1 AN ACT relating to coal workers' pneumoconiosis and occupational disease in 2 workers' compensation.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

4 Section 1. KRS 342.316 is amended to read as follows:

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- (1) 5 The employer liable for compensation for occupational disease shall be the 6 employer in whose employment the employee was last exposed to the hazard 7 of the occupational disease. During any period in which this section is 8 applicable to a coal mine, an operator who acquired it or substantially all of its 9 assets from a person who was its operator on and after January 1, 1973, shall 10 be liable for, and secure the payment of, the benefits which would have been 11 payable by the prior operator under this section with respect to miners 12 previously employed in the mine if it had not been acquired by such later 13 operator. At the same time, however, this subsection does not relieve the prior 14 operator of any liability under this section. Also, it does not affect whatever 15 rights the later operator might have against the prior operator.
 - (b) The time of the beginning of compensation payments shall be the date of the employee's last injurious exposure to the cause of the disease, or the date of actual disability, whichever is later.
 - (2) The procedure with respect to the giving of notice and determination of claims in occupational disease cases and the compensation and medical benefits payable for disability or death due to the disease shall be the same as in cases of accidental injury or death under the general provisions of this chapter, except that notice of claim shall be given to the employer as soon as practicable after the employee first experiences a distinct manifestation of an occupational disease in the form of symptoms reasonably sufficient to apprise the employee that he or she has contracted the disease, or a diagnosis of the disease is first communicated to him or her, whichever shall first occur.

(3) The procedure for filing occupational disease claims shall be as follows:

(a) The application for resolution of claim shall set forth the complete work history of the employee with a concise description of injurious exposure to a specific occupational disease, together with the name and addresses of the employer or employers with the approximate dates of employment. The application shall also include at least one (1) written medical report supporting his or her claim. This medical report shall be made on the basis of clinical or X-ray examination performed in accordance with accepted medical standards and shall contain full and complete statements of all examinations performed and the results thereof. [The report shall be made by a duly licensed physician.] The commissioner shall promulgate administrative regulations which prescribe the format of the medical report required by this section and the manner in which the report shall be completed.

[1.] For [coal related] occupational pneumoconiosis claims, each clinical examination shall include a chest X-ray interpretation by a National Institute of Occupational Safety and Health (NIOSH) certified "B" reader who is also a pulmonary specialist. The chest X-ray upon which the report is made shall be filed with the application as well as spirometric tests when pulmonary dysfunction is alleged.

[2. For other compensable occupational pneumoconiosis claims, each clinical examination shall include a chest X-ray examination and appropriate pulmonary function tests.]

(b) Except for all examinations performed pursuant to subparagraph 4.b. of this paragraph, to be admissible, medical evidence offered in any proceeding under this chapter for determining a claim for occupational pneumoconiosis [resulting from exposure to coal dust] shall comply with accepted medical standards as follows:

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1. Chest X-rays shall be of acceptable quality with respect to exposure and development and shall be indelibly labeled with the date of the X-ray and the name and <u>additional appropriately designated</u>[Social Security] number <u>identifying</u>[of] the claimant. Physicians' reports of X-ray interpretations shall: identify the claimant by name and <u>appropriate</u> <u>identifying</u>[Social Security] number; include the date of the X-ray and the date of the report; classify the X-ray interpretation using the latest ILO Classification and be accompanied by a completed copy of the latest ILO Classification report. Only interpretations by National Institute of Occupational Safety and Health (NIOSH) certified "B" readers <u>with a pulmonary specialty</u> shall be admissible.

Spirometric testing shall be conducted in accordance with the standards recommended in the "Guides to the Evaluation of Permanent Impairment" and the 1978 ATS epidemiology standardization project with the exception that the predicted normal values for lung function shall not be adjusted based upon the race of the subject. The FVC or the FEV1 values shall represent the largest of such values obtained from three (3) acceptable forced expiratory volume maneuvers as corrected to BTPS (body temperature, ambient pressure and saturated with water vapor at these conditions) and the variance between the two (2) largest acceptable FVC values shall be either less than five percent (5%) of the largest FVC value or less than one hundred (100) milliliters, whichever is greater. The variance between the two (2) largest acceptable FEV1 values shall be either less than five percent (5%) of the largest FEV1 value or less than one hundred (100) milliliters, whichever is greater. Reports of spirometric testing shall include a description by the physician of the procedures utilized in conducting such spirometric

testing and a copy of the spirometric chart and tracings from which spirometric values submitted as evidence were taken.

- 3. The commissioner shall promulgate administrative regulations pursuant to KRS Chapter 13A as necessary to effectuate the purposes of this section. The commissioner shall periodically review the applicability of the spirometric test values contained in the "Guides to the Evaluation of Permanent Impairment" and may by administrative regulation substitute other spirometric test values which are found to be more closely representative of the normal pulmonary function of the coal mining population.
- 4. The procedure for determination of occupational disease claims shall be as follows:
 - a. Immediately upon receipt of an application for resolution of claim, the commissioner shall notify the responsible employer and all other interested parties and shall furnish them with a full and complete copy of the application.
 - b. The commissioner shall assign the claim to an administrative law judge and [-, except for coal workers' pneumoconiosis claims,] shall promptly refer the employee to the University of Kentucky or the University of Louisville medical schools [such physician] or other accredited medical facility as the commissioner may select for the taking of a history and the performing of a physical examination, chest X-ray film, and spirometric testing, if pulmonary function is alleged. The data [report] from this examination, including a summary of the history taken of the employee, findings from the physical examination, results of any spirometric testing, and a copy of the chest X-ray, shall be provided to all parties of record.

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1	However, the medical facility shall not include an X-ray
2	interpretation and shall not comment on impairment or
3	causation of impairment. The employee shall not be referred by
4	the commissioner for examination within two (2) years following
5	any prior referral for examination for the same disease.
6 c.	[Except for coal workers' pneumoconiosis claims,]Within forty-
7	five (45) days following the notice of filing an application for
8	resolution of claim, the employer or carrier shall notify the
9	commissioner and all parties of record of its acceptance or denial
10	of the claim. A denial shall be in writing and shall state the
11	specific basis for the denial. In [coal workers'] pneumoconiosis
12	claims,[the employer's notice of claim denial or acceptance shall
13	be filed within thirty (30) days of the issuance by the
14	commissioner of the notice of the consensus reading unless the
15	consensus is that the miner has not developed coal workers'
16	pneumoconiosis category 1/0 or greater.] in the event the
17	consensus procedure is exhausted without consensus being
18	established, the employer's notice of claim denial or acceptance
19	shall be filed within thirty (30) days of the commissioner
20	notification to the administrative law judge that consensus has not
21	been reached.
22 d.	During the pendency of a pneumoconiosis claim [Within forty-
23	five (45) days of assignment of a coal workers' pneumoconiosis
24	claim to an administrative law judge], the employer may
25	also[shall] cause the employee to be examined by a [physician of

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the employer's choice and shall provide to all other parties and file

with the commissioner the X-ray interpretation by a]"B" reader

1		who is also a pulmonary specialist. The examination of the
2		employee shall include spirometric testing if pulmonary
3		dysfunction is alleged by the employee in the application for
4		resolution of a claim. The commissioner shall determine whether
5		the X-ray interpretations filed by the parties are in consensus.]
6	e.	[If the readings are not in consensus,]The commissioner shall
7		forward all diagnostic studies and data from the examination
8		performed pursuant to subdivision b. of this subparagraph,
9		along with all other evidence of record[both films, masking
10		information identifying the facility where the X ray was obtained
11		and the referring physician], consecutively to three (3) "B" readers
12		who are pulmonary specialists selected randomly from a list
13		maintained by the commissioner[for interpretation]. The results
14		from the examiner's review and interpretation of the data shall
15		be duly set out in a report format as prescribed in administrative
16		regulations promulgated by the commissioner. Each
17		<u>reviewer</u> ["B" reader] shall [select the highest quality film and
18		report only the interpretation of the highest quality[that] film.
19		The commissioner shall determine if two (2) of the [X-ray
20		interpretations of evidence[filed by the three (3) "B" readers
21		selected randomly] are in consensus. If consensus is reached, the
22		commissioner shall forward copies of the <u>reports</u> [report] to all
23		parties as well as notice of the consensus[reading which shall be
24		considered as evidence]. If consensus is not reached, the
25		administrative law judge shall decide the claim on the evidence
26		submitted.
27	f.	"Consensus" is reached between two (2) chest X-ray interpreters

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1				when their classifications meet one (1) of the following criteria:
2				each finds either category A, B, or C progressive massive fibrosis;
3				or findings with regard to simple pneumoconiosis are both in the
4				same major category[and within one (1) minor category (ILO
5				category twelve (12) point scale) of each other].
6			g.	If the consensus is a finding of progressive massive fibrosis, the
7				commissioner shall refer the employee to the medical facility to
8				which the employee was previously evaluated to undergo a
9				computerized tomography scan in order to verify the finding.
10				The scan shall be interpreted at that facility and a report shall be
11				filed with the commissioner. The administrative law judge may
12				rely on these results, the provisions of KRS 342.732
13				notwithstanding.
14			<u>h.</u>	The administrative law judge shall conduct such proceedings as
15				are necessary to resolve the claim and shall have authority to grant
16				or deny any relief, including interlocutory relief, to order additional
17				proof, to conduct a benefit review conference, or to take such other
18				action as may be appropriate to resolve the claim.
19			<u>i[h]</u> .	Unless a voluntary settlement is reached by the parties, or the
20				parties agree otherwise, the administrative law judge shall issue a
21				written determination within sixty (60) days following a hearing.
22				The written determination shall address all contested issues and
23				shall be enforceable under KRS 342.305.
24			5. The	procedure for appeal from a determination of an administrative law
25			judg	e shall be as set forth in KRS 342.285.
26	(4)	(a)	The right	to compensation under this chapter resulting from an occupational
27			disease sh	all be forever barred unless a claim is filed with the commissioner

within three (3) years after the last injurious exposure to the occupational hazard or after the employee first experiences a distinct manifestation of an occupational disease in the form of symptoms reasonably sufficient to apprise the employee that he or she has contracted the disease, whichever shall last occur; and if death results from the occupational disease within that period, unless a claim therefor be filed with the commissioner within three (3) years after the death; but that notice of claim shall be deemed waived in case of disability or death where the employer, or its insurance carrier, voluntarily makes payment therefor, or if the incurrence of the disease or the death of the employee and its cause was known to the employer. However, the right to compensation for any occupational disease shall be forever barred, unless a claim is filed with the commissioner within five (5) years from the last injurious exposure to the occupational hazard, except that, in cases of radiation disease or asbestos-related disease, a claim must be filed within twenty (20) years from the last injurious exposure to the occupational hazard.

(b) Income benefits for the disease of pneumoconiosis resulting from exposure to [coal]dust or death therefrom shall not be payable unless the employee has been exposed to the hazards of such pneumoconiosis in the Commonwealth of Kentucky over a continuous period of not less than two (2) years during the ten (10) years immediately preceding the date of his or her last exposure to such hazard, or for any five (5) of the fifteen (15) years immediately preceding the date of such last exposure.

(5) The amount of compensation payable for disability due to occupational disease or for death from the disease, and the time and manner of its payment, shall be as provided for under the general provisions of the Workers' Compensation Act, but:

(a) In no event shall the payment exceed the amounts that were in effect at the time of the last injurious exposure;

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(b) The time of the beginning of compensation payments shall be the date of the employee's last injurious exposure to the cause of the disease, or the date of actual disability, whichever is later; and

- (c) In case of death where the employee has been awarded compensation or made timely claim within the period provided for in this section, and an employee has suffered continuous disability to the date of his or her death occurring at any time within twenty (20) years from the date of disability, his or her dependents, if any, shall be awarded compensation for his or her death as provided for under the general provisions of the Workers' Compensation Act and in this section, except as provided in KRS 342.750(6).
- If an autopsy has been performed, no testimony relative thereto shall be admitted 12 unless the employer or its representative has available findings and reports of the 13 pathologist or doctor who performed the autopsy examination.
 - No compensation shall be payable for occupational disease if the employee at the time of entering the employment of the employer by whom compensation would otherwise be payable, falsely represented himself or herself, in writing, as not having been previously disabled, laid-off, or compensated in damages or otherwise, because of the occupational disease, or failed or omitted truthfully to state to the best of his or her knowledge, in answer to written inquiry made by the employer, the place, duration, and nature of previous employment, or, to the best of his or her knowledge, the previous state of his or her health.
 - (8) No compensation for death from occupational disease shall be payable to any person whose relationship to the deceased, which under the provisions of this chapter would give right to compensation, arose subsequent to the beginning of the first compensable disability, except only for after-born children of a marriage existing at the beginning of such disability.
- 27 (9)Whenever any claimant misconceives his or her remedy and files an application for

adjustment of claim under the general provisions of this chapter and it is subsequently discovered, at any time before the final disposition of the cause, that the claim for injury, disability, or death which was the basis for his or her application should properly have been made under the provisions of this section, then the application so filed may be amended in form or substance, or both, to assert a claim for injury, disability, or death under the provisions of this section, and it shall be deemed to have been so filed as amended on the date of the original filing thereof, and compensation may be awarded that is warranted by the whole evidence pursuant to the provisions of this chapter. When amendment of this type is submitted, further or additional evidence may be heard when deemed necessary. Nothing this section contains shall be construed to be or permit a waiver of any of the provisions of this chapter with reference to notice of time for filing of a claim, but notice of filing a claim, if given or done, shall be deemed to be a notice of filing of a claim under provisions of this chapter, if given or done within the time required by this subsection.

- (10) When an employee has an occupational disease that is covered by this chapter, the employer in whose employment he or she was last injuriously exposed to the hazard of the disease, and the employer's insurance carrier, if any, at the time of the exposure, shall alone be liable therefor, without right to contribution from any prior employer or insurance carrier, except as otherwise provided in this chapter.
- (11) (a) Income benefits for coal-related occupational pneumoconiosis shall be paid fifty percent (50%) by the Kentucky coal workers' pneumoconiosis fund as established in KRS 342.1242 and fifty percent (50%) by the employer in whose employment the employee was last exposed to the hazard of that occupational disease.
 - (b) Compensation for all other occupational disease shall be paid by the employer in whose employment the employee was last exposed to the hazards of the

1 occupational disease.

(1)

(12) A concluded claim for benefits by reason of contraction of [coal workers'] pneumoconiosis [in the severance or processing of coal]shall bar any subsequent claim for benefits by reason of contraction of [coal workers'] pneumoconiosis, unless there has occurred in the interim between the conclusion of the first claim and the filing of the second claim at least two (2) years of employment wherein the employee was continuously exposed to the hazards of the disease in the Commonwealth.

- (13) For [coal related]occupational pneumoconiosis claims, the consensus procedure shall apply to all claims which have not been assigned to an administrative law judge prior to July 15, 2017[2002]. The consensus findings [classification] shall be afforded presumptive weight by an administrative law judge and the burden to overcome such findings and opinions shall fall on the opponent of that evidence [presumed to be the correct classification of the employee's condition unless overcome by clear and convincing evidence]. If an administrative law judge rejects the consensus findings [finds that the presumption of correctness of the consensus reading has been overcome], the reasons shall be specifically [specially] stated in the administrative law judge's order.
- → Section 2. KRS 342.270 is amended to read as follows:
 - If the parties fail to reach an agreement in regard to compensation under this chapter, either party may make written application for resolution of claim. The application must be filed within two (2) years after the accident, or, in case of death, within two (2) years after the death, or within two (2) years after the cessation of voluntary payments, if any have been made. When the application is filed by the employee or during the pendency of that claim, he or she shall join all causes of action against the named employer which have accrued and which are known, or should reasonably be known, to him or her. Failure to join all accrued causes of

1 action will result in such claims being barred under this chapter as waived by the 2 employee.

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- Except with respect to claims for benefits by reason of [coal workers'] pneumoconiosis, the commissioner shall issue notice of the filing to all parties and shall promptly assign the claim to an administrative law judge. The administrative law judge shall facilitate the exchange of information pertinent to the claim pursuant to administrative regulations promulgated by the commissioner. Within forty-five (45) days of the date of issuance of the notice required by this section, the employer or carrier shall file notice of claim denial or acceptance, setting forth specifically those material matters which are admitted, those which are denied, and the basis of any denial of the claim.
- 12 Within one hundred twenty (120) days of the effective date of this Act [July 14, (3) 13 2000, the commissioner shall promulgate or amend existing administrative 14 regulations establishing procedures for the resolution of claims. The administrative 15 regulations promulgated pursuant to the provisions of this subsection shall be 16 effective on an emergency basis and be applied to all pending claims.
 - → Section 3. KRS 342.794 is amended to read as follows:
- 18 The commissioner shall maintain a list of duly qualified "B" reader physicians who (1) 19 are pulmonary specialists and are licensed in the Commonwealth. The list shall 20 include "B" reader physicians at the university medical schools and other "B" reader 21 physicians certified by the National Institute of Occupational Safety and Health 22 (NIOSH) who have agreed to interpret chest X-rays and other medical evidence 23 pursuant to KRS 342.316 for a fee to be fixed by the commissioner and paid by the 24 Kentucky coal workers' pneumoconiosis fund or carrier, whichever is the 25 appropriate payment obligor, the provisions of KRS 342.1242 notwithstanding.

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[Physicians from the "B" reader list shall be utilized as necessary to obtain

consensus classifications of chest films in coal workers' pneumoconiosis claims.

(3)

The consensus <u>findings</u>[classification] shall be presumed to be [the]correct [classification of the employee's condition]unless overcome by clear and convincing evidence. If an administrative law judge finds that the presumption of correctness of the consensus <u>findings</u>[reading] has been overcome, the reasons shall be <u>specifically</u>[specially] stated in the administrative law judge's order.

- "B' reader" means a physician who has demonstrated proficiency in evaluating chest roentgenograms for roentgenographic quality and in the use of the ILO classification for interpreting chest roentgenograms for pneumoconiosis and other diseases by taking and passing a specially designed proficiency examination given on behalf of the National Institute of Occupational Safety and Health (NIOSH) or by the Appalachian Laboratory for Occupational Safety and Health (ALOSH), or successors.
- (4) The <u>commissioner</u> [university medical schools] in consultation with the <u>university</u> medical schools [commissioner] shall jointly develop a procedure to annually report the performance of physicians on the "B" reader list who have participated in the consensus procedure established in KRS 342.316. The physicians shall be evaluated with respect to the timeliness and completeness of their reports, as well as the frequency at which the physician's classification of X-rays differs from the consensus reading. The commissioner shall remove a physician from the "B" reader list if the physician consistently renders incomplete or untimely reports, or if the physician's interpretations of X-rays are not in conformity with the consensus reading fifty percent (50%) of the time. The report required under this subsection shall be provided to the Interim Joint Committee on Labor and Industry [beginning in July 1, 2003 and] by July 1 of each year [thereafter].