

FIRST REGULAR SESSION

SENATE BILL NO. 430

96TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR MAYER.

Read 1st time March 1, 2011, and ordered printed.

TERRY L. SPIELER, Secretary.

1897S.011

AN ACT

To repeal sections 287.120, 287.140, 287.143, 287.149, 287.210, 287.220, 287.690, and 287.715, RSMo, and to enact in lieu thereof nine new sections relating to workers' compensation, with an emergency clause.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Sections 287.120, 287.140, 287.143, 287.149, 287.210, 287.220, 287.690, and 287.715, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 287.120, 287.140, 287.143, 287.149, 287.210, 287.220, 287.690, 287.715, and 287.890, to read as follows:

287.120. 1. Every employer subject to the provisions of this chapter shall be liable, irrespective of negligence, to furnish compensation under the provisions of this chapter for personal injury or death of the employee by accident arising out of and in the course of the employee's employment, and shall be released from all other liability therefor whatsoever, whether to the employee or any other person. The term "accident" as used in this section shall include, but not be limited to, injury or death of the employee caused by the unprovoked violence or assault against the employee by any person.

2. The rights and remedies herein granted to an employee shall exclude all other rights and remedies of the employee, his wife, her husband, parents, personal representatives, dependents, heirs or next kin, at common law or otherwise, on account of such accidental injury or death, except such rights and remedies as are not provided for by this chapter.

3. No compensation shall be allowed under this chapter for the injury or death due to the employee's intentional self-inflicted injury, but the burden of proof of intentional self-inflicted injury shall be on the employer or the person

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

17 contesting the claim for allowance.

18 4. Where the injury is caused by the failure of the employer to comply
19 with any statute in this state or any lawful order of the division or the
20 commission, the compensation and death benefit provided for under this chapter
21 shall be increased fifteen percent.

22 5. Where the injury is caused by the failure of the employee to use safety
23 devices where provided by the employer, or from the employee's failure to obey
24 any reasonable rule adopted by the employer for the safety of employees, the
25 compensation and death benefit provided for herein shall be reduced at least
26 twenty-five but not more than fifty percent; provided, that it is shown that the
27 employee had actual knowledge of the rule so adopted by the employer; and
28 provided, further, that the employer had, prior to the injury, made a reasonable
29 effort to cause his or her employees to use the safety device or devices and to obey
30 or follow the rule so adopted for the safety of the employees.

31 6. (1) Where the employee fails to obey any rule or policy adopted by the
32 employer relating to a drug-free workplace or the use of alcohol or nonprescribed
33 controlled drugs in the workplace, the compensation and death benefit provided
34 for herein shall be reduced fifty percent if the injury was sustained in conjunction
35 with the use of alcohol or nonprescribed controlled drugs.

36 (2) If, however, the use of alcohol or nonprescribed controlled drugs in
37 violation of the employer's rule or policy is the proximate cause of the injury, then
38 the benefits or compensation otherwise payable under this chapter for death or
39 disability shall be forfeited.

40 (3) The voluntary use of alcohol to the percentage of blood alcohol
41 sufficient under Missouri law to constitute legal intoxication shall give rise to a
42 rebuttable presumption that the voluntary use of alcohol under such
43 circumstances was the proximate cause of the injury. A preponderance of the
44 evidence standard shall apply to rebut such presumption. An employee's refusal
45 to take a test for alcohol or a nonprescribed controlled substance, as defined by
46 section 195.010, at the request of the employer shall result in the forfeiture of
47 benefits under this chapter if the employer had sufficient cause to suspect use of
48 alcohol or a nonprescribed controlled substance by the claimant or if the
49 employer's policy clearly authorizes post-injury testing.

50 7. Where the employee's participation in a recreational activity or
51 program is the prevailing cause of the injury, benefits or compensation otherwise
52 payable under this chapter for death or disability shall be forfeited regardless

53 that the employer may have promoted, sponsored or supported the recreational
54 activity or program, expressly or impliedly, in whole or in part. The forfeiture of
55 benefits or compensation shall not apply when:

56 (1) The employee was directly ordered by the employer to participate in
57 such recreational activity or program;

58 (2) The employee was paid wages or travel expenses while participating
59 in such recreational activity or program; or

60 (3) The injury from such recreational activity or program occurs on the
61 employer's premises due to an unsafe condition and the employer had actual
62 knowledge of the employee's participation in the recreational activity or program
63 and of the unsafe condition of the premises and failed to either curtail the
64 recreational activity or program or cure the unsafe condition.

65 8. Mental injury resulting from work-related stress does not arise out of
66 and in the course of the employment, unless it is demonstrated that the stress is
67 work related and was extraordinary and unusual. The amount of work stress
68 shall be measured by objective standards and actual events.

69 9. A mental injury is not considered to arise out of and in the course of
70 the employment if it resulted from any disciplinary action, work evaluation, job
71 transfer, layoff, demotion, termination or any similar action taken in good faith
72 by the employer.

73 10. The ability of a firefighter to receive benefits for psychological stress
74 under section 287.067 shall not be diminished by the provisions of subsections 8
75 and 9 of this section.

76 **11. If an employee who is receiving compensation under this**
77 **chapter becomes incarcerated, such compensation shall be suspended**
78 **for the duration of the incarceration.**

79 **12. To be eligible to receive compensation under this chapter, an**
80 **employee must be entitled to legally work in the United States.**

287.140. 1. In addition to all other compensation paid to the employee
2 under this section, the employee shall receive and the employer shall provide
3 such medical, surgical, chiropractic, and hospital treatment, including nursing,
4 custodial, ambulance and medicines, as may reasonably be required after the
5 injury or disability, to cure and relieve from the effects of the injury. If the
6 employee desires, he shall have the right to select his own physician, surgeon, or
7 other such requirement at his own expense. Where the requirements are
8 furnished by a public hospital or other institution, payment therefor shall be

9 made to the proper authorities. Regardless of whether the health care provider
10 is selected by the employer or is selected by the employee at the employee's
11 expense, the health care provider shall have the affirmative duty to communicate
12 fully with the employee regarding the nature of the employee's injury and
13 recommended treatment exclusive of any evaluation for a permanent disability
14 rating. Failure to perform such duty to communicate shall constitute a
15 disciplinary violation by the provider subject to the provisions of chapter
16 620. When an employee is required to submit to medical examinations or
17 necessary medical treatment at a place outside of the local or metropolitan area
18 from the employee's principal place of employment, the employer [or], its insurer,
19 **or the second injury fund** shall advance or reimburse the employee for all
20 necessary and reasonable expenses; except that an injured employee who resides
21 outside the state of Missouri and who is employed by an employer located in
22 Missouri shall have the option of selecting the location of services provided in this
23 section either at a location within one hundred miles of the injured employee's
24 residence, place of injury or place of hire by the employer. The choice of provider
25 within the location selected shall continue to be made by the employer. In case
26 of a medical examination if a dispute arises as to what expenses shall be paid by
27 the employer, the matter shall be presented to the legal advisor, the
28 administrative law judge or the commission, who shall set the sum to be paid and
29 same shall be paid by the employer prior to the medical examination. In no
30 event, however, shall the employer [or], its insurer, **or the second injury fund**
31 be required to pay transportation costs for a greater distance than two hundred
32 fifty miles each way from place of treatment.

33 2. If it be shown to the division or the commission that the requirements
34 are being furnished in such manner that there is reasonable ground for believing
35 that the life, health, or recovery of the employee is endangered thereby, the
36 division or the commission may order a change in the physician, surgeon, hospital
37 or other requirement.

38 3. All fees and charges under this chapter shall be fair and reasonable,
39 shall be subject to regulation by the division or the commission, or the board of
40 rehabilitation in rehabilitation cases. A health care provider shall not charge a
41 fee for treatment and care which is governed by the provisions of this chapter
42 greater than the usual and customary fee the provider receives for the same
43 treatment or service when the payor for such treatment or service is a private
44 individual or a private health insurance carrier. The division or the commission,

45 or the board of rehabilitation in rehabilitation cases, shall also have jurisdiction
46 to hear and determine all disputes as to such charges. A health care provider is
47 bound by the determination upon the reasonableness of health care bills.

48 4. The division shall, by regulation, establish methods to resolve disputes
49 concerning the reasonableness of medical charges, services, or aids.

50 This regulation shall govern resolution of disputes between employers and
51 medical providers over fees charged, whether or not paid, and shall be in lieu of
52 any other administrative procedure under this chapter. The employee shall not
53 be a party to a dispute over medical charges, nor shall the employee's recovery
54 in any way be jeopardized because of such dispute.

55 5. No compensation shall be payable for the death or disability of an
56 employee, if and insofar as the death or disability may be caused, continued or
57 aggravated by any unreasonable refusal to submit to any medical or surgical
58 treatment or operation, the risk of which is, in the opinion of the division or the
59 commission, inconsiderable in view of the seriousness of the injury. If the
60 employee dies as a result of an operation made necessary by the injury, the death
61 shall be deemed to be caused by the injury.

62 6. The testimony of any physician or chiropractic physician who treated
63 the employee shall be admissible in evidence in any proceedings for compensation
64 under this chapter, subject to all of the provisions of section 287.210.

65 7. Every hospital or other person furnishing the employee with medical
66 aid shall permit its record to be copied by and shall furnish full information to
67 the division or the commission, the employer, the employee or his dependents and
68 any other party to any proceedings for compensation under this chapter, and
69 certified copies of the records shall be admissible in evidence in any such
70 proceedings.

71 8. The employer may be required by the division or the commission to
72 furnish an injured employee with artificial legs, arms, hands, surgical orthopedic
73 joints, or eyes, or braces, as needed, for life whenever the division or the
74 commission shall find that the injured employee may be partially or wholly
75 relieved of the effects of a permanent injury by the use thereof. The director of
76 the division shall establish a procedure whereby a claim for compensation may
77 be reactivated after settlement of such claim is completed. The claim shall be
78 reactivated only after the claimant can show good cause for the reactivation of
79 this claim and the claim shall be made only for the payment of medical
80 procedures involving life-threatening surgical procedures or if the claimant

81 requires the use of a new, or the modification, alteration or exchange of an
82 existing, prosthetic device. For the purpose of this subsection, "life threatening"
83 shall mean a situation or condition which, if not treated immediately, will likely
84 result in the death of the injured worker.

85 9. Nothing in this chapter shall prevent an employee being provided
86 treatment for his injuries by prayer or spiritual means if the employer does not
87 object to the treatment.

88 10. The employer shall have the right to select the licensed treating
89 physician, surgeon, chiropractic physician, or other health care provider;
90 provided, however, that such physicians, surgeons or other health care providers
91 shall offer only those services authorized within the scope of their licenses. For
92 the purpose of this subsection, subsection 2 of section 287.030 shall not apply.

93 11. Any physician or other health care provider who orders, directs or
94 refers a patient for treatment, testing, therapy or rehabilitation at any institution
95 or facility shall, at or prior to the time of the referral, disclose in writing if such
96 health care provider, any of his partners or his employer has a financial interest
97 in the institution or facility to which the patient is being referred, to the
98 following:

99 (1) The patient;

100 (2) The employer of the patient with workers' compensation liability for
101 the injury or disease being treated;

102 (3) The workers' compensation insurer of such employer; and

103 (4) The workers' compensation adjusting company for such insurer.

104 12. Violation of subsection 11 of this section is a class A misdemeanor.

105 13. (1) No hospital, physician or other health care provider, other than
106 a hospital, physician or health care provider selected by the employee at his own
107 expense pursuant to subsection 1 of this section, shall bill or attempt to collect
108 any fee or any portion of a fee for services rendered to an employee due to a
109 work-related injury or report to any credit reporting agency any failure of the
110 employee to make such payment, when an injury covered by this chapter has
111 occurred and such hospital, physician or health care provider has received actual
112 notice given in writing by the employee, the employer or the employer's
113 insurer. Actual notice shall be deemed received by the hospital, physician or
114 health care provider five days after mailing by certified mail by the employer or
115 insurer to the hospital, physician or health care provider.

116 (2) The notice shall include:

117 (a) The name of the employer;
118 (b) The name of the insurer, if known;
119 (c) The name of the employee receiving the services;
120 (d) The general nature of the injury, if known; and
121 (e) Where a claim has been filed, the claim number, if known.

122 (3) When an injury is found to be noncompensable under this chapter, the
123 hospital, physician or other health care provider shall be entitled to pursue the
124 employee for any unpaid portion of the fee or other charges for authorized
125 services provided to the employee. Any applicable statute of limitations for an
126 action for such fees or other charges shall be tolled from the time notice is given
127 to the division by a hospital, physician or other health care provider pursuant to
128 subdivision (6) of this subsection, until a determination of noncompensability in
129 regard to the injury which is the basis of such services is made, or in the event
130 there is an appeal to the labor and industrial relations commission, until a
131 decision is rendered by that commission.

132 (4) If a hospital, physician or other health care provider or a debt collector
133 on behalf of such hospital, physician or other health care provider pursues any
134 action to collect from an employee after such notice is properly given, the
135 employee shall have a cause of action against the hospital, physician or other
136 health care provider for actual damages sustained plus up to one thousand
137 dollars in additional damages, costs and reasonable attorney's fees.

138 (5) If an employer or insurer fails to make payment for authorized
139 services provided to the employee by a hospital, physician or other health care
140 provider pursuant to this chapter, the hospital, physician or other health care
141 provider may proceed pursuant to subsection 4 of this section with a dispute
142 against the employer or insurer for any fees or other charges for services
143 provided.

144 (6) A hospital, physician or other health care provider whose services have
145 been authorized in advance by the employer or insurer may give notice to the
146 division of any claim for fees or other charges for services provided for a
147 work-related injury that is covered by this chapter, with copies of the notice to
148 the employee, employer and the employer's insurer. Where such notice has been
149 filed, the administrative law judge may order direct payment from the proceeds
150 of any settlement or award to the hospital, physician or other health care
151 provider for such fees as are determined by the division. The notice shall be on
152 a form prescribed by the division.

153 14. The employer may allow or require an employee to use any of the
154 employee's accumulated paid leave, personal leave, or medical or sick leave to
155 attend to medical treatment, physical rehabilitation, or medical evaluations
156 during work time. The intent of this subsection is to specifically supercede and
157 abrogate any case law that contradicts the express language of this section.

 287.143. As a guide to the interpretation and application of sections
2 287.144 to 287.149, sections 287.144 to 287.149 shall not be construed to require
3 the employer to provide vocational rehabilitation to a severely injured employee.
4 An employee shall submit to appropriate vocational testing and a vocational
5 rehabilitation assessment scheduled by an employer [or], its insurer, **or the**
6 **second injury fund if the employer has not obtained a vocational**
7 **rehabilitation assessment.**

 287.149. 1. Temporary total disability or temporary partial disability
2 benefits shall be paid throughout the rehabilitative process.

3 2. The permanency of the employee's disability under sections 287.170 to
4 287.200 shall not be established, determined or adjudicated while the employee
5 is participating in rehabilitation services.

6 3. Refusal of the employee to accept rehabilitation services or submit to
7 a vocational rehabilitation assessment as deemed necessary by the employer **or**
8 **second injury fund** shall result in a fifty percent reduction in all disability
9 payments to an employee, including temporary partial disability benefits paid
10 pursuant to section 287.180, for each week of the period of refusal.

 287.210. 1. After an employee has received an injury he shall from time
2 to time thereafter during disability submit to reasonable medical examination at
3 the request of the employer, [his] **the employer's** insurer, the commission, the
4 division [or], an administrative law judge, **or the second injury fund if the**
5 **employer has not obtained a medical examination report**, the time and
6 place of which shall be fixed with due regard to the convenience of the employee
7 and his physical condition and ability to attend. The employee may have his own
8 physician present, and if the employee refuses to submit to the examination, or
9 in any way obstructs it, his right to compensation shall be forfeited during such
10 period unless in the opinion of the commission the circumstances justify the
11 refusal or obstruction.

12 2. The commission, the division or administrative law judge shall, when
13 deemed necessary, appoint a duly qualified impartial physician to examine the
14 injured employee, and any physician so chosen, if he accepts the appointment,

15 shall promptly make the examination requested and make a complete medical
16 report to the commission or the division in such duplication as to provide all
17 parties with copies thereof. The physician's fee shall be fair and reasonable, as
18 provided in subsection 3 of section 287.140, and the fee and other reasonable
19 costs of the impartial examination may be paid as other costs under this chapter.
20 If all the parties shall have had reasonable access thereto, the report of the
21 physician shall be admissible in evidence.

22 3. The testimony of any physician who treated or examined the injured
23 employee shall be admissible in evidence in any proceedings for compensation
24 under this chapter, but only if the medical report of the physician has been made
25 available to all parties as in this section provided. Immediately upon receipt of
26 notice from the division or the commission setting a date for hearing of a case in
27 which the nature and extent of an employee's disability is to be determined, the
28 parties or their attorneys shall arrange, without charge or costs, each to the
29 other, for an exchange of all medical reports, including those made both by
30 treating and examining physician or physicians, to the end that the parties may
31 be commonly informed of all medical findings and opinions. The exchange of
32 medical reports shall be made at least seven days before the date set for the
33 hearing and failure of any party to comply may be grounds for asking for and
34 receiving a continuance, upon proper showing by the party to whom the medical
35 reports were not furnished. If any party fails or refuses to furnish the opposing
36 party with the medical report of the treating or examining physician at least
37 seven days before such physician's deposition or personal testimony at the
38 hearing, as in this section provided, upon the objection of the party who was not
39 provided with the medical report, the physician shall not be permitted to testify
40 at that hearing or by medical deposition.

41 4. Upon request, an administrative law judge, the division, or the
42 commission shall be provided with a copy of any medical report.

43 5. As used in this chapter the terms "physician's report" and "medical
44 report" mean the report of any physician made on any printed form authorized
45 by the division or the commission or any complete medical report. As used in this
46 chapter the term "complete medical report" means the report of a physician giving
47 the physician's qualifications and the patient's history, complaints, details of the
48 findings of any and all laboratory, X-ray and all other technical examinations,
49 diagnosis, prognosis, nature of disability, if any, and an estimate of the
50 percentage of permanent partial disability, if any. An element or elements of a

51 complete medical report may be met by the physician's records.

52 6. Upon the request of a party, the physician or physicians who treated
53 or are treating the injured employee shall be required to furnish to the parties a
54 rating and complete medical report on the injured employee, at the expense of the
55 party selecting the physician, along with a complete copy of the physician's
56 clinical record including copies of any records and reports received from other
57 health care providers.

58 7. The testimony of a treating or examining physician may be submitted
59 in evidence on the issues in controversy by a complete medical report and shall
60 be admissible without other foundational evidence subject to compliance with the
61 following procedures. The party intending to submit a complete medical report
62 in evidence shall give notice at least sixty days prior to the hearing to all parties
63 and shall provide reasonable opportunity to all parties to obtain
64 cross-examination testimony of the physician by deposition. The notice shall
65 include a copy of the report and all the clinical and treatment records of the
66 physician including copies of all records and reports received by the physician
67 from other health care providers. The party offering the report must make the
68 physician available for cross-examination testimony by deposition not later than
69 seven days before the matter is set for hearing, and each cross-examiner shall
70 compensate the physician for the portion of testimony obtained in an amount not
71 to exceed a rate of reasonable compensation taking into consideration the
72 specialty practiced by the physician. Cross-examination testimony shall not bind
73 the cross-examining party. Any testimony obtained by the offering party shall be
74 at that party's expense on a proportional basis, including the deposition fee of the
75 physician. Upon request of any party, the party offering a complete medical
76 report in evidence must also make available copies of X rays or other diagnostic
77 studies obtained by or relied upon by the physician. Within ten days after receipt
78 of such notice a party shall dispute whether a report meets the requirements of
79 a complete medical report by providing written objections to the offering party
80 stating the grounds for the dispute, and at the request of any party, the
81 administrative law judge shall rule upon such objections upon pretrial hearing
82 whether the report meets the requirements of a complete medical report and upon
83 the admissibility of the report or portions thereof. If no objections are filed the
84 report is admissible, and any objections thereto are deemed waived. Nothing
85 herein shall prevent the parties from agreeing to admit medical reports or records
86 by consent. [The provisions of this subsection shall not apply to claims against

87 the second injury fund.]

88 8. Certified copies of the proceedings before any coroner holding an
89 inquest over the body of any employee receiving an injury in the course of his
90 employment resulting in death shall be admissible in evidence in any proceedings
91 for compensation under this chapter, and it shall be the duty of the coroner to
92 give notice of the inquest to the employer and the dependents of the deceased
93 employee, who shall have the right to cross-examine the witness.

94 9. The division or the commission may in its discretion in extraordinary
95 cases order a postmortem examination and for that purpose may also order a body
96 exhumed.

287.220. 1. **There is hereby created in the state treasury a special
2 fund to be known as the "Second Injury Fund" created exclusively for
3 the purposes as in this section provided and for special weekly benefits
4 in rehabilitation cases as provided in section 287.141. Maintenance of
5 the second injury fund shall be as provided by section 287.710. The
6 state treasurer shall be the custodian of the second injury fund which
7 shall be deposited the same as are state funds and any interest
8 accruing thereon shall be added thereto. The fund shall be subject to
9 audit the same as state funds and accounts and shall be protected by
10 the general bond given by the state treasurer. Upon the requisition of
11 the director of the division of workers' compensation, warrants on the
12 state treasurer for the payment of all amounts payable for
13 compensation and benefits out of the second injury fund shall be
14 issued.**

15 2. **All claims against the second injury fund for injuries
16 occurring prior to the effective date of this section shall be
17 compensated as provided in this subsection.** All cases of permanent
18 disability where there has been previous disability shall be compensated as
19 herein provided. Compensation shall be computed on the basis of the average
20 earnings at the time of the last injury. If any employee who has a preexisting
21 permanent partial disability whether from compensable injury or otherwise, of
22 such seriousness as to constitute a hindrance or obstacle to employment or to
23 obtaining reemployment if the employee becomes unemployed, and the preexisting
24 permanent partial disability, if a body as a whole injury, equals a minimum of
25 fifty weeks of compensation or, if a major extremity injury only, equals a
26 minimum of fifteen percent permanent partial disability, according to the medical

27 standards that are used in determining such compensation, receives a subsequent
28 compensable injury resulting in additional permanent partial disability so that
29 the degree or percentage of disability, in an amount equal to a minimum of fifty
30 weeks compensation, if a body as a whole injury or, if a major extremity injury
31 only, equals a minimum of fifteen percent permanent partial disability, caused
32 by the combined disabilities is substantially greater than that which would have
33 resulted from the last injury, considered alone and of itself, and if the employee
34 is entitled to receive compensation on the basis of the combined disabilities, the
35 employer at the time of the last injury shall be liable only for the degree or
36 percentage of disability which would have resulted from the last injury had there
37 been no preexisting disability. After the compensation liability of the employer
38 for the last injury, considered alone, has been determined by an administrative
39 law judge or the commission, the degree or percentage of employee's disability
40 that is attributable to all injuries or conditions existing at the time the last injury
41 was sustained shall then be determined by that administrative law judge or by
42 the commission and the degree or percentage of disability which existed prior to
43 the last injury plus the disability resulting from the last injury, if any, considered
44 alone, shall be deducted from the combined disability, and compensation for the
45 balance, if any, shall be paid out of a special fund known as the second injury
46 fund, hereinafter provided for. If the previous disability or disabilities, whether
47 from compensable injury or otherwise, and the last injury together result in total
48 and permanent disability, the minimum standards under this subsection for a
49 body as a whole injury or a major extremity injury shall not apply and the
50 employer at the time of the last injury shall be liable only for the disability
51 resulting from the last injury considered alone and of itself; except that if the
52 compensation for which the employer at the time of the last injury is liable is less
53 than the compensation provided in this chapter for permanent total disability,
54 then in addition to the compensation for which the employer is liable and after
55 the completion of payment of the compensation by the employer, the employee
56 shall be paid the remainder of the compensation that would be due for permanent
57 total disability under section 287.200 out of [a special fund known as the "Second
58 Injury Fund" hereby created exclusively for the purposes as in this section
59 provided and for special weekly benefits in rehabilitation cases as provided in
60 section 287.141. Maintenance of the second injury fund shall be as provided by
61 section 287.710. The state treasurer shall be the custodian of the second injury
62 fund which shall be deposited the same as are state funds and any interest

63 accruing thereon shall be added thereto. The fund shall be subject to audit the
64 same as state funds and accounts and shall be protected by the general bond
65 given by the state treasurer. Upon the requisition of the director of the division
66 of workers' compensation, warrants on the state treasurer for the payment of all
67 amounts payable for compensation and benefits out of the second injury fund
68 shall be issued.

69 **2.] the second injury fund.**

70 **3. All claims against the second injury fund for injuries**
71 **occurring after the effective date of this section shall be compensated**
72 **as provided in this subsection. No claims for permanent partial**
73 **disability occurring after the effective date of this section shall be filed**
74 **against the second injury fund. Claims for disability against the second**
75 **injury fund shall only be compensable where:**

76 **(1) An employee has a medically documented preexisting**
77 **permanent disability as a direct result of active military duty or as a**
78 **result of a preexisting permanent partial disability from a compensable**
79 **injury as defined in section 287.020;**

80 **(2) Such preexisting disability equals a minimum of fifty weeks**
81 **of compensation according to the medical standards that are used in**
82 **determining such compensation; and**

83 **(3) Such employee thereafter sustains a subsequent compensable**
84 **work-related injury that, when combined with the preexisting**
85 **disability, as set forth in subsection 1 and 2 of this section, results in**
86 **a permanent total disability as defined under this chapter.**

87 **When an employee is entitled to compensation as provided in this**
88 **subsection, the employer at the time of the last work-related injury**
89 **shall only be liable for the disability resulting from the subsequent**
90 **work-related injury considered alone and of itself. The second injury**
91 **fund shall be liable for the remainder of the compensation that would**
92 **be due to the employee for the permanent total disability under section**
93 **287.200. Compensation for benefits payable under this subsection shall**
94 **be based on the employee's compensation rate calculated under section**
95 **287.250 as of the date of the injury.**

96 **4. In all cases in which a recovery against the second injury fund is**
97 **sought for permanent partial disability, permanent total disability, or death, the**
98 **state treasurer as custodian thereof shall be named as a party, and shall be**
99 **entitled to defend against the claim.**

100 (1) The state treasurer, with the advice and consent of the attorney
101 general of Missouri, may enter into compromise settlements as contemplated by
102 section 287.390 **in any amount not to exceed the total sum of one hundred**
103 **weeks of the employee's total average weekly wage as of the date of the**
104 **injury**, or agreed statements of fact that would affect the second injury
105 fund. [All awards for permanent partial disability, permanent total disability,
106 or death affecting the second injury fund shall be subject to the provisions of this
107 chapter governing review and appeal.]

108 (2) The state treasurer, with the advice and consent of the
109 attorney general of Missouri and with the express authorization of the
110 **Workers' Compensation Council**, may enter into compromise
111 settlements as contemplated by section 287.390 in any amount in excess
112 of the total sum of one hundred weeks of the employee's total average
113 weekly wage as of the date of the injury.

114 (3) The state treasurer, with the advice and consent of the
115 attorney general of Missouri and with the express authorization of the
116 **Workers' Compensation Council**, may enter into compromise
117 settlements with dependents of claimants, whether finally adjudicated
118 or not, arising from the Missouri Supreme Court's decision in
119 **Schoemehl v. Treasurer of Missouri, 217 S.W.3d 900 (Mo. 2007)**.

120 (4) For all claims filed against the second injury fund on or after July 1,
121 1994, the attorney general shall use assistant attorneys general except in
122 circumstances where an actual or potential conflict of interest exists, to provide
123 legal services as may be required in all claims made for recovery against the
124 fund. Any legal expenses incurred by the attorney general's office in the handling
125 of such claims, including, but not limited to, medical examination fees **incurred**
126 **under sections 287.210 and the expenses provided for under section**
127 **287.140**, expert witness fees, court reporter expenses, travel costs, and related
128 legal expenses shall be paid by the fund. Effective July 1, 1993, the payment of
129 such legal expenses shall be contingent upon annual appropriations made by the
130 general assembly, from the fund, to the attorney general's office for this specific
131 purpose.

132 [3.] 5. If more than one injury in the same employment causes concurrent
133 temporary disabilities, compensation shall be payable only for the longest and
134 largest paying disability.

135 [4.] 6. If more than one injury in the same employment causes concurrent

136 and consecutive permanent partial disability, compensation payments for each
137 subsequent disability shall not begin until the end of the compensation period of
138 the prior disability.

139 [5.] 7. If an employer fails to insure or self-insure as required in section
140 287.280, funds from the second injury fund may be withdrawn to cover the fair,
141 reasonable, and necessary expenses to cure and relieve the effects of the injury
142 or disability of an injured employee in the employ of an uninsured employer
143 **consistent with subsection 3 of section 287.140**, or in the case of death of
144 an employee in the employ of an uninsured employer, funds from the second
145 injury fund may be withdrawn to cover fair, reasonable, and necessary expenses
146 in the manner required in sections 287.240 and 287.241. In defense of claims
147 arising under this subsection, the treasurer of the state of Missouri, as custodian
148 of the second injury fund, shall have the same defenses to such claims as would
149 the uninsured employer. Any funds received by the employee or the employee's
150 dependents, through civil or other action, must go towards reimbursement of the
151 second injury fund, for all payments made to the employee, the employee's
152 dependents, or paid on the employee's behalf, from the second injury fund
153 pursuant to this subsection. The office of the attorney general of the state of
154 Missouri shall bring suit in the circuit court of the county in which the accident
155 occurred against any employer not covered by this chapter as required in section
156 287.280.

157 [6.] 8. Every three years the second injury fund shall have an actuarial
158 study made to determine the solvency of the fund, appropriate funding level of
159 the fund, and forecasted expenditures from the fund. The first actuarial study
160 shall be completed prior to July 1, [1988] **2012**. The expenses of such actuarial
161 studies shall be paid out of the fund for the support of the division of workers'
162 compensation.

163 [7.] 9. The director of the division of workers' compensation shall
164 maintain the financial data and records concerning the fund for the support of the
165 division of workers' compensation and the second injury fund. The division shall
166 also compile and report data on claims made pursuant to subsection 9 of this
167 section. The attorney general shall provide all necessary information to the
168 division for this purpose.

169 [8.] 10. All claims for fees and expenses filed against the second injury
170 fund and all records pertaining thereto shall be open to the public.

171 [9.] 11. Any employee who at the time a compensable work-related injury

172 is sustained is employed by more than one employer, the employer for whom the
173 employee was working when the injury was sustained shall be responsible for
174 wage loss benefits applicable only to the earnings in that employer's employment
175 and the injured employee shall be entitled to file a claim against the second
176 injury fund for any additional wage loss benefits attributed to loss of earnings
177 from the employment or employments where the injury did not occur, up to the
178 maximum weekly benefit less those benefits paid by the employer in whose
179 employment the employee sustained the injury. The employee shall be entitled
180 to a total benefit based on the total average weekly wage of such employee
181 computed according to subsection 8 of section 287.250. The employee shall not
182 be entitled to a greater rate of compensation than allowed by law on the date of
183 the injury. The employer for whom the employee was working where the injury
184 was sustained shall be responsible for all medical costs incurred in regard to that
185 injury.

186 **12. No compensation shall be payable from the second injury**
187 **fund if the employee elects to pursue compensation under the workers'**
188 **compensation law of another state with jurisdiction over the employees'**
189 **injury or accident or occupational disease.**

190 **13. When an injured employee receives an award for permanent**
191 **total disability but by the use of glasses, prosthetic appliances, or**
192 **physical rehabilitation the employee is restored to his regular work or**
193 **its equivalent, the life payment shall be suspended during the time in**
194 **which the employee is restored to his regular work or its**
195 **equivalent. The employer and the division shall keep the file open in**
196 **the case during the lifetime of any injured employee who has received**
197 **an award of permanent total disability. In any case where the life**
198 **payment is suspended under this subsection, the commission may at**
199 **reasonable times review the case and either the employee or the**
200 **employer may request an informal conference with the commission**
201 **relative to the resumption of the employee's weekly life payment in the**
202 **case.**

203 **14. Notwithstanding the requirements of section 287.470, the life**
204 **payments to an injured employee made from the fund shall be**
205 **suspended when the employee is able to obtain suitable gainful**
206 **employment or be self-employed in view of the nature and severity of**
207 **the injury. The division shall promulgate rules setting forth a**

208 reasonable standard means test to determine if such employment
209 warrants the suspension of benefits.

210 15. Notwithstanding the requirements of section 287.470, the
211 director may suspend, in whole or in part, the life payments to an
212 injured employee made from the fund when the employee becomes
213 eligible to receive Social Security benefits. In no case shall the sum of
214 the amount of monthly payments from the fund and the monthly Social
215 Security benefits attributable to the employee's injury, be less than the
216 monthly life payments from the fund the employee has been receiving.

217 16. All awards issued under this chapter affecting the second
218 injury fund shall be subject to the provisions of this chapter governing
219 review and appeal.

287.690. [1.] Prior to December 31, 1993, for the purpose of providing for
2 the expense of administering this chapter [and for the purpose set out in
3 subsection 2 of this section], every person, partnership, association, corporation,
4 whether organized under the laws of this or any other state or country, the state
5 of Missouri, including any of its departments, divisions, agencies, commissions,
6 and boards or any political subdivisions of the state who self-insure or hold
7 themselves out to be any part self-insured, company, mutual company, the parties
8 to any interindemnity contract, or other plan or scheme, and every other
9 insurance carrier, insuring employers in this state against liability for personal
10 injuries to their employees, or for death caused thereby, under this chapter, shall
11 pay, as provided in this chapter, tax upon the net deposits, net premiums or net
12 assessments received, whether in cash or notes in this state, or on account of
13 business done in this state, for such insurance in this state at the rate of two
14 percent in lieu of all [other] **premium** taxes on such net deposits, net premiums
15 or net assessments, which amount of taxes shall be assessed and collected as
16 herein provided. **Except as provided in subsection 4 of section 287.715,**
17 beginning October 31, 1993, and every year thereafter, the director of the division
18 of workers' compensation shall estimate the amount of revenue required to
19 administer this chapter and the **division** director shall determine the rate of tax
20 to be paid in the following calendar year pursuant to this section commencing
21 with the calendar year beginning on January 1, 1994. If the balance of the fund
22 [estimated to be] on hand on [December thirty-first] **July first** of the year each
23 tax rate determination is made **on October thirty-first** is less than one
24 hundred ten percent of the previous year's expenses plus any additional revenue

25 required due to new statutory requirements given to the division by the general
26 assembly, then the **division** director shall impose a tax not to exceed two percent
27 in lieu of all other taxes on net deposits, net premiums or net assessments,
28 rounded up to the nearest one-half of a percentage point, which amount of taxes
29 shall be assessed and collected as herein provided. The net premium equivalent
30 for individual self-insured employers and any group of political subdivisions of
31 this state qualified to self-insure their liability pursuant to this chapter as
32 authorized by section 537.620 shall be based on average rate classifications
33 calculated by the department of insurance, financial institutions and professional
34 registration as taken from premium rates filed by the twenty insurance
35 companies providing the greatest volume of workers' compensation insurance
36 coverage in this state. For employers qualified to self-insure their liability
37 pursuant to this chapter, the rates filed by such group of employers in accordance
38 with subsection 2 of section 287.280 shall be the net premium equivalent. Every
39 entity required to pay the tax imposed pursuant to this section and section
40 287.730 shall be notified by the division of workers' compensation within ten
41 calendar days of the date of the determination of the rate of tax to be imposed for
42 the following year. Net premiums, net deposits or net assessments are defined
43 as gross premiums, gross deposits or gross assessments less canceled or returned
44 premiums, premium deposits or assessments and less dividends or savings,
45 actually paid or credited.

46 [2. After January 1, 1994, the director of the division shall make one or
47 more loans to the Missouri employers mutual insurance company in an amount
48 not to exceed an aggregate amount of five million dollars from the fund
49 maintained to administer this chapter for start-up funding and initial
50 capitalization of the company. The board of the company shall make application
51 to the director for the loans, stating the amount to be loaned to the company. The
52 loans shall be for a term of five years and, at the time the application for such
53 loans is approved by the director, shall bear interest at the annual rate based on
54 the rate for linked deposit loans as calculated by the state treasurer pursuant to
55 section 30.758.]

287.715. 1. For the purpose of providing for revenue for the second injury
2 fund, every authorized self-insurer, and every workers' compensation policyholder
3 insured pursuant to the provisions of this chapter, shall be liable for payment of
4 an annual surcharge in accordance with the provisions of this section. The
5 annual surcharge imposed under this section shall apply to all workers'

6 compensation insurance policies and self-insurance coverages which are written
7 or renewed on or after April 26, 1988, including the state of Missouri, including
8 any of its departments, divisions, agencies, commissions, and boards or any
9 political subdivisions of the state who self-insure or hold themselves out to be any
10 part self-insured. Notwithstanding any law to the contrary, the surcharge
11 imposed pursuant to this section shall not apply to any reinsurance or
12 retrocessional transaction.

13 **2. Except as provided in subsection 4 of this section,** beginning
14 October 31, 2005, and each year thereafter, the director of the division of workers'
15 compensation shall estimate the amount of benefits payable from the second
16 injury fund during the following calendar year and shall calculate the total
17 amount of the annual surcharge to be imposed during the following calendar year
18 upon all workers' compensation policyholders and authorized self-insurers. The
19 amount of the annual surcharge percentage to be imposed upon each policyholder
20 and self-insured for the following calendar year commencing with the calendar
21 year beginning on January 1, 2006, shall be set at and calculated against a
22 percentage, not to exceed three percent, of the policyholder's or self-insured's
23 workers' compensation net deposits, net premiums, or net assessments for the
24 previous policy year, rounded up to the nearest one-half of a percentage point,
25 that shall generate, as nearly as possible, one hundred ten percent of the moneys
26 to be paid from the second injury fund in the following calendar year, less any
27 moneys contained in the fund at the end of the previous [calendar] **fiscal** year.
28 All policyholders and self-insurers shall be notified by the division of workers'
29 compensation within ten calendar days of the determination of the surcharge
30 percent to be imposed for, and paid in, the following calendar year. The net
31 premium equivalent for individual self-insured employers and any group of
32 political subdivisions of this state qualified to self-insure their liability pursuant
33 to this chapter as authorized by section 537.620 shall be based on average rate
34 classifications calculated by the department of insurance, financial institutions
35 and professional registration as taken from premium rates filed by the twenty
36 insurance companies providing the greatest volume of workers' compensation
37 insurance coverage in this state. For employers qualified to self-insure their
38 liability pursuant to this chapter, the rates filed by such group of employers in
39 accordance with subsection 2 of section 287.280 shall be the net premium
40 equivalent.

41 **3. Except as provided in subsection 4 of this section,** the **division**

42 director may advance [funds] **moneys** from the workers' compensation fund to
43 the second injury fund if surcharge collections prove to be insufficient. **The**
44 **yearly total of moneys advanced by the division director from the**
45 **workers' compensation fund to the second injury fund shall not exceed**
46 **thirty-three and one-third percent of the total amount of the annual**
47 **surcharge as calculated in this section to be imposed in the year**
48 **moneys are advanced to the second injury fund.** Any [funds advanced]
49 **yearly advance of moneys** from the workers' compensation fund to the second
50 injury fund [must] **shall** be reimbursed by the second injury fund no later than
51 December thirty-first of the **fifth** year following the advance. The surcharge shall
52 be collected from policyholders by each insurer at the same time and in the same
53 manner that the premium is collected, but no insurer or its agent shall be entitled
54 to any portion of the surcharge as a fee or commission for its collection. The
55 surcharge is not subject to any taxes, licenses or fees.

56 **4. The provisions of this subsection are designed to provide cash**
57 **flow to the second injury fund in order to ensure solvency of the**
58 **fund. Notwithstanding any other provision of law to the contrary,**
59 **when the provisions of this subsection are in direct conflict with any**
60 **other provision of this chapter, the provisions of this subsection shall**
61 **prevail. The provisions of each respective subdivision of this**
62 **subsection shall no longer have the force and effect of law after the**
63 **contingent events described in such subdivision occur.**

64 **(1) Until such time that the division director finds that all**
65 **workers' compensation administration fund advances collected**
66 **pursuant to subdivision 2 of this subsection have been reimbursed as**
67 **provided in subdivision 4 of this subsection, the total amount of money**
68 **collected from the annual surcharge provided for in subsection 2 of this**
69 **section shall be equivalent or greater than the total amount of money**
70 **collected from the annual surcharge in 2010, which was forty million**
71 **eight hundred sixty-two thousand eighty-one dollars. Should additional**
72 **moneys be required in excess of the annual surcharge provided for in**
73 **subsection 2 of this section, the division director shall collect such**
74 **moneys from all workers' compensation policyholders and authorized**
75 **self-insurers in accordance with the formula set forth in subsection 2**
76 **of this section.**

77 **(2) Until such time when moneys collected under the annual**
78 **surcharge provided for in subsection 2 of this section exceeds the total**

79 annual expenditures of the second injury fund for two calendar
80 quarters, the workers' compensation administration fund tax and
81 surcharge established in sections 287.690 and 287.716 shall be set at
82 four percent for the remaining third and fourth calendar quarters of
83 2011 rather than the percentage previously set by the director of the
84 department of labor and industrial relations for 2011, and four percent
85 in 2012 and each year thereafter to provide advances as needed from
86 the workers' compensation administration fund established in sections
87 287.690 and 287.716. However, if such tax and surcharge when
88 combined with the money collected from the annual surcharge provided
89 for in subsection 2 of this section will not generate revenue of at least
90 one hundred million dollars in both 2012 and 2013, such rate shall be
91 adjusted accordingly to collect such revenue. Such moneys shall be
92 collected from policyholders by each insurer at the same time and in
93 the same manner as the premium is collected, but no insurer or its
94 agent shall be entitled to any portion of the surcharge as a fee or
95 commission for its collection. The surcharge is not subject to any taxes,
96 licenses or fees.

97 (3) In 2011, the division director shall advance adequate moneys,
98 if needed, from the workers' compensation fund to the second injury
99 fund to ensure solvency of the second injury fund until additional
100 revenues are collected in accordance with subdivision 2 of this
101 subsection.

102 (4) The division director shall keep an accounting of the total
103 advances authorized under subdivisions 2 and 3 of this subsection,
104 which are provided to the second injury fund from the workers'
105 compensation administration fund. Once moneys collected under the
106 annual surcharge provided for in subsection 2 of this section exceeds
107 the total annual expenditures of the second injury fund for two
108 calendar quarters, the division director shall reimburse the workers'
109 compensation administration fund in a prudent manner and reduce or
110 not collect the annual workers' compensation administration fund tax
111 and surcharge established in sections 287.690 and 287.716, depending
112 on the needs of the workers' compensation administration fund, until
113 such time when all advances to the second injury fund from the
114 workers' compensation fund have been reimbursed.

115 [3.] 5. All surcharge amounts imposed by this section shall be deposited

116 to the credit of the second injury fund.

117 **[4.] 6.** Such surcharge amounts shall be paid quarterly by insurers and
118 self-insurers, and insurers shall pay the amounts not later than the thirtieth day
119 of the month following the end of the quarter in which the amount is received
120 from policyholders. If the director of the division of workers' compensation fails
121 to calculate the surcharge by the thirty-first day of October of any year for the
122 following year, any increase in the surcharge ultimately set by the director shall
123 not be effective for any calendar quarter beginning less than sixty days from the
124 date the director makes such determination.

125 **[5.] 7.** If a policyholder or self-insured fails to make payment of the
126 surcharge or an insurer fails to make timely transfer to the division of surcharges
127 actually collected from policyholders, as required by this section, a penalty of
128 one-half of one percent of the surcharge unpaid, or untransferred, shall be
129 assessed against the liable policyholder, self-insured or insurer. Penalties
130 assessed under this subsection shall be collected in a civil action by a summary
131 proceeding brought by the director of the division of workers' compensation.

132 **8. Funds collected under the provisions of this section shall be**
133 **the sole funding source of the second injury fund.**

287.890. 1. The governor may by executive order enforce the
2 **provisions of this section regarding the Missouri state workers'**
3 **compensation council.**

4 **2. There is hereby created a "Missouri State Workers'**
5 **Compensation Council". The council shall consist of nine appointed**
6 **voting members and two appointed nonvoting members. All appointees**
7 **shall be persons whose training and experience qualify them to deal**
8 **with the difficult problems of workers' compensation, particularly**
9 **legal, accounting, actuarial, economic, and social aspects of workers'**
10 **compensation.**

11 **(1) Three voting members shall be appointed to the council by**
12 **the governor. One voting member shall be appointed on account of his**
13 **or her vocation, employment, or affiliations being classed as**
14 **representative of employers. One voting member shall be appointed on**
15 **account of his or her vocation, employment, or affiliations being classed**
16 **as representative of employees. One voting member shall be appointed**
17 **to represent the public interest separate from employee or employer**
18 **representation.**

19 **(2) Three voting members and one nonvoting member shall be**
20 **appointed to the council by the speaker of the house of**
21 **representatives. One voting member shall be appointed on account of**
22 **his or her vocation, employment, or affiliations being classed as**
23 **representative of employers that employ twenty or less employees. One**
24 **voting member shall be appointed on account of his or her vocation,**
25 **employment, or affiliations being classed as representative of**
26 **employees. One voting member shall be appointed to represent the**
27 **public interest separate from employee or employer**
28 **representation. One nonvoting member shall be appointed from the**
29 **house of representatives.**

30 **(3) Three voting members and one nonvoting member shall be**
31 **appointed to the council by the president pro tem of the senate. One**
32 **voting member shall be appointed on account of his or her vocation,**
33 **employment, or affiliations being classed as representative of**
34 **employers. One voting member shall be appointed on account of his or**
35 **her vocation, employment, or affiliations being classed as**
36 **representative of employees. One voting member shall be appointed to**
37 **represent the public interest separate from employee or employer**
38 **representation. One nonvoting member shall be appointed from the**
39 **senate.**

40 **3. The council shall organize itself and select a chairperson or**
41 **cochairpersons and other officers from the nine voting members. Six**
42 **voting members shall constitute a quorum and the council shall act**
43 **only upon the affirmative vote of at least five of the voting**
44 **members. The council shall meet no less than four times**
45 **yearly. Members of the council shall serve without compensation, but**
46 **are to be reimbursed the amount of actual expenses. Actual expenses**
47 **shall be paid from the workers' compensation fund under section**
48 **287.710.**

49 **4. The division shall provide professional and clerical assistance**
50 **as needed for regularly scheduled meetings.**

51 **5. Each nonvoting member shall serve for a term of four years or**
52 **until he or she is no longer a member of the general assembly**
53 **whichever occurs first. A nonvoting member's term shall be a**
54 **maximum of four years. Each voting member shall serve for a term of**
55 **three years. For the initial appointment, the governor-appointed**

56 employer representative, the speaker of the house-appointed employee
57 representative, and the president pro tem of the senate-appointed
58 public interest representative shall serve an initial term of one
59 year. For the initial appointment, the governor-appointed employee
60 representative, the speaker of the house-appointed public interest
61 representative, and the president pro tem of the senate-appointed
62 employer representative shall serve an initial term of two years. At the
63 end of a voting member's term he or she may be reappointed.

64 6. The council shall fulfill its responsibilities imposed under this
65 chapter.

66 7. The council shall advise the division in carrying out the
67 purposes of this chapter. The council shall submit annually by January
68 fifteenth to the governor and the general assembly its recommendations
69 regarding amendments to this chapter, the status of workers'
70 compensation insurance, the projected maintenance of the solvency of
71 the second injury fund, and the adequacy of the workers' compensation
72 law.

73 8. The council shall present to the division every proposal of the
74 council for changes in this chapter and shall seek the division's
75 concurrence with the proposal. The division shall give careful
76 consideration to every proposal submitted by the council for legislative
77 or administrative action and shall review each legislative proposal for
78 possible incorporation into department of labor and industrial
79 relations' recommendations.

80 9. The council shall have access to only the records of the
81 division that are necessary for the administration of this chapter and
82 to the reasonable services of the employees of the division. It may
83 request the director or any of the employees appointed by the director
84 or any employee subject to this chapter to appear before it and to
85 testify relative to the functioning of this chapter and to other relevant
86 matters. The council may conduct research of its own, make and
87 publish reports, and recommend to the division needed changes in this
88 chapter or in the rules of the division as it considers necessary.

89 10. The council, unless prohibited by a concurrent resolution of
90 the general assembly, shall be authorized to commission an outside
91 study of the solvency, adequacy, and staffing and operational efficiency
92 of the Missouri workers' compensation system. The study shall be

93 **conducted every five years, the first being conducted in fiscal year**
94 **2011. The study shall be funded subject to appropriation from the**
95 **workers' compensation fund under section 287.710.**

Section B. Because immediate action is necessary to ensure solvency of
2 the second injury fund, section A of this act is deemed necessary for the
3 immediate preservation of the public health, welfare, peace, and safety, and is
4 hereby declared to be an emergency act within the meaning of the constitution,
5 and section A of this act shall be in full force and effect upon its passage and
6 approval.

Unofficial ✓

Bill

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