

SENATE COMMITTEE SUBSTITUTE

FOR

HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 2375

AN ACT

To repeal sections 287.020, 287.067, 287.140, 287.210, 287.270, 287.510, and 287.655, RSMo, and to enact in lieu thereof nine new sections relating to workers' compensation, with penalty provisions.

---

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

Section A. Sections 287.020, 287.067, 287.140, 287.210, 287.270, 287.510, and 287.655, RSMo, are repealed and nine new sections enacted in lieu thereof, to be known as sections 287.020, 287.067, 287.140, 287.142, 287.210, 287.270, 287.445, 287.510, and 287.655, to read as follows:

287.020. 1. The word "employee" as used in this chapter shall be construed to mean every person in the service of any employer, as defined in this chapter, under any contract of hire, express or implied, oral or written, or under any appointment or 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, also include his or her dependents, and other persons to whom compensation may be payable. The word "employee" shall also include all minors who work for an employer, whether or not such 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 section 301.010, and operator of a motor

vehicle which is leased or contracted with a driver to a for-hire motor carrier operating within a commercial zone as defined in section 390.020 or as described in section 390.041, or operating under a certificate issued by the Missouri department of transportation or by the United States Department of Transportation, or any of its subagencies. The word "employee" also shall not include any person performing services for board, lodging, aid, or sustenance received from any religious, charitable, or relief organization.

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 injury, the resulting medical condition [and], the disability, and the need for treatment. "The prevailing factor" is defined to be the primary factor, in relation to any other factor, causing [both] the injury, the resulting medical condition [and], the disability, and the need for treatment.

(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

(b) It does not come from a hazard or risk unrelated to the employment to which workers would have been equally exposed outside of and unrelated to the employment in normal 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.

(5) The terms "injury" and "personal injuries" shall mean 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 commerce and insurance 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 commerce and insurance 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 industrial relations of the state of Missouri.

9. For the purposes of this chapter, the term "minor" means a person who has not attained the age of eighteen years; except that, for the purpose of computing the compensation provided for in this chapter, the provisions of section 287.250 shall control.

10. In applying the provisions of this chapter, it is the intent of the legislature to reject and abrogate earlier

case law interpretations on the meaning of or definition of "accident", "occupational disease", "arising out of", and "in the course of the employment" to include, but not be limited to, holdings in: Bennett v. Columbia Health Care and Rehabilitation, 80 S.W.3d 524 (Mo.App. W.D. 2002); Kasl v. Bristol Care, Inc., 984 S.W.2d 852 (Mo.banc 1999); and Drewes v. TWA, 984 S.W.2d 512 (Mo.banc 1999) and all cases citing, interpreting, applying, or following those cases.

11. For the purposes of this chapter, "occupational diseases due to toxic exposure" shall only include the following: mesothelioma, asbestosis, berylliosis, coal worker's pneumoconiosis, bronchiolitis obliterans, silicosis, silicotuberculosis, manganism, acute myelogenous leukemia, and myelodysplastic syndrome.

12. For the purposes of this chapter, "maximum medical improvement" shall mean the point at which the injured employee's medical condition has stabilized and can no longer reasonably improve with additional medical care, as determined within a reasonable degree of medical certainty.

287.067. 1. In this chapter the term "occupational disease" is hereby defined to mean, unless a different meaning is clearly indicated by the context, an identifiable disease arising with or without human fault out of and in the course of the employment. Ordinary diseases of life to which the general public is exposed outside of the employment shall not be compensable, except where the diseases follow as an incident of an occupational disease as defined in this section. The disease need not to have been foreseen or expected but after its contraction it must appear to have had its origin in a risk connected with the employment and to have flowed from that source 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 injury, the resulting medical condition [and], the disability, and the need for treatment. The "prevailing factor" is defined to be the primary factor, in relation to any other factor, causing [both] the injury, the resulting medical condition [and], the disability, and the need for treatment. 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. Notwithstanding the foregoing, gradual deterioration or progressive degeneration due to the risks or hazards associated with the employee's employment are compensable so long as such risks or hazards associated with the employee's employment are the prevailing factor resulting in such gradual deterioration or progressive degeneration.

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 injury, the resulting medical condition [and], the disability, and the need for treatment. The "prevailing factor" is defined to be the primary factor, in relation to any other factor, causing [both] the injury, the resulting medical condition [and], the disability, and the need for treatment. 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. Notwithstanding the foregoing, gradual deterioration or progressive degeneration due to the risks or hazards associated with the employee's employment are compensable so long as such risks or hazards

associated with the employee's employment are the prevailing factor resulting in such gradual deterioration or progressive degeneration.

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 or paid peace officers of a police department who are certified under chapter 590 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 be liable for such occupational disease.

9. (1) (a) Posttraumatic stress disorder (PTSD), as described in the Diagnostic and Statistical Manual of Mental Health Disorders, Fifth Edition, published by the American Psychiatric Association, (DSM-5) is recognized as a compensable occupational disease for purposes of this chapter when diagnosed in a first responder, as that term is defined under section 67.145.

(b) Benefits payable to a first responder under this section shall not require a physical injury to the first responder, and are not subject to any preexisting PTSD.

(c) Benefits payable to a first responder under this section are compensable only if demonstrated by clear and convincing evidence that PTSD has resulted from the course and scope of employment, and the first responder is examined and diagnosed with PTSD by an authorized treating physician, due to the first responder experiencing one of the following qualifying events:

- a. Seeing for oneself a deceased minor;
- b. Witnessing directly the death of a minor;
- c. Witnessing directly the injury to a minor who subsequently died prior to or upon arrival at a hospital emergency department, participating in the physical treatment of, or manually transporting, an injured minor who

subsequently died prior to or upon arrival at a hospital emergency department;

d. Seeing for oneself a person who has suffered serious physical injury of a nature that shocks the conscience;

e. Witnessing directly a death, including suicide, due to serious physical injury; or homicide, including murder, mass killings, manslaughter, self-defense, misadventure, and negligence;

f. Witnessing directly an injury that results in death, if the person suffered serious physical injury that shocks the conscience;

g. Participating in the physical treatment of an injury, including attempted suicide, or manually transporting an injured person who suffered serious physical injury, if the injured person subsequently died prior to or upon arrival at a hospital emergency department; or

h. Involvement in an event that caused or may have caused serious injury or harm to the first responder or had the potential to cause the death of the first responder, whether accidental or by an intentional act of another individual.

(2) The time for notice of injury or death in cases of compensable PTSD under this section is measured from exposure to one of the qualifying stressors listed in the DSM-5 criteria, or the diagnosis of the disorder, whichever is later. Any claim for compensation for such injury shall be properly noticed within fifty-two weeks after the qualifying exposure, or the diagnosis of the disorder, whichever is later.

287.140. 1. In addition to all other compensation paid to the employee under this section, the employee shall receive and the employer shall provide such medical,

surgical, chiropractic, and hospital treatment, including nursing, custodial, ambulance and medicines, as may reasonably be required after the injury or disability, to cure and relieve from the effects of the injury. For an employee to receive such treatment, the accident or occupational disease shall be the prevailing factor in causing the injury, the resulting medical condition, the disability, and the need for treatment. If the employee desires, he shall have the right to select his own physician, surgeon, or other such requirement at his own 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 provider is selected by the employer or is selected by the employee at the employee's expense, the health care provider shall have the affirmative duty to communicate fully with the employee regarding the nature of the employee's injury and recommended treatment exclusive of any evaluation for a permanent disability rating. Failure to perform such duty to communicate shall constitute a disciplinary violation by the provider subject to the provisions of chapter [620] 334. When an employee is required to submit to medical examinations or necessary medical treatment at a place outside of the local or metropolitan area from the employee's principal place of employment, the employer or its insurer shall advance or reimburse the employee for all necessary and reasonable expenses; except that an injured employee who resides outside the state of Missouri and who is employed by an employer located in Missouri shall have the option of selecting the location of services provided in this section either at a location within one hundred miles of the injured employee's residence, place of injury or place of hire by

the employer. The choice of provider within the location selected shall continue to be made by the employer. In case of a medical examination if a dispute arises as to what expenses shall be paid by the employer, the matter shall be presented to the legal advisor, the administrative law judge or the commission, who shall set the sum to be paid and same shall be paid by the employer prior to the medical examination. In no event, however, shall the employer or its insurer be required to pay transportation costs for a greater distance than two hundred fifty miles each way from place of treatment.

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

3. [All fees and charges under this chapter shall be fair and reasonable, shall be subject to regulation by the division or the commission, or the board of rehabilitation in rehabilitation cases.] A health care provider shall not charge a fee for treatment and care which is governed by the provisions of this chapter greater than [the usual and customary fee the provider receives for the same treatment or service when the payor for such treatment or service is a private individual or a private health insurance carrier] that set forth in the medical fee schedule promulgated by the workers' compensation fee schedule commission pursuant to section 287.142. The division or the commission, or the board of rehabilitation in rehabilitation cases, shall also have jurisdiction to hear and determine all disputes as to such charges. A health care provider is bound by the determination 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 because of such dispute. Any application for payment of additional reimbursement, as such term is used in 8 CSR 50- 2.030, as amended, shall be filed not later than:

(1) Two years from the date the first notice of dispute of the medical charge was received by the health care provider if such services were rendered before July 1, 2013; and

(2) One year from the date the first notice of dispute of the medical charge was received by the health care provider if such services were rendered after July 1, 2013.

Notice shall be presumed to occur no later than five business days after transmission by certified United States mail.

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 or her 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 commission to furnish an injured employee with artificial legs, arms, hands, surgical orthopedic joints, or eyes, or braces, as needed, for life whenever the division or the commission shall find that the injured employee may be partially or wholly relieved of the effects of a permanent injury by the use thereof. The director of the division shall establish a procedure whereby a claim for compensation may be reactivated after settlement of such claim is completed. The claim shall be reactivated only after the claimant can show good cause for the reactivation of this claim and the claim shall be made only for the payment of medical procedures involving life-threatening surgical procedures or if the claimant requires the use of a new, or the 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 immediately, will likely result in the death of the injured worker.

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

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 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 section 287.030 shall not apply.

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

(1) The patient;

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

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

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

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

13. (1) No hospital, physician or other health care provider, other than a hospital, physician or health care provider selected by the employee at his or her own expense pursuant to subsection 1 of this section, shall bill or attempt to collect any fee or any portion of a fee for services rendered to an employee due to a work-related injury or report to any credit reporting agency any failure of the employee to make such payment, when an injury covered

by this chapter has occurred and such hospital, physician or health care provider has received actual notice given in writing by the employee, the employer or the employer's insurer. Actual notice shall be deemed received by the hospital, physician or health care provider five days after mailing by certified mail by the employer or insurer to the hospital, physician or health care provider.

(2) The notice shall include:

(a) The name of the employer;

(b) The name of the insurer, if known;

(c) The name of the employee receiving the services;

(d) The general nature of the injury, if known; and

(e) Where a claim has been filed, the claim number, if 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.

(6) A hospital, physician or other health care provider 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]** supersede and abrogate any case law that contradicts the express language of this section.

287.142. 1. There is hereby established a "Workers' Compensation Fee Schedule Commission", organized under the department of labor and industrial relations, to consist of nine members in total, five of whom shall be appointed by

the governor, one member of the house of representatives who  
whom shall be appointed by the speaker of the house of  
representatives, one member of the senate, who shall be  
appointed by the president pro tempore of the senate, the  
director of the department of labor and industrial  
relations, or his or her designee, and the director of the  
department of commerce and insurance, or his or her  
designee. Of the five gubernatorial appointees, one member  
shall have experience as a health care provider, one member  
shall have experience representing health care facilities,  
one member shall represent insurance carriers, one member  
shall represent employees, and one member shall have  
expertise in health care economics. Each member appointed  
shall serve a three-year term. The governor shall designate  
one of the members to be chairman. All members shall serve  
without compensation. Any vacancy shall be filled by the  
respective appointing authority. The commission may make  
such rules, regulations, and bylaws consistent with state  
law to effectuate its purposes as it deems necessary.

2. The workers' compensation fee schedule commission  
shall promulgate rules for the purpose of establishing a  
medical fee schedule specifying the maximum allowable  
amounts to reimburse for any treatment and care rendered to  
employees under this chapter. Any rule or portion of a  
rule, as that term is defined in section 536.010, that is  
created under the authority delegated in this section shall  
become effective only if it complies with and is subject to  
all of the provisions of chapter 536 and, if applicable,  
section 536.028. This section and chapter 536 are  
nonseverable and if any of the powers vested with the  
general assembly pursuant to chapter 536 to review, to delay  
the effective date, or to disapprove and annul a rule are  
subsequently held unconstitutional, then the grant of

rulemaking authority and any rule proposed or adopted after August 28, 2026, shall be invalid and void.

3. The medical fee schedule shall promote health care cost containment and efficiency, and shall be sufficient to ensure availability of such reasonably necessary treatment, care, and attendance to each injured employee to cure and relieve the employee from the effects of the injury.

4. The workers' compensation fee schedule commission shall be reconvened not sooner than once every three years to consider adjustments in the fee schedule.

5. The workers' compensation fee schedule commission shall produce the initial medical fee schedule not later than January 1, 2027. The initial medical fee schedule shall take effect on July 1, 2028.

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, the employer's insurer, the commission, the division, 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] subject to 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.

7. 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 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 or records by consent.

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.

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.

287.270. [No savings or insurance of the injured employee, nor any benefits derived from any other source than the employer or the employer's insurer for liability under this chapter, shall be considered in determining the compensation due hereunder; except as provided in subsection 3 of section 287.170, and] 1. Any savings from benefits from the employer or the employer's insurer for liability under this chapter, and any savings or payments through insurance procured or provided by the employer, shall be applied when determining the compensation due under this chapter and shall be deducted from the compensation otherwise due under this chapter. The amount deducted from compensation otherwise due under this chapter resulting from payments or benefits from an insurance policy shall be limited to the portion of such savings equal to the employer's pro rata share of the premium or expense for such policy. Nothing in this section affects the rights of the injured employee under subsection 13 of section 287.140. Employers of professional athletes under contract shall be entitled to full credit for wages or benefits paid to the

employee after the injury, including medical, surgical, or hospital benefits paid to or for the professional athlete employee or his or her dependents on account of the injury, disability, or death, pursuant to the provisions of the contract.

2. If medical bills are in dispute and the administrative law judge or the commission determines that the employer is responsible for the disputed medical bills, the administrative law judge or the commission shall have the authority to order the employer responsible for the medical bills and shall have the authority to order the employer to make a payment only to the medical provider or providers to whom the bills are due.

287.445. 1. Within one hundred eighty days of the filing of the claim, if the matter has not already been set for a division prehearing conference, mediation conference, or hearing, the employer may file a motion to dismiss the matter. The employer may file the motion to dismiss to specifically raise one or more of the following arguments:

(1) That the employee did not notify the employer in a timely manner or file the claim in a timely manner under sections 287.420 and 287.430;

(2) That the employee was not performing work for the employer at the time when the alleged injury occurred;

(3) That the employer is not liable due to the employee's intoxication from use of alcohol or controlled substances under section 287.120;

(4) That the claimant was not employed by the employer when the alleged incident occurred; or

(5) That the employee has otherwise failed to comply with this section in setting forth a valid claim for compensation irrespective of whether the employee has

suffered an injury or the degree of the severity of the alleged injury.

2. Following the filing of a motion to dismiss, the division shall set a date for a hearing, which shall be held as soon as practicable, and shall notify the interested parties of the time and place of the hearing.

3. At the hearing for the motion to dismiss, the division, through an administrative law judge, shall consider evidence submitted by the parties at issue and their representatives and witnesses. Such evidence shall be related only to the issue or issues raised by the employer in its motion to dismiss. If the division determines that, by a preponderance of the evidence, the employer has established that the matter should be dismissed for one or more of the arguments made in its motion to dismiss, the division shall issue an order within thirty days dismissing the claim. Such dismissal shall be subject to review and appeal, subject to the provisions of sections 287.470, 287.480, and 287.490.

287.510. In any case a temporary or partial award of compensation may be made, and the same may be modified from time to time to meet the needs of the case, and the same may be kept open until a final award can be made[, and if the same be not complied with, the amount equal to the value of compensation ordered and unpaid may be doubled in the final award, if the final award shall be in accordance with the temporary or partial award]. The temporary or partial award of compensation shall be subject to review and appeal after the date of the final award, subject to the provisions of sections 287.470, 287.480, and 287.490.

287.655. 1. Any claim before the division may be dismissed for failure to prosecute or upon motion of the employer, as provided herein, in accordance with rules and

regulations promulgated by the commission. Such notice shall be made in a manner determined by the division, except that for the employee such notice shall be by certified or registered mail unless the employee to whom notice is directed is represented by counsel and counsel is also given such notice. To dismiss a claim the administrative law judge shall enter an order of dismissal which shall be deemed an award and subject to review and appeal in the same manner as provided for other awards in this chapter.

2. Within one hundred eighty days of the filing of the claim, if the matter has not already been set for a division prehearing conference, mediation conference, or hearing, the employer may file a motion to dismiss the matter. The employer may file the motion to dismiss to specifically raise one or more of the following arguments:

(1) That the employee did not notify the employer in a timely manner or file the claim in a timely manner under sections 287.420 and 287.430;

(2) That the employee was not performing work for the employer at the time when the alleged injury occurred;

(3) That the employer is not liable due to the employee's intoxication from use of alcohol or controlled substances under section 287.120; or

(4) That the claimant was not employed by the employer when the alleged incident occurred.