flexible break time to employees for this specific purpose (as opposed to other types of flexible scheduling, such as for participating in physical activities). The evidence highlights opportunities for breastfeeding support and education<sup>16</sup>; however, these were not as common among state law.

This study also examines the extent to which state law incorporates workplace AED training and use into the WHP program. As of 2010, every US state had at least one law regulating public access to AEDs by lay bystanders, and some states had implemented training requirements that may be relevant to employers.<sup>18</sup> However, for purposes of this study, no states were identified that contained legal provisions embedding AED in WHP programs.

Integration of OHS into WHP programs was identified in 7 states. A common finding was high-level authorization for WHP programs to include OHS due to the overlap between injury prevention and overall well-being. There was very little specificity found in the law regarding how these programs should be integrated.

In addition, some states encouraged employers to extend WHP programs to include the family members of employees (6 states), or to allow flexible work schedules to grant time for exercise during the workday (4 states).



## Health Promotion Activities

Several components address activities or features of WHP programs that an employer could implement. These components include tobacco cessation programs (25 states); obesity prevention interventions (25 states); health risk assessments with feedback (12 states); interventions for workplace depression or stress (11 states), high cholesterol (11 states), high blood pressure (10 states), and diabetes (8 states); providing education on signs and symptoms of heart attack and stroke (6 states); onsite vaccinations (3 states); and skin cancer prevention measures (2 states).

## References

1. Centers for Disease Control and Prevention. Chronic Disease Overview Website. <http://www.cdc.gov/chronicdisease/overview/>. Accessed April 11, 2017.
2. Gerteis J, Izrael D, Deitz D, LeRoy L, Ricciardi R, Miller T, Basu J. Multiple Chronic Conditions Chartbook. Rockville, MD: Agency for Healthcare Research and Quality; 2014.
3. Centers for Disease Control and Prevention. CDC's Chronic Disease Prevention System Website. <http://www.cdc.gov/chronicdisease/about/prevention.htm>. Accessed April 11, 2017.
4. Carnethon M, Whitsel L, Franklin B, et al. Worksite wellness programs for cardiovascular disease prevention: a policy statement from the American Heart Association. *Circulation*. 2009;120(17):1725-1741.
5. Bureau of Labor Statistics. News Release: The Employment Situation—July 2016 Website. [http://www.bls.gov/news.release/archives/empisit\\_08052016.pdf](http://www.bls.gov/news.release/archives/empisit_08052016.pdf). Accessed April 11, 2017.
6. Public Health Institute. Prevention Means Business Website. <http://www.phi.org/resources/?resource=prevention-means-business>. Accessed April 11, 2017.
7. Sorensen G, Landsbergis P, Hammer L, et al. Preventing chronic disease in the workplace: a workshop report and recommendations. *American Journal of Public Health*. 2011;101(Supplement 1):S196-S207.
8. Centers for Disease Control and Prevention. Workplace Health Strategies. 2016 [cited 2016 August 29]; Available from: <https://www.cdc.gov/workplacehealthpromotion/health-strategies/index.html>.
9. Kahn-Marshall J, Gallant M. Making healthy behaviors the easy choice for employees: a review of the literature on environmental and policy changes in worksite health promotion. *Health Educ Behav*. 2012;39(6):752-776.
10. Goetzel R, Henke R, Tabrizi M, et al. Do workplace health promotion (wellness) programs work? *J Occup Environ Med*. 2014;56(9):927-934.
11. Centers for Disease Control and Prevention, The CDC Worksite Health ScoreCard: An Assessment Tool for Employers to Prevent Heart Disease, Stroke, and Related Health Conditions. Atlanta: US Department of Health and Human Services; 2014.
12. Rigotti N, Boumne D, Rosen A, et al. Workplace compliance with a no-smoking law: a randomized community intervention trial. *AJPH*. 1992;82(2):229-35.
13. Weisfeld V, Lustig T. Promising the Best Practices in Total Worker Health: Workshop Summary. Washington, D.C.: National Academy of Sciences.; 2014.
14. Young S, Halladay J, Plescia M, Herget C, Dunn C. Establishing worksite wellness programs for North Carolina government employees, 2008. *Preventing Chronic Disease*. 2011; 8(2).
15. VanderVeur J, Gilchrist S, Matson-Koffman D. An Overview of State Policies Supporting Worksite Health Promotion Programs. *Am J Health Promot*. 2016.
16. Centers for Disease Control and Prevention, What Could be Addressed in an Evidence-Informed State Workplace Health Promotion Law? Atlanta, GA: US Department of Health and Human Services; 2017.
17. Centers for Disease Control and Prevention. Navigating Uncharted Waters: Assessing Best Available Evidence for Emerging Areas of Public Health Policy. Quality and Impact of Component (QuIC) Evidence Assessment. Version 2.0. Atlanta, GA: US Department of Health and Human Services.; 2017.
18. Gilchrist S, Schieb L, Mukhtar Q, et al. A summary of public access defibrillation laws, United States, 2010. *Preventing Chronic Disease*. 2012; 9(110196).

## Implications

Although over 84% of states have adopted laws addressing employee health through WHP programs, the effects of these laws are unknown. Future studies are warranted to assess the impact of WHP law, such as employer uptake and continuation of WHP programs, or changes in employee health behaviors resulting from WHP programs. Understanding the effect of WHP laws could provide insight into the economic value of these programs, such as employer return on investment, and reduction in national, state, or local medical care expenditures. Impact studies could contribute greatly to an understanding of the benefits of WHP law.

**Table 2. List of State Statutes and Regulations Analyzed**

State	Statutes	Regulations
Alabama	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
Alaska	ALASKA STAT. § 21.36.110 (2009)	NO LAWS IDENTIFIED
Arizona	ARIZ. REV. STAT. § 15-382 (2009), § 20-450 (2007)	NO LAWS IDENTIFIED
Arkansas	ARK. CODE ANN. § 11-5-116 (2009), § 21-4-106 (2005)	NO LAWS IDENTIFIED
California	CAL. GOV. CODE § 12041, § 12042, CAL. LABOR CODE § 1030, § 1031	CAL. CODE REGS. TIT. 2 § 599.935
Colorado	COLO. REV. STAT. § 8-13.5-102 (2008), § 8-13.5-104 (2008)	3 COLO. CODE REGS. 702-4-4-6-7
Connecticut	CONN. GEN. STAT. ANN. § 31-40W (2001)	NO LAWS IDENTIFIED
Delaware	18 DEL. ADMIN. CODE 1211-1.0 THROUGH -7.0, AND 1306-1.0 THROUGH -10.0	NO LAWS IDENTIFIED
District of Columbia	D.C. CODE § 1-541.01 (2015), § 2-1402.82 (2007), § 32-1231.01 THROUGH .15 (2015)	D.C. MUN. REGS. TIT. 4, § 518, D.C. MUN. REGS. SUBT. 6-B, § 2051
Florida	FLA. STAT. § 381.981 (2009), § 408.063 (2008), § 627.6402 (2005), § 627.65626 (2016), § 641.3903 (2011), § 944.474 (2016)	NO LAWS IDENTIFIED
Georgia	GA. CODE ANN. § 33-24-59.13 (2012), § 34-1-6	NO LAWS IDENTIFIED
Hawaii	HAW. REV. STAT. § 378-92 (2013)	NO LAWS IDENTIFIED
Idaho	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
Illinois	30 ILL. COMP. STAT. 770/5 (1993), 30 ILL. COMP. STAT. 770/15 (1996), 30 ILL. COMP. STAT. 770/20 (1993), 820 ILL. COMP. STAT. 260/10 (2001)	NO LAWS IDENTIFIED
Indiana	IND. CODE § 4-15-13-1 THROUGH -4, § 5-10-6-2, § 6-3-1-31.2-1 THROUGH -12, § 10-11-2-30, § 16-46-13-1 THROUGH -2, § 22-2-14-2	410 IND. ADMIN. CODE 31-1-1 THROUGH -7, 410 IND. ADMIN. CODE
Iowa	IOWA CODE § 513B.4 (2012), § 513B.4B (2007)	NO LAWS IDENTIFIED
Kansas	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
Kentucky	KY. REV. STAT. ANN. § 304.17A-098	NO LAWS IDENTIFIED
Louisiana	LA. REV. STAT. ANN. § 22:1017 (2010)	LA. ADMIN. CODE TIT. 48, PT. I, § 11527
Maine	ME. REV. STAT. ANN. TIT. 5, § 285-A, TIT. 22, § 1697, TIT. 22, § 1698, TIT. 22, § 1699, TIT. 22, § 3192, TIT. 24-A, § 2808-B, TIT. 24-A, § 6903, TIT. 26, § 604, TIT. 36, § 5122, TIT. 36, § 5200-A, TIT. 36, § 5219-FF	NO LAWS IDENTIFIED
Maryland	MD. HEALTH-GENERAL CODE ANN. § 19-108 (2008); MD. INSURANCE CODE ANN. § 15-137.1 (2016), § 15-509 (2014), § 15-1201 (2015), § 15-1204 (2014), § 15-1205 (2014), § 15-1206 (2016), § 27-210 (2015); MD. STATE PERSONNEL AND PENSIONS CODE ANN. § 2-501 THROUGH 517 (2013)	MD. CODE REGS. 01.01.1992.20, 01.01.2008.03, 10.25.01.01 THROUGH .24, 17.04.13.10, 31.10.38.01 THROUGH .05, 31.11.14.01 THROUGH .05
Massachusetts	MASS. GEN. LAWS ANN. CH. 31, § 61B, CH. 32, § 5A, CH. 32, § 21, CH. 32A, § 2, CH. 32A, § 26, CH. 32B § 21, CH. 62 § 6N, CH. 63 § 38FF, CH. 111, § 2G, CH. 111, § 2H, CH. 111, § 206, CH. 111, § 206A, CH. 176J, § 1, CH. 176J, § 12, CH. 176Q, § 7A	105 MASS. CODE REGS. 216.001 THROUGH .013; 211 MASS. CODE REGS. 66.01 THROUGH .14, 151.01 THROUGH .18
Michigan	MICH. COMP. LAWS § 333.5925 (1988), § 500.3426 (2016), § 550.1414B (2013)	NO LAWS IDENTIFIED
Minnesota	MINN. STAT. § 16B.24 (2015), § 62J.04 (2011), § 62Q.80 (2016), § 145.985 (2007), § 145.986 (2015), § 181.939 (2014), § 473.129 (2014)	NO LAWS IDENTIFIED
Mississippi	MISS. CODE ANN. § 41-13-35 (2004), § 41-97-9 (2010), § 71-1-55 (2006)	NO LAWS IDENTIFIED
Missouri	MO. CODE REGS ANN. TIT. 1, § 20-5.020 (2014)	MO. CODE REGS ANN. TIT. 22, § 10-2.010, TIT. 22, § 10-2.094, TIT. 22,
Montana	MONT. CODE ANN. § 39-2-215, § 39-2-216, § 39-2-217	MONT.ADMIN.R. 2.1.101
Nebraska	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
Nevada	NEV. REV. STAT. § 439.517 (2015), § 439.521 (2013), § 618.384 (1997)	
New Hampshire	N.H. REV. STAT. ANN. § 14-A:4, § 141-B:1 THROUGH B:10	N.H. CODE ADMIN. R. INS. 403.05
New Jersey	N.J. REV. STAT. § 26:1A-37.8	NO LAWS IDENTIFIED
New Mexico	N.M. STAT. ANN. § 28-20-2 (2007)	NO LAWS IDENTIFIED
New York	N.Y. INSURANCE LAW § 3239 (2013); N.Y. LABOR LAW § 218-A (2006), § 206-C (2007); N.Y. PUBLIC HEALTH LAW § 2799-O, § 2799-Q, § 2799-R (2007)	9 N.Y. COMP. CODES R. & REGS. § 4.157, 10 N.Y. COMP. CODES R. & REGS. § 709.14
North Carolina	N.C. GEN. STAT. § 130A-1.1 (2015), § 135-48.30 (2013)	9 N.C. ADMIN. CODE 2.2B; 25 N.C. ADMIN. CODE 1N.0501 THROUGH
North Dakota	N.D. CENT. CODE § 23-12-17	NO LAWS IDENTIFIED
Ohio	OHIO REV. CODE ANN. § 305.171 (2012), § 505.603 (2012), § 3901.56 (2011)	OHIO ADMIN. CODE 123-6-03 THROUGH -04, 4123-17-56.1
Oklahoma	OKLA. STAT. TIT. 36, § 6515 (2013), TIT. 40, § 510-435 (2006), TIT. 40, § 514-500 (2013), TIT.74, § 1381 TO 1384 (1994)	NO LAWS IDENTIFIED
Oregon	OR. REV. STAT. ANN. § 653.075, § 653.077	OR. ADMIN R. 101-002-0005, 111-002-0005, 839-020-0051
Pennsylvania	NO LAWS IDENTIFIED	
Rhode Island	R.I. GEN. LAWS § 23-13.2-1, § 23-20.9-7	32-1-14 R.I. CODE R. § 3
South Carolina	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
South Dakota	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED
Tennessee	TENN. CODE ANN. § 50-1-305 (2008), § 56-8-112 (2011)	TENN. COMP. R. & REGS. 1120-06-.08
Texas	TEX. CIVIL PRACTICE & REMEDIES CODE § 142A.001 THROUGH .002 (2015); TEX. GOVERNMENT CODE § 619.002 THROUGH .004 (2015), § 664.053 (2013), § 664.060 (2015), § 664.061 (2015); TEX. HEALTH & SAFETY CODE § 93.051 (2005), § 114.006 (2015), § 165.003 (1995), § 165.033 (1995); TEX. INSURANCE CODE § 1551.226 (2011), § 1601.111 (2011)	25 TEX. ADMIN. CODE § 1.61, § 31.1; 28 TEX. ADMIN. CODE § 21.4701 THROUGH .4708
Utah	UTAH CODE ANN. § 31A-42-202, § 34-49-201 THROUGH -204	UTAH ADMIN. CODE R. R477-8
Vermont	VT. STAT. ANN. TIT. 18, § 5 (2011), TIT. 18, § 11 (2008), TIT. 18, § 104B (2015), TIT. 21, § 305 (2013)	4-5-13 VT. CODE R. § 5
Virginia	VA CODE ANN. § 38.2-3454 (2014), § 38.2-3540.2 (2013)	NO LAWS IDENTIFIED
Washington	WASH. REV. CODE ANN. § 41.04.362 (2010), § 41.05.065 (2015), § 41.05.540 (2007), § 43.70.640 (2001), § 48.21.045 (2010), § 48.44.023 (2010), § 48.46.066 (2010)	WASH. ADMIN. CODE § 182-12-300
West Virginia	W. VA. CODE, § 5-1E-3 (2005), § 5-1E-4 (2005), § 5-1E-4 (2005), 5-16-8 (2000), § 23-2-5 (2005)	NO LAWS IDENTIFIED
Wisconsin	WIS. STAT. ANN. § 250.21 (2014)	WIS. ADM. CODE DHS § 150.01 THROUGH .04
Wyoming	NO LAWS IDENTIFIED	NO LAWS IDENTIFIED