0225S.06F

SENATE SUBSTITUTE

FOR

SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 1

AN ACT

To repeal sections 287.020, 287.067, 287.120, 287.140, 287.200, 287.210, 287.220, 287.610, 287.690, 287.715, and 287.745, RSMo, and to enact in lieu thereof eleven new sections relating to workers' compensation, with an existing penalty provision and an emergency clause for certain sections.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI, AS FOLLOWS:

- 1 Section A. Sections 287.020, 287.067, 287.120, 287.140,
- 2 287.200, 287.210, 287.220, 287.610, 287.690, 287.715, and
- 3 287.745, RSMo, are repealed and eleven new sections enacted in
- 4 lieu thereof, to be known as sections 287.020, 287.067, 287.120,
- 5 287.140, 287.200, 287.210, 287.220, 287.610, 287.690, 287.715,
- 6 and 287.745, to read as follows:
- 7 287.020. 1. The word "employee" as used in this chapter
- 8 shall be construed to mean every person in the service of any
- 9 employer, as defined in this chapter, under any contract of hire,
- 10 express or implied, oral or written, or under any appointment or
- 11 election, including executive officers of corporations. Except
- as otherwise provided in section 287.200, any reference to any
- employee who has been injured shall, when the employee is dead,
- 14 also include his dependents, and other persons to whom
- 15 compensation may be payable. The word "employee" shall also

minors are employed in violation of law, and all such minors are
hereby made of full age for all purposes under, in connection
with, or arising out of this chapter. The word "employee" shall
not include an individual who is the owner, as defined in

include all minors who work for an employer, whether or not such

- 6 subsection 43 of section 301.010, and operator of a motor vehicle
- 7 which is leased or contracted with a driver to a for-hire motor
- 8 carrier operating within a commercial zone as defined in section
- 9 390.020 or 390.041, or operating under a certificate issued by
- 10 the Missouri department of transportation or by the United States
- 11 Department of Transportation, or any of its subagencies.

1

18

19

20

21

22

23

24

25

26

27

- 2. The word "accident" as used in this chapter shall mean an unexpected traumatic event or unusual strain identifiable by time and place of occurrence and producing at the time objective symptoms of an injury caused by a specific event during a single work shift. An injury is not compensable because work was a triggering or precipitating factor.
 - 3. (1) In this chapter the term "injury" is hereby defined to be an injury which has arisen out of and in the course of employment. An injury by accident is compensable only if the accident was the prevailing factor in causing both the resulting medical condition and disability. "The prevailing factor" is defined to be the primary factor, in relation to any other factor, causing both the resulting medical condition and disability.
 - (2) An injury shall be deemed to arise out of and in the course of the employment only if:
 - (a) It is reasonably apparent, upon consideration of all

- the circumstances, that the accident is the prevailing factor in causing the injury; and
- 3 (b) It does not come from a hazard or risk unrelated to the 4 employment to which workers would have been equally exposed 5 outside of and unrelated to the employment in normal 6 nonemployment life.
 - (3) An injury resulting directly or indirectly from idiopathic causes is not compensable.

- (4) A cardiovascular, pulmonary, respiratory, or other disease, or cerebrovascular accident or myocardial infarction suffered by a worker is an injury only if the accident is the prevailing factor in causing the resulting medical condition.
- violence to the physical structure of the body and to the personal property which is used to make up the physical structure of the body, such as artificial dentures, artificial limbs, glass eyes, eyeglasses, and other prostheses which are placed in or on the body to replace the physical structure and such disease or infection as naturally results therefrom. These terms shall in no case except as specifically provided in this chapter be construed to include occupational disease in any form, nor shall they be construed to include any contagious or infectious disease contracted during the course of the employment, nor shall they include death due to natural causes occurring while the worker is at work.
- 4. "Death" when mentioned as a basis for the right to compensation means only death resulting from such violence and its resultant effects occurring within three hundred weeks after

the accident; except that in cases of occupational disease, the limitation of three hundred weeks shall not be applicable.

- 5. Injuries sustained in company-owned or subsidized automobiles in accidents that occur while traveling from the employee's home to the employer's principal place of business or from the employer's principal place of business to the employee's home are not compensable. The extension of premises doctrine is abrogated to the extent it extends liability for accidents that occur on property not owned or controlled by the employer even if the accident occurs on customary, approved, permitted, usual or accepted routes used by the employee to get to and from their place of employment.
 - 6. The term "total disability" as used in this chapter shall mean inability to return to any employment and not merely mean inability to return to the employment in which the employee was engaged at the time of the accident.
 - 7. As used in this chapter and all acts amendatory thereof, the term "commission" shall hereafter be construed as meaning and referring exclusively to the labor and industrial relations commission of Missouri, and the term "director" shall hereafter be construed as meaning the director of the department of insurance, financial institutions and professional registration of the state of Missouri or such agency of government as shall exercise the powers and duties now conferred and imposed upon the department of insurance, financial institutions and professional registration of the state of Missouri.
 - 8. The term "division" as used in this chapter means the division of workers' compensation of the department of labor and

- 1 industrial relations of the state of Missouri.
- 9. For the purposes of this chapter, the term "minor" means
- 3 a person who has not attained the age of eighteen years; except
- 4 that, for the purpose of computing the compensation provided for
- 5 in this chapter, the provisions of section 287.250 shall control.
- 6 10. In applying the provisions of this chapter, it is the
- 7 intent of the legislature to reject and abrogate earlier case law
- 8 interpretations on the meaning of or definition of "accident",
- 9 "occupational disease", "arising out of", and "in the course of
- 10 the employment" to include, but not be limited to, holdings in:
- Bennett v. Columbia Health Care and Rehabilitation, 80 S.W.3d 524
- 12 (Mo.App. W.D. 2002); Kasl v. Bristol Care, Inc., 984 S.W.2d 852
- 13 (Mo.banc 1999); and Drewes v. TWA, 984 S.W.2d 512 (Mo.banc 1999)
- and all cases citing, interpreting, applying, or following those
- 15 cases.
- 16 11. For the purposes of this chapter, "occupational
- diseases due to toxic exposure" shall include the following:
- 18 mesothelioma, asbestosis, berylliosis, coal worker's
- 19 pneumoconiosis, brochiolitis obliterans, silicosis,
- 20 silicotuberculosis, manganism, acute myelogenous leukemia, and
- 21 myelodysplastic syndrome.
- 22 287.067. 1. In this chapter the term "occupational
- disease" is hereby defined to mean, unless a different meaning is
- 24 clearly indicated by the context, an identifiable disease arising
- 25 with or without human fault out of and in the course of the
- 26 employment. Ordinary diseases of life to which the general
- 27 public is exposed outside of the employment shall not be
- compensable, except where the diseases follow as an incident of

need not to have been foreseen or expected but after its

contraction it must appear to have had its origin in a risk

an occupational disease as defined in this section. The disease

- 4 connected with the employment and to have flowed from that source
- 5 as a rational consequence.

- 2. An injury or death by occupational disease is compensable only if the occupational exposure was the prevailing factor in causing both the resulting medical condition and disability. The "prevailing factor" is defined to be the primary factor, in relation to any other factor, causing both the resulting medical condition and disability. Ordinary, gradual deterioration, or progressive degeneration of the body caused by aging or by the normal activities of day-to-day living shall not be compensable.
 - 3. An injury due to repetitive motion is recognized as an occupational disease for purposes of this chapter. An occupational disease due to repetitive motion is compensable only if the occupational exposure was the prevailing factor in causing both the resulting medical condition and disability. The "prevailing factor" is defined to be the primary factor, in relation to any other factor, causing both the resulting medical condition and disability. Ordinary, gradual deterioration, or progressive degeneration of the body caused by aging or by the normal activities of day-to-day living shall not be compensable.
 - 4. "Loss of hearing due to industrial noise" is recognized as an occupational disease for purposes of this chapter and is hereby defined to be a loss of hearing in one or both ears due to prolonged exposure to harmful noise in employment. "Harmful

noise" means sound capable of producing occupational deafness.

5. "Radiation disability" is recognized as an occupational disease for purposes of this chapter and is hereby defined to be that disability due to radioactive properties or substances or to Roentgen rays (X-rays) or exposure to ionizing radiation caused by any process involving the use of or direct contact with radium or radioactive properties or substances or the use of or direct

exposure to Roentgen rays (X-rays) or ionizing radiation.

- 6. Disease of the lungs or respiratory tract, hypotension, hypertension, or disease of the heart or cardiovascular system, including carcinoma, may be recognized as occupational diseases for the purposes of this chapter and are defined to be disability due to exposure to smoke, gases, carcinogens, inadequate oxygen, of paid firefighters of a paid fire department or paid police officers of a paid police department certified under chapter 590 if a direct causal relationship is established, or psychological stress of firefighters of a paid fire department if a direct causal relationship is established.
- 7. Any employee who is exposed to and contracts any contagious or communicable disease arising out of and in the course of his or her employment shall be eligible for benefits under this chapter as an occupational disease.
- 8. With regard to occupational disease due to repetitive motion, if the exposure to the repetitive motion which is found to be the cause of the injury is for a period of less than three months and the evidence demonstrates that the exposure to the repetitive motion with the immediate prior employer was the prevailing factor in causing the injury, the prior employer shall

- 1 be liable for such occupational disease.
- 2 287.120. 1. Every employer subject to the provisions of
- 3 this chapter shall be liable, irrespective of negligence, to
- 4 furnish compensation under the provisions of this chapter for
- 5 personal injury or death of the employee by accident or
- 6 occupational disease arising out of and in the course of the
- 7 employee's employment. Any employee of such employer shall not
- 8 be liable for any injury or death for which compensation is
- 9 recoverable under this chapter and every employer and employees
- of such employer shall be released from all other liability
- 11 whatsoever, whether to the employee or any other person, except
- that an employee shall not be released from liability for injury
- or death if the employee engaged in an affirmative negligent act
- that purposefully and dangerously caused or increased the risk of
- injury. The term "accident" as used in this section shall
- 16 include, but not be limited to, injury or death of the employee
- caused by the unprovoked violence or assault against the employee
- 18 by any person.
- 19 2. The rights and remedies herein granted to an employee
- shall exclude all other rights and remedies of the employee, his
- 21 wife, her husband, parents, personal representatives, dependents,
- 22 heirs or next kin, at common law or otherwise, on account of such
- 23 injury or death by accident or occupational disease, except such
- 24 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
- 27 self-inflicted injury, but the burden of proof of intentional
- 28 self-inflicted injury shall be on the employer or the person

contesting the claim for allowance.

- 4. Where the injury is caused by the failure of the employer to comply with any statute in this state or any lawful order of the division or the commission, the compensation and death benefit provided for under this chapter shall be increased fifteen percent.
- 5. Where the injury is caused by the failure of the employee to use safety devices where provided by the employer, or from the employee's failure to obey any reasonable rule adopted by the employer for the safety of employees, the compensation and death benefit provided for herein shall be reduced at least twenty-five but not more than fifty percent; provided, that it is shown that the employee had actual knowledge of the rule so adopted by the employer; and provided, further, that the employer had, prior to the injury, made a reasonable effort to cause his or her employees to use the safety device or devices and to obey or follow the rule so adopted for the safety of the employees.
- 6. (1) Where the employee fails to obey any rule or policy adopted by the employer relating to a drug-free workplace or the use of alcohol or nonprescribed controlled drugs in the workplace, the compensation and death benefit provided for herein shall be reduced fifty percent if the injury was sustained in conjunction with the use of alcohol or nonprescribed controlled drugs.
- (2) If, however, the use of alcohol or nonprescribed controlled drugs in violation of the employer's rule or policy is the proximate cause of the injury, then the benefits or compensation otherwise payable under this chapter for death or

1 disability shall be forfeited.

- The voluntary use of alcohol to the percentage of blood alcohol sufficient under Missouri law to constitute legal intoxication shall give rise to a rebuttable presumption that the voluntary use of alcohol under such circumstances was the proximate cause of the injury. A preponderance of the evidence standard shall apply to rebut such presumption. An employee's refusal to take a test for alcohol or a nonprescribed controlled substance, as defined by section 195.010, at the request of the employer shall result in the forfeiture of benefits under this chapter if the employer had sufficient cause to suspect use of alcohol or a nonprescribed controlled substance by the claimant or if the employer's policy clearly authorizes post-injury testing.
 - 7. Where the employee's participation in a recreational activity or program is the prevailing cause of the injury, benefits or compensation otherwise payable under this chapter for death or disability shall be forfeited regardless that the employer may have promoted, sponsored or supported the recreational activity or program, expressly or impliedly, in whole or in part. The forfeiture of benefits or compensation shall not apply when:
 - (1) The employee was directly ordered by the employer to participate in such recreational activity or program;
 - (2) The employee was paid wages or travel expenses while participating in such recreational activity or program; or
 - (3) The injury from such recreational activity or program occurs on the employer's premises due to an unsafe condition and

- 1 the employer had actual knowledge of the employee's participation
- 2 in the recreational activity or program and of the unsafe
- 3 condition of the premises and failed to either curtail the
- 4 recreational activity or program or cure the unsafe condition.
- 5 8. Mental injury resulting from work-related stress does
- 6 not arise out of and in the course of the employment, unless it
- 7 is demonstrated that the stress is work related and was
- 8 extraordinary and unusual. The amount of work stress shall be
- 9 measured by objective standards and actual events.
- 9. A mental injury is not considered to arise out of and in
- 11 the course of the employment if it resulted from any disciplinary
- 12 action, work evaluation, job transfer, layoff, demotion,
- 13 termination or any similar action taken in good faith by the
- 14 employer.
- 15 10. The ability of a firefighter to receive benefits for
- 16 psychological stress under section 287.067 shall not be
- diminished by the provisions of subsections 8 and 9 of this
- 18 section.
- 19 287.140. 1. In addition to all other compensation paid to
- 20 the employee under this section, the employee shall receive and
- 21 the employer shall provide such medical, surgical, chiropractic,
- 22 and hospital treatment, including nursing, custodial, ambulance
- and medicines, as may reasonably be required after the injury or
- 24 disability, to cure and relieve from the effects of the injury.
- 25 If the employee desires, he shall have the right to select his
- own physician, surgeon, or other such requirement at his own
- 27 expense. Where the requirements are furnished by a public
- hospital or other institution, payment therefor shall be made to

the proper authorities. Regardless of whether the health care 1 2 provider is selected by the employer or is selected by the employee at the employee's expense, the health care provider 3 shall have the affirmative duty to communicate fully with the 5 employee regarding the nature of the employee's injury and 6 recommended treatment exclusive of any evaluation for a permanent 7 disability rating. Failure to perform such duty to communicate 8 shall constitute a disciplinary violation by the provider subject 9 to the provisions of chapter 620. When an employee is required 10 to submit to medical examinations or necessary medical treatment at a place outside of the local or metropolitan area from the 11 12 employee's principal place of employment, the employer or its 13 insurer shall advance or reimburse the employee for all necessary 14 and reasonable expenses; except that an injured employee who 15 resides outside the state of Missouri and who is employed by an 16 employer located in Missouri shall have the option of selecting 17 the location of services provided in this section either at a 18 location within one hundred miles of the injured employee's 19 residence, place of injury or place of hire by the employer. 20 choice of provider within the location selected shall continue to 21 be made by the employer. In case of a medical examination if a 22 dispute arises as to what expenses shall be paid by the employer, 23 the matter shall be presented to the legal advisor, the 24 administrative law judge or the commission, who shall set the sum 25 to be paid and same shall be paid by the employer prior to the 26 medical examination. In no event, however, shall the employer or 27 its insurer be required to pay transportation costs for a greater 28 distance than two hundred fifty miles each way from place of

1 treatment.

21

22

23

24

25

26

27

- 2. If it be shown to the division or the commission that
 3 the requirements are being furnished in such manner that there is
 4 reasonable ground for believing that the life, health, or
 5 recovery of the employee is endangered thereby, the division or
 6 the commission may order a change in the physician, surgeon,
- 7 hospital or other requirement.
- 8 All fees and charges under this chapter shall be fair 9 and reasonable, shall be subject to regulation by the division or 10 the commission, or the board of rehabilitation in rehabilitation A health care provider shall not charge a fee for 11 12 treatment and care which is governed by the provisions of this 13 chapter greater than the usual and customary fee the provider 14 receives for the same treatment or service when the payor for 15 such treatment or service is a private individual or a private 16 health insurance carrier. The division or the commission, or the 17 board of rehabilitation in rehabilitation cases, shall also have jurisdiction to hear and determine all disputes as to such 18 19 charges. A health care provider is bound by the determination 20 upon the reasonableness of health care bills.
 - 4. The division shall, by regulation, establish methods to resolve disputes concerning the reasonableness of medical charges, services, or aids. This regulation shall govern resolution of disputes between employers and medical providers over fees charged, whether or not paid, and shall be in lieu of any other administrative procedure under this chapter. The employee shall not be a party to a dispute over medical charges, nor shall the employee's recovery in any way be jeopardized

- 1 because of such dispute. Any application for payment of
- 2 additional reimbursement, as such term is used in 8 CSR 50-2.030,
- 3 <u>as amended, shall be filed not later than:</u>

- 4 <u>(1) Two years from the date the medical services were</u>
 5 rendered if such services were rendered before July 1, 2013; and
- 6 (2) One year from the date the medical services were
 7 rendered if such services were rendered on or after July 1, 2013.
 - 5. No compensation shall be payable for the death or disability of an employee, if and insofar as the death or disability may be caused, continued or aggravated by any unreasonable refusal to submit to any medical or surgical treatment or operation, the risk of which is, in the opinion of the division or the commission, inconsiderable in view of the seriousness of the injury. If the employee dies as a result of an operation made necessary by the injury, the death shall be deemed to be caused by the injury.
 - 6. The testimony of any physician or chiropractic physician who treated the employee shall be admissible in evidence in any proceedings for compensation under this chapter, subject to all of the provisions of section 287.210.
 - 7. Every hospital or other person furnishing the employee with medical aid shall permit its record to be copied by and shall furnish full information to the division or the commission, the employer, the employee or his dependents and any other party to any proceedings for compensation under this chapter, and certified copies of the records shall be admissible in evidence in any such proceedings.
 - 8. The employer may be required by the division or the

- 1 commission to furnish an injured employee with artificial legs,
- 2 arms, hands, surgical orthopedic joints, or eyes, or braces, as
- 3 needed, for life whenever the division or the commission shall
- 4 find that the injured employee may be partially or wholly
- 5 relieved of the effects of a permanent injury by the use thereof.
- 6 The director of the division shall establish a procedure whereby
- 7 a claim for compensation may be reactivated after settlement of
- 8 such claim is completed. The claim shall be reactivated only
- 9 after the claimant can show good cause for the reactivation of
- 10 this claim and the claim shall be made only for the payment of
- 11 medical procedures involving life-threatening surgical procedures
- or if the claimant requires the use of a new, or the
- 13 modification, alteration or exchange of an existing, prosthetic
- device. For the purpose of this subsection, "life threatening"
- shall mean a situation or condition which, if not treated
- 16 immediately, will likely result in the death of the injured
- worker.
- 9. Nothing in this chapter shall prevent an employee being
- 19 provided treatment for his injuries by prayer or spiritual means
- if the employer does not object to the treatment.
- 21 10. The employer shall have the right to select the
- licensed treating physician, surgeon, chiropractic physician, or
- other health care provider; provided, however, that such
- 24 physicians, surgeons or other health care providers shall offer
- only those services authorized within the scope of their
- licenses. For the purpose of this subsection, subsection 2 of
- 27 section 287.030 shall not apply.
- 28 11. Any physician or other health care provider who orders,

- directs or refers a patient for treatment, testing, therapy or
- 2 rehabilitation at any institution or facility shall, at or prior
- 3 to the time of the referral, disclose in writing if such health
- 4 care provider, any of his partners or his employer has a
- 5 financial interest in the institution or facility to which the
- 6 patient is being referred, to the following:
- 7 (1) The patient;
- 8 (2) The employer of the patient with workers' compensation
- 9 liability for the injury or disease being treated;
- 10 (3) The workers' compensation insurer of such employer; and
- 11 (4) The workers' compensation adjusting company for such
- 12 insurer.
- 13 12. Violation of subsection 11 of this section is a class A
- 14 misdemeanor.
- 13. (1) No hospital, physician or other health care
- 16 provider, other than a hospital, physician or health care
- 17 provider selected by the employee at his own expense pursuant to
- 18 subsection 1 of this section, shall bill or attempt to collect
- any fee or any portion of a fee for services rendered to an
- 20 employee due to a work-related injury or report to any credit
- 21 reporting agency any failure of the employee to make such
- 22 payment, when an injury covered by this chapter has occurred and
- 23 such hospital, physician or health care provider has received
- 24 actual notice given in writing by the employee, the employer or
- 25 the employer's insurer. Actual notice shall be deemed received
- by the hospital, physician or health care provider five days
- 27 after mailing by certified mail by the employer or insurer to the
- hospital, physician or health care provider.

- 1 (2) The notice shall include:
- 2 (a) The name of the employer;
- 3 (b) The name of the insurer, if known;
- 4 (c) The name of the employee receiving the services;
- 5 (d) The general nature of the injury, if known; and
- 6 (e) Where a claim has been filed, the claim number, if
- 7 known.

- (3) When an injury is found to be noncompensable under this chapter, the hospital, physician or other health care provider shall be entitled to pursue the employee for any unpaid portion of the fee or other charges for authorized services provided to the employee. Any applicable statute of limitations for an action for such fees or other charges shall be tolled from the time notice is given to the division by a hospital, physician or other health care provider pursuant to subdivision (6) of this subsection, until a determination of noncompensability in regard to the injury which is the basis of such services is made, or in the event there is an appeal to the labor and industrial relations commission, until a decision is rendered by that commission.
 - (4) If a hospital, physician or other health care provider or a debt collector on behalf of such hospital, physician or other health care provider pursues any action to collect from an employee after such notice is properly given, the employee shall have a cause of action against the hospital, physician or other health care provider for actual damages sustained plus up to one thousand dollars in additional damages, costs and reasonable attorney's fees.

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

- whose services have been authorized in advance by the employer or insurer may give notice to the division of any claim for fees or other charges for services provided for a work-related injury that is covered by this chapter, with copies of the notice to the employee, employer and the employer's insurer. Where such notice has been filed, the administrative law judge may order direct payment from the proceeds of any settlement or award to the hospital, physician or other health care provider for such fees as are determined by the division. The notice shall be on a form prescribed by the division.
 - 14. The employer may allow or require an employee to use any of the employee's accumulated paid leave, personal leave, or medical or sick leave to attend to medical treatment, physical rehabilitation, or medical evaluations during work time. The intent of this subsection is to specifically supercede and abrogate any case law that contradicts the express language of this section.
 - 287.200. 1. Compensation for permanent total disability shall be paid during the continuance of such disability for the lifetime of the employee at the weekly rate of compensation in

effect under this subsection on the date of the injury for which compensation is being made. The word "employee" as used in this section shall not include the injured worker's dependents, estate, or other persons to whom compensation may be payable as provided in subsection 1 of section 287.020. The amount of such compensation shall be computed as follows:

- (1) For all injuries occurring on or after September 28, 1983, but before September 28, 1986, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings during the year immediately preceding the injury, as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury;
- (2) For all injuries occurring on or after September 28, 1986, but before August 28, 1990, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings during the year immediately preceding the injury, as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to seventy-five percent of the state average weekly wage, as such wage is determined by the division of employment security, as of the July first immediately preceding the date of injury;
 - (3) For all injuries occurring on or after August 28, 1990, but before August 28, 1991, the weekly compensation shall be an

- amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred percent of the
- 5 state average weekly wage;

- (4) For all injuries occurring on or after August 28, 1991, the weekly compensation shall be an amount equal to sixty-six and two-thirds percent of the injured employee's average weekly earnings as of the date of the injury; provided that the weekly compensation paid under this subdivision shall not exceed an amount equal to one hundred five percent of the state average weekly wage;
- (5) For all injuries occurring on or after September 28, 1981, the weekly compensation shall in no event be less than forty dollars per week.
 - 2. Permanent total disability benefits that have accrued through the date of the injured employee's death are the only permanent total disability benefits that are to be paid in accordance with section 287.230. The right to unaccrued compensation for permanent total disability of an injured employee terminates on the date of the injured employee's death in accordance with section 287.230, and does not survive to the injured employee's dependents, estate, or other persons to whom compensation might otherwise be payable.
 - 3. All claims for permanent total disability shall be determined in accordance with the facts. When an injured employee receives an award for permanent total disability but by the use of glasses, prosthetic appliances, or physical

- rehabilitation the employee is restored to his regular work or its equivalent, the life payment mentioned in subsection 1 of this section shall be suspended during the time in which the employee is restored to his regular work or its equivalent. employer and the division shall keep the file open in the case during the lifetime of any injured employee who has received an award of permanent total disability. In any case where the life payment is suspended under this subsection, the commission may at reasonable times review the case and either the employee or the employer may request an informal conference with the commission relative to the resumption of the employee's weekly life payment in the case.
 - 4. For all claims filed on or after the effective date of this section for occupational diseases due to toxic exposure which result in a permanent total disability or death, benefits in this chapter shall be provided as follows:

- (1) Such amount as due to the employee during said employee's life as provided for under this chapter for an award of permanent total disability and death; and
- (2) An amount equal to two hundred percent of the state's average weekly wage as of the date of diagnosis for one hundred weeks; and
- (3) In cases where occupational diseases due to toxic exposure are found to be mesothelioma and the employer is a manufacturer of asbestos, an additional amount of two hundred percent of the state's average weekly wage for two hundred twenty-five weeks shall be paid by such employer; and
 - (4) The provisions of subdivisions 2 and 3 of this

- subsection shall not be subject to suspension of benefits as
 provided in subsection 3 of this section; and
- (5) Notwithstanding any other provision of this chapter to the contrary, should the employee die before the additional benefits provided for in subdivisions 2 and 3 of this subsection are paid, the additional benefits are payable to the employee's spouse or children, natural or adopted, legitimate or illegitimate, in addition to benefits provided under section 287.240. If there is no surviving spouse or children and the employee has received less than the additional benefits provided for in subdivisions 2 and 3 of this subsection the remainder of such additional benefits shall be paid as a single payment to the

estate of the employee.

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

shall, when deemed necessary, appoint a duly qualified impartial physician to examine the injured employee, and any physician so chosen, if he accepts the appointment, shall promptly make the examination requested and make a complete medical report to the commission or the division in such duplication as to provide all parties with copies thereof. The physician's fee shall be fair and reasonable, as provided in subsection 3 of section 287.140, and the fee and other reasonable costs of the impartial examination may be paid as other costs under this chapter. If all the parties shall have had reasonable access thereto, the report of the physician shall be admissible in evidence.

3. The testimony of any physician who treated or examined the injured employee shall be admissible in evidence in any proceedings for compensation under this chapter, but only if the medical report of the physician has been made available to all parties as in this section provided. Immediately upon receipt of notice from the division or the commission setting a date for hearing of a case in which the nature and extent of an employee's disability is to be determined, the parties or their attorneys shall arrange, without charge or costs, each to the other, for an exchange of all medical reports, including those made both by treating and examining physician or physicians, to the end that the parties may be commonly informed of all medical findings and opinions. The exchange of medical reports shall be made at least seven days before the date set for the hearing and failure of any party to comply may be grounds for asking for and receiving a continuance, upon proper showing by the party to whom the medical reports were not furnished. If any party fails or refuses to

- furnish the opposing party with the medical report of the
 treating or examining physician at least seven days before such
 physician's deposition or personal testimony at the hearing, as
 in this section provided, upon the objection of the party who was
 not provided with the medical report, the physician shall not be
 permitted to testify at that hearing or by medical deposition.
 - 4. Upon request, an administrative law judge, the division, or the commission shall be provided with a copy of any medical report.

- 5. As used in this chapter the terms "physician's report" and "medical report" mean the report of any physician made on any printed form authorized by the division or the commission or any complete medical report. As used in this chapter the term "complete medical report" means the report of a physician giving the physician's qualifications and the patient's history, complaints, details of the findings of any and all laboratory, X-ray and all other technical examinations, diagnosis, prognosis, nature of disability, if any, and an estimate of the percentage of permanent partial disability, if any. An element or elements of a complete medical report may be met by the physician's records.
 - 6. Upon the request of a party, the physician or physicians who treated or are treating the injured employee shall be required to furnish to the parties a rating and complete medical report on the injured employee, at the expense of the party selecting the physician, along with a complete copy of the physician's clinical record including copies of any records and reports received from other health care providers.

The testimony of a treating or examining physician may be submitted in evidence on the issues in controversy by a complete medical report and shall be admissible without other foundational evidence subject to compliance with the following procedures. The party intending to submit a complete medical report in evidence shall give notice at least sixty days prior to the hearing to all parties and shall provide reasonable opportunity to all parties to obtain cross-examination testimony of the physician by deposition. The notice shall include a copy of the report and all the clinical and treatment records of the physician including copies of all records and reports received by the physician from other health care providers. The party offering the report must make the physician available for cross-examination testimony by deposition not later than seven days before the matter is set for hearing, and each cross-examiner shall compensate the physician for the portion of testimony obtained in an amount not to exceed a rate of reasonable compensation taking into consideration the specialty practiced by the physician. Cross-examination testimony shall not bind the cross-examining party. Any testimony obtained by the offering party shall be at that party's expense on a proportional basis, including the deposition fee of the physician. Upon request of any party, the party offering a complete medical report in evidence must also make available copies of X rays or other diagnostic studies obtained by or relied upon by the physician. Within ten days after receipt of such notice a party shall dispute whether a report meets the requirements of a complete medical report by providing written

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

objections to the offering party stating the grounds for the dispute, and at the request of any party, the administrative law judge shall rule upon such objections upon pretrial hearing whether the report meets the requirements of a complete medical report and upon the admissibility of the report or portions thereof. If no objections are filed the report is admissible, and any objections thereto are deemed waived. Nothing herein shall prevent the parties from agreeing to admit medical reports

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

or records by consent. [The provisions of this subsection shall

not apply to claims against the second injury fund.]

- 9. The division or the commission may in its discretion in extraordinary cases order a postmortem examination and for that purpose may also order a body exhumed.
- a special fund to be known as the "Second Injury Fund" created exclusively for the purposes as in this section provided and for special weekly benefits in rehabilitation cases as provided in section 287.141. A subaccount is established within the second injury fund that shall contain all revenue collected under subsection 7 of section 287.715 that shall be used solely for

payment of awards issued pursuant to subdivision 2 of subsection 1 2 4 of this section. Maintenance of the second injury fund shall be as provided by section 287.710. The state treasurer shall be 3 the custodian of the second injury fund which shall be deposited 4 5 the same as are state funds and any interest accruing thereon 6 shall be added thereto. The fund shall be subject to audit the 7 same as state funds and accounts and shall be protected by the general bond given by the state treasurer. Upon the requisition 8 9 of the director of the division of workers' compensation, 10 warrants on the state treasurer for the payment of all amounts payable for compensation and benefits out of the second injury 11 fund shall be issued. 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

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

```
resulting in additional permanent partial disability so that the
1
 2
      degree or percentage of disability, in an amount equal to a
 3
      minimum of fifty weeks compensation, if a body as a whole injury
      or, if a major extremity injury only, equals a minimum of fifteen
 4
 5
      percent permanent partial disability, caused by the combined
 6
      disabilities is substantially greater than that which would have
7
      resulted from the last injury, considered alone and of itself,
      and if the employee is entitled to receive compensation on the
8
9
      basis of the combined disabilities, the employer at the time of
10
      the last injury shall be liable only for the degree or percentage
      of disability which would have resulted from the last injury had
11
12
      there been no preexisting disability. After the compensation
13
      liability of the employer for the last injury, considered alone,
14
      has been determined by an administrative law judge or the
15
      commission, the degree or percentage of employee's disability
16
      that is attributable to all injuries or conditions existing at
17
      the time the last injury was sustained shall then be determined
18
      by that administrative law judge or by the commission and the
19
      degree or percentage of disability which existed prior to the
20
      last injury plus the disability resulting from the last injury,
21
      if any, considered alone, shall be deducted from the combined
22
      disability, and compensation for the balance, if any, shall be
23
      paid out of a special fund known as the second injury fund,
24
      hereinafter provided for. If the previous disability or
25
      disabilities, whether from compensable injury or otherwise, and
26
      the last injury together result in total and permanent
27
      disability, the minimum standards under this subsection for a
28
      body as a whole injury or a major extremity injury shall not
```

apply and the employer at the time of the last injury shall be 1 2 liable only for the disability resulting from the last injury considered alone and of itself; except that if the compensation 3 for which the employer at the time of the last injury is liable 5 is less than the compensation provided in this chapter for 6 permanent total disability, then in addition to the compensation 7 for which the employer is liable and after the completion of 8 payment of the compensation by the employer, the employee shall 9 be paid the remainder of the compensation that would be due for 10 permanent total disability under section 287.200 out of [a special fund known as the "Second Injury Fund" hereby created 11 12 exclusively for the purposes as in this section provided and for 13 special weekly benefits in rehabilitation cases as provided in 14 section 287.141. Maintenance of the second injury fund shall be 15 as provided by section 287.710. The state treasurer shall be the custodian of the second injury fund which shall be deposited the 16 17 same as are state funds and any interest accruing thereon shall 18 be added thereto. The fund shall be subject to audit the same as 19 state funds and accounts and shall be protected by the general 20 bond given by the state treasurer. Upon the requisition of the 21 director of the division of workers' compensation, warrants on 22 the state treasurer for the payment of all amounts payable for 23 compensation and benefits out of the second injury fund shall be 24 issued.

2.] the second injury fund.

25

26

27

28

3. All claims against the second injury fund for injuries occurring after the effective date of this section and all claims against the second injury fund involving a subsequent compensable

injury which is an occupational disease filed after the effective
date of this section shall be compensated as provided in this
subsection.

- (1) No claims for permanent partial disability occurring after the effective date of this section shall be filed against the second injury fund. Claims for permanent total disability under section 287.200 against the second injury fund shall be compensable only when all of the following conditions are met:
- (a) An employee has a medically documented preexisting disability equaling a minimum of fifty weeks of permanent partial disability compensation according to the medical standards that are used in determining such compensation which is:
- a. A direct result of active military duty in any branch of
 the United States armed forces; or
- b. A direct result of a compensable injury as defined in section 287.020; or
 - c. Not a compensable injury, but such preexisting

 disability directly and significantly aggravates or accelerates

 the subsequent work-related injury and shall not include

 unrelated preexisting injuries that do not aggravate or

 accelerate the subsequent work-related injury; or
 - d. A preexisting permanent partial disability of an extremity, loss of eyesight in one eye, or loss of hearing in one ear, when there is an subsequent compensable work-related injury as set forth in paragraph (b) of the opposite extremity, loss of eyesight in the other eye, or loss of hearing in the other ear; and
 - (b) Such employee thereafter sustains a subsequent

- 1 <u>compensable work-related injury that, when combined with the</u>
- 2 preexisting disability, as set forth in subparagraphs a, b, c, or
- 3 <u>d of paragraph (a) of this subdivision, results in a permanent</u>
- 4 total disability as defined under this chapter.
- 5 (2) When an employee is entitled to compensation as
- 6 provided in this subsection, the employer at the time of the last
- 7 work-related injury shall only be liable for the disability
- 8 resulting from the subsequent work-related injury considered
- 9 <u>alone and of itself.</u>
- 10 (3) Compensation for benefits payable under this subsection
- shall be based on the employee's compensation rate calculated
- 12 <u>under section 287.250.</u>
- 13 $\underline{4}$. In all cases in which a recovery against the second
- injury fund is sought for permanent partial disability, permanent
- total disability, or death, the state treasurer as custodian
- thereof shall be named as a party, and shall be entitled to
- 17 defend against the claim.
- 18 (1) The state treasurer, with the advice and consent of the
- 19 attorney general of Missouri, may enter into agreed statements of
- fact that would affect the second injury fund, or compromise
- 21 settlements as contemplated by section 287.390[, or agreed
- 22 statements of fact that would affect the second injury fund. All
- 23 awards for permanent partial disability, permanent total
- 24 disability, or death affecting the second injury fund shall be
- subject to the provisions of this chapter governing review and
- 26 appeal] with the following limitations:
- 27 (a) For all claims filed prior to the effective date of
- 28 this section, with the exception of permanent total disability

- claims, such settlement may be made in any amount not to exceed
 sixty thousand dollars; or
- 3 (b) For all permanent total disability claims, such
 4 settlement may be made in any amount not to exceed the sum of two
 5 hundred times the employee's permanent total disability rate as
 6 of the date of the injury.

- (2) Notwithstanding subdivision (1) of this subsection to the contrary, the state treasurer, with the advice and consent of the attorney general and the state auditor, may enter into compromise settlements as contemplated by section 287.390 in any amount.
- (3) The state treasurer, with the advice and consent of the attorney general and the state auditor, may enter into compromise settlements with dependents of claimants, whether finally adjudicated or not, arising from the Missouri supreme court's decision in Schoemehl v. Treasurer of Missouri, 217 S.W.3d 900 (Mo. 2007).
- (4) For all claims filed against the second injury fund on or after July 1, 1994, the attorney general shall use assistant attorneys general except in circumstances where an actual or potential conflict of interest exists, to provide legal services as may be required in all claims made for recovery against the fund. Any legal expenses incurred by the attorney general's office in the handling of such claims, including, but not limited to, medical examination fees incurred under sections 287.210 and the expenses provided for under section 287.140, expert witness fees, court reporter expenses, travel costs, and related legal expenses shall be paid by the fund. Effective July 1, 1993, the

payment of such legal expenses shall be contingent upon annual appropriations made by the general assembly, from the fund, to the attorney general's office for this specific purpose.

1

2

3

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

- [3.] <u>5.</u> If more than one injury in the same employment causes concurrent temporary disabilities, compensation shall be payable only for the longest and largest paying disability.
- [4.] <u>6.</u> If more than one injury in the same employment causes concurrent and consecutive permanent partial disability, compensation payments for each subsequent disability shall not begin until the end of the compensation period of the prior disability.
- [5.] 7. If an employer fails to insure or self-insure as required in section 287.280, funds from the second injury fund may be withdrawn to cover the fair, reasonable, and necessary expenses incurred relating to claims for injuries occurring prior to the effective date of this section, to cure and relieve the effects of the injury or disability of an injured employee in the employ of an uninsured employer consistent with subsection 3 of section 287.140, or in the case of death of an employee in the employ of an uninsured employer, funds from the second injury fund may be withdrawn to cover fair, reasonable, and necessary expenses incurred relating to a death occurring prior to the effective date of this section, in the manner required in sections 287.240 and 287.241. In defense of claims arising under this subsection, the treasurer of the state of Missouri, as custodian of the second injury fund, shall have the same defenses to such claims as would the uninsured employer. Any funds received by the employee or the employee's dependents, through

civil or other action, must go towards reimbursement of the second injury fund, for all payments made to the employee, the employee's dependents, or paid on the employee's behalf, from the second injury fund pursuant to this subsection. The office of the attorney general of the state of Missouri shall bring suit in the circuit court of the county in which the accident occurred against any employer not covered by this chapter as required in section 287.280.

- [6.] <u>8.</u> Every [three years] <u>year</u> the second injury fund shall have an actuarial study made to determine the solvency of the fund <u>taking into consideration any existing balance carried forward from a previous year</u>, appropriate funding level of the fund, and forecasted expenditures from the fund. The first actuarial study shall be completed prior to July 1, [1988] <u>2014</u>. The expenses of such actuarial studies shall be paid out of the fund for the support of the division of workers' compensation.
- [7.] 9. The director of the division of workers' compensation shall maintain the financial data and records concerning the fund for the support of the division of workers' compensation and the second injury fund. The division shall also compile and report data on claims made pursuant to subsection 9 of this section. The attorney general shall provide all necessary information to the division for this purpose.
- [8.] 10. All claims for fees and expenses filed against the second injury fund and all records pertaining thereto shall be open to the public.
- [9.] 11. Any employee who at the time a compensable work-related injury is sustained prior to the effective date of

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

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

13. Notwithstanding the requirements of section 287.470, the life payments to an injured employee made from the fund shall be suspended when the employee is able to obtain suitable gainful employment or be self-employed in view of the nature and severity of the injury. The division shall promulgate rules setting forth a reasonable standard means test to determine if such employment warrants the suspension of benefits.

- 1 14. All awards issued under this chapter affecting the 2 second injury fund shall be subject to the provisions of this 3 chapter governing review and appeal. 15. Funds from the second injury fund may be withdrawn to 4 5 cover awards for toxic exposure issued pursuant to subdivision 2 6 of subsection 4 of section 287.200. This subsection shall not be 7 construed to cover awards for a disability otherwise provided in 8 this chapter. 9 16. The division shall pay any liabilities of the fund in 10 the following priority: 11 (1) Expenses related to the legal defense of the fund under subsection 4 of this section; 12 13 (2) Permanent total disability awards in the order in which 14 claims are settled or finally adjudicated; 15 (3) Permanent partial disability awards in the order in 16 which such claims are settled or finally adjudicated; 17 (4) Medical expenses incurred prior to July 1, 2012, under 18 subsection 7 of this section; and 19 (5) Interest on unpaid awards. 20 21 Such liabilities shall be paid to the extent the fund has a 22 positive balance. Any unpaid amounts shall remain an ongoing 23 liability of the fund until satisfied. 24 17. Post award interest for the purpose of second injury 25 fund claims shall be set at the adjusted rate of interest 26 established by the director of revenue pursuant to section 32.065
- 28 287.610. 1. After August 28, 2005, the division may

or five percent, whichever is greater.

appoint additional administrative law judges for a maximum of forty authorized administrative law judges. Appropriations shall be based upon necessity, measured by the requirements and needs of each division office. Administrative law judges shall be duly licensed lawyers under the laws of this state. Administrative law judges shall not practice law or do law business and shall devote their whole time to the duties of their office. director of the division of workers' compensation shall publish and maintain on the division's website the appointment dates or initial dates of service for all administrative law judges.

- 2. [The division director, as a member of the administrative law judge review committee, hereafter referred to as "the committee", shall perform, in conjunction with the committee, a performance audit of all administrative law judges by August 28, 2006. The division director, in conjunction with the committee, shall establish the written performance audit standards on or before October 1, 2005.
- years of service shall be subject to a retention vote on August 28, 2008. The next thirteen administrative law judges with the most years of service in descending order shall be subject to a retention vote on August 28, 2012. Administrative law judges appointed and not previously referenced in this subsection shall be subject to a retention vote on August 28, 2016. Subsequent retention votes shall be held every twelve years. Any administrative law judge who has received two or more votes of no confidence under performance audits by the committee shall not receive a vote of retention.

[4.] 3. The administrative law judge review committee members shall not have any direct or indirect employment or financial connection with a workers' compensation insurance company, claims adjustment company, health care provider nor be a practicing workers' compensation attorney. All members of the committee shall have a working knowledge of workers' compensation.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

- [5.] 4. The committee shall within thirty days of completing each performance audit make a recommendation of confidence or no confidence for each administrative law judge.
- [6.] 5. The administrative law judges appointed by the division shall only have jurisdiction to hear and determine claims upon original hearing and shall have no jurisdiction upon any review hearing, either in the way of an appeal from an original hearing or by way of reopening any prior award, except to correct a clerical error in an award or settlement if the correction is made by the administrative law judge within twenty days of the original award or settlement. The labor and industrial relations commission may remand any decision of an administrative law judge for a more complete finding of facts. The commission may also correct a clerical error in awards or settlements within thirty days of its final award. With respect to original hearings, the administrative law judges shall have such jurisdiction and powers as are vested in the division of workers' compensation under other sections of this chapter, and wherever in this chapter the word "commission", "commissioners" or "division" is used in respect to any original hearing, those terms shall mean the administrative law judges appointed under

- 1 this section. When a hearing is necessary upon any claim, the
- 2 division shall assign an administrative law judge to such
- 3 hearing. Any administrative law judge shall have power to
- 4 approve contracts of settlement, as provided by section 287.390,
- 5 between the parties to any compensation claim or dispute under
- 6 this chapter pending before the division of workers'
- 7 compensation. Any award by an administrative law judge upon an
- 8 original hearing shall have the same force and effect, shall be
- 9 enforceable in the same manner as provided elsewhere in this
- 10 chapter for awards by the labor and industrial relations
- 11 commission, and shall be subject to review as provided by section
- 12 287.480.
- [7.] <u>6.</u> Any of the administrative law judges employed
- 14 pursuant to this section may be assigned on a temporary basis to
- 15 the branch offices as necessary in order to ensure the proper
- 16 administration of this chapter.
- 17 [8.] 7. All administrative law judges shall be required to
- 18 participate in, on a continuing basis, specific training that
- 19 shall pertain to those elements of knowledge and procedure
- 20 necessary for the efficient and competent performance of the
- 21 administrative law judges' required duties and responsibilities.
- 22 Such training requirements shall be established by the division
- 23 subject to appropriations and shall include training in medical
- determinations and records, mediation and legal issues pertaining
- 25 to workers' compensation adjudication. Such training may be
- 26 credited toward any continuing legal education requirements.
- [9.] 8. (1) [The director of the division, in conjunction
- with] The administrative law judge review committee[,] shall

conduct a performance audit of all administrative law judges 1 2 every two years. The audit results, stating the committee's recommendation of confidence or no confidence of each 3 4 administrative law judge shall be sent to the governor no later 5 than the first week of each legislative session immediately 6 following such audit. Any administrative law judge who has 7 received [two] three or more votes of no confidence under two 8 successive performance audits by the committee may have their 9

appointment immediately withdrawn.

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

The review committee shall consist of [the division director, who shall be appointed by the governor,] one member appointed by the president pro tem of the senate, one member appointed by the minority leader of the senate, one member appointed by the speaker of the house of representatives, and one member appointed by the minority leader of the house of representatives. The governor shall appoint to the committee one member selected from the commission on retirement, removal, and discipline of judges. This member shall act as a member ex-officio and shall not have a vote in the committee. [The division director shall serve as the chairperson of the committee, and shall serve on the committee during the time of employment in such position.] The committee shall annually elect a chairperson from its members for a term of one year. of service for all [other] members shall be two years. review committee members shall all serve without compensation. Necessary expenses for review committee members and all necessary support services to the review committee shall be provided by the division.

1 [10.] 9. No rule or portion of a rule promulgated pursuant 2 to the authority of this section shall become effective unless it 3 has been promulgated pursuant to the provisions of chapter 536. 287.690. [1.] Prior to December 31, 1993, for the purpose 4 5 of providing for the expense of administering this chapter [and for the purpose set out in subsection 2 of this section], every 6 7 person, partnership, association, corporation, whether organized under the laws of this or any other state or country, the state 8 9 of Missouri, including any of its departments, divisions, 10 agencies, commissions, and boards or any political subdivisions 11 of the state who self-insure or hold themselves out to be any 12 part self-insured, company, mutual company, the parties to any interindemnity contract, or other plan or scheme, and every other 13 14 insurance carrier, insuring employers in this state against 15 liability for personal injuries to their employees, or for death 16 caused thereby, under this chapter, shall pay, as provided in 17 this chapter, tax upon the net deposits, net premiums or net assessments received, whether in cash or notes in this state, or 18 19 on account of business done in this state, for such insurance in 20 this state at the rate of two percent in lieu of all [other] 21 premium taxes on such net deposits, net premiums or net 22 assessments, which amount of taxes shall be assessed and collected as herein provided. Beginning October 31, 1993, and 23 24 every year thereafter, the director of the division of workers' 25 compensation shall estimate the amount of revenue required to administer this chapter and the division director shall determine 26 27 the rate of tax to be paid in the following calendar year 28 pursuant to this section commencing with the calendar year

```
beginning on January 1, 1994. If the balance of the fund
1
 2
      [estimated to be] on hand on [December thirty-first] July first
 3
      of the year each tax rate determination is made on October
      thirty-first is less than one hundred ten percent of the previous
 4
      year's expenses plus any additional revenue required due to new
 5
 6
      statutory requirements given to the division by the general
7
      assembly, then the division director shall impose a tax not to
 8
      exceed two percent in lieu of all other taxes on net deposits,
9
      net premiums or net assessments, rounded up to the nearest
10
      one-half of a percentage point, which amount of taxes shall be
11
      assessed and collected as herein provided.
                                                  The net premium
12
      equivalent for individual self-insured employers and any group of
13
      political subdivisions of this state qualified to self-insure
14
      their liability pursuant to this chapter as authorized by section
15
      537.620 shall be based on average rate classifications calculated
      by the department of insurance, financial institutions and
16
      professional registration as taken from premium rates filed by
17
18
      the twenty insurance companies providing the greatest volume of
19
      workers' compensation insurance coverage in this state. For
20
      employers qualified to self-insure their liability pursuant to
      this chapter, the rates filed by such group of employers in
21
22
      accordance with subsection 2 of section 287.280 shall be the net
23
      premium equivalent. Every entity required to pay the tax imposed
24
      pursuant to this section and section 287.730 shall be notified by
25
      the division of workers' compensation within ten calendar days of
      the date of the determination of the rate of tax to be imposed
26
27
      for the following year. Net premiums, net deposits or net
28
      assessments are defined as gross premiums, gross deposits or
```

- gross assessments less canceled or returned premiums, premium deposits or assessments and less dividends or savings, actually paid or credited.
- [2. After January 1, 1994, the director of the division shall make one or more loans to the Missouri employers mutual insurance company in an amount not to exceed an aggregate amount of five million dollars from the fund maintained to administer this chapter for start-up funding and initial capitalization of the company. The board of the company shall make application to the director for the loans, stating the amount to be loaned to the company. The loans shall be for a term of five years and, at the time the application for such loans is approved by the director, shall bear interest at the annual rate based on the rate for linked deposit loans as calculated by the state treasurer pursuant to section 30.758.]

287.715. 1. For the purpose of providing for revenue for the second injury fund, every authorized self-insurer, and every workers' compensation policyholder insured pursuant to the provisions of this chapter, shall be liable for payment of an annual surcharge in accordance with the provisions of this section. The annual surcharge imposed under this section shall apply to all workers' compensation insurance policies and self-insurance coverages which are written or renewed on or after April 26, 1988, including the state of Missouri, including any of its departments, divisions, agencies, commissions, and boards or any political subdivisions of the state who self-insure or hold themselves out to be any part self-insured. Notwithstanding any law to the contrary, the surcharge imposed pursuant to this

- section shall not apply to any reinsurance or retrocessional transaction.
- Beginning October 31, 2005, and each year thereafter, 3 the director of the division of workers' compensation shall 4 5 estimate the amount of benefits payable from the second injury 6 fund during the following calendar year and shall calculate the 7 total amount of the annual surcharge to be imposed during the 8 following calendar year upon all workers' compensation 9 policyholders and authorized self-insurers. The amount of the 10 annual surcharge percentage to be imposed upon each policyholder and self-insured for the following calendar year commencing with 11 12 the calendar year beginning on January 1, 2006, shall be set at 13 and calculated against a percentage, not to exceed three percent, 14 of the policyholder's or self-insured's workers' compensation net 15 deposits, net premiums, or net assessments for the previous 16 policy year, rounded up to the nearest one-half of a percentage 17 point, that shall generate, as nearly as possible, one hundred 18 ten percent of the moneys to be paid from the second injury fund 19 in the following calendar year, less any moneys contained in the 20 fund at the end of the previous calendar year. All policyholders 21 and self-insurers shall be notified by the division of workers' 22 compensation within ten calendar days of the determination of the 23 surcharge percent to be imposed for, and paid in, the following 24 calendar year. The net premium equivalent for individual 25 self-insured employers and any group of political subdivisions of 26 this state qualified to self-insure their liability pursuant to 27 this chapter as authorized by section 537.620 shall be based on 28 average rate classifications calculated by the department of

- 1 insurance, financial institutions and professional registration
- 2 as taken from premium rates filed by the twenty insurance
- 3 companies providing the greatest volume of workers' compensation
- 4 insurance coverage in this state. For employers qualified to
- 5 self-insure their liability pursuant to this chapter, the rates
- filed by such group of employers in accordance with subsection 2
- 7 of section 287.280 shall be the net premium equivalent. The
- 8 director may advance funds from the workers' compensation fund to
- 9 the second injury fund if surcharge collections prove to be
- insufficient. Any funds advanced from the workers' compensation
- fund to the second injury fund must be reimbursed by the second
- injury fund no later than December thirty-first of the year
- 13 following the advance. The surcharge shall be collected from
- 14 policyholders by each insurer at the same time and in the same
- manner that the premium is collected, but no insurer or its agent
- shall be entitled to any portion of the surcharge as a fee or
- 17 commission for its collection. The surcharge is not subject to
- 18 any taxes, licenses or fees.
- 3. All surcharge amounts imposed by this section shall be
- deposited to the credit of the second injury fund.
- 4. Such surcharge amounts shall be paid quarterly by
- insurers and self-insurers, and insurers shall pay the amounts
- 23 not later than the thirtieth day of the month following the end
- of the quarter in which the amount is received from
- 25 policyholders. If the director of the division of workers'
- compensation fails to calculate the surcharge by the thirty-first
- 27 day of October of any year for the following year, any increase
- in the surcharge ultimately set by the director shall not be

effective for any calendar quarter beginning less than sixty days from the date the director makes such determination.

- 5. If a policyholder or self-insured fails to make payment of the surcharge or an insurer fails to make timely transfer to the division of surcharges actually collected from policyholders, as required by this section, a penalty of one-half of one percent of the surcharge unpaid, or untransferred, shall be assessed against the liable policyholder, self-insured or insurer.

 Penalties assessed under this subsection shall be collected in a civil action by a summary proceeding brought by the director of the division of workers' compensation.
 - 6. In order to maintain the fiscal solvency of the second injury fund, should the anticipated collections authorized in subsection 2 of this section fail to be sufficient to meet its current and anticipated legal obligations, provide funds to settle cases, and provide funds for the administration of the fund for the third and fourth quarter of calendar year 2013 and for calendar years 2014, 2015, 2016, 2017, 2018, 2019, and 2020, the director of the division of workers' compensation, shall determine the amount of revenue so required. Notwithstanding subsection 2 of this section to the contrary, such necessary funds as determined by the director of the division of workers' compensation shall be collected with a supplemental surcharge, not to exceed one and one-half percent for the calendar year 2013 and not to exceed three percent for the remaining calendar years through 2020. All policyholders and self-insurers shall be notified by the division of workers' compensation of the supplemental surcharge percent to be imposed for such period of

time as part of the notice provided in subsection 2 of this

section, except for the supplemental surcharge percent for the

third and fourth quarters of calendar year 2013 for which notice

shall be provided within ten calendar days of the determination

of the supplemental surcharge to be imposed for those quarters.

The provisions of this subsection shall expire on December 31,

2020.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

7. Beginning July 1, 2013, and each calendar year thereafter, the director of the division of workers compensation shall estimate the amount of benefits payable from the second injury fund relating to awards issued pursuant to subdivision (2) of subsection 4 of section 287.200 during the following calendar year and shall calculate the total amount of the second injury fund surcharge to be imposed during the following calendar year upon all workers' compensation policyholders and authorized selfinsurers. Notwithstanding subsection 2 of this section to the contrary, such surcharge shall be set by the director based on the average number of awards for such diseases in the three years preceding the year in which such rates are set, multiplied by the benefit allowed in subdivision (2) of subsection 4 of section 287.200. In addition, the surcharge shall be increased in an amount to collect a cash reserve of up to fifty percent of the surcharge established in this section, until such time that a one year reserve has been accumulated. All revenue collected under this subsection shall be deposited in the subaccount established in subsection 1 of section 287.220 and such revenue shall only be used to satisfy awards <u>issued pursuant to subdivision (2) of</u> subsection 4 of section 287.200. All policyholders and self-

- insurers shall be notified by the division of workers'
- 2 compensation of the toxic exposure supplemental surcharge percent
- 3 to be imposed for such period of time as part of the notice
- 4 provided in subsections 2 and 6 of this section.

15

16

17

18

19

20

21

22

23

24

25

26

27

28

- 5 <u>8. Funds collected under the provisions of this chapter</u> 6 shall be the sole funding source of the second injury fund.
- 7 287.745. 1. If the tax imposed by sections 287.690, 8 287.710, and 287.715 are not paid when due, the taxpayer shall be 9 required to pay, as part of such tax, interest thereon at the 10 rate of one and one-half percent per month for each month or fraction thereof delinquent. In the event the state prevails in 11 12 any dispute concerning an assessment of tax which has not been 13 paid by the taxpayer, interest shall be paid upon the amount 14 found due to the state at the rate of one and one-half percent

per month for each month or fraction thereof delinquent.

- 2. In any legal contest concerning the amount of tax under sections 287.690, 287.710 and 287.715 for a calendar year, the quarterly installments for the following year shall continue to be made based upon the amount assessed by the director of revenue for the year in question. If after the end of any taxable year, the amount of the actual tax due is less than the total amount of the installments actually paid, the amount by which the amount paid exceeds the amount due shall at the election of the taxpayer be refunded or credited against the tax for the following year and in the event of a credit, deducted from the quarterly installment otherwise due on June first.
- Section B. Because it is necessary to ensure the solvency of the second injury fund, the repeal and reenactment of section

- 1 287.220 of this act is deemed necessary for the immediate
- 2 preservation of the public health, welfare, peace and safety, and
- 3 is hereby declared to be an emergency act within the meaning of
- 4 the constitution, and the repeal and reenactment of section
- 5 287.220 of this act shall be in full force and effect upon its
- 6 passage and approval.