FIRST REGULAR SESSION [P E R F E C T E D]

SENATE SUBSTITUTE NO.2 FOR

SENATE COMMITTEE SUBSTITUTE FOR

SENATE BILL NO. 1

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR RUPP.

Offered February 12, 2013.

Senate Substitute No.2 adopted, February 12, 2013.

Taken up for Perfection February 12, 2013. Bill declared Perfected and Ordered Printed, as amended.

0225S.06P

TERRY L. SPIELER, Secretary.

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:

Section A. Sections 287.020, 287.067, 287.120, 287.140, 287.200, 287.210,

- 2 287.220, 287.610, 287.690, 287.715, and 287.745, RSMo, are repealed and eleven
- 3 new sections enacted in lieu thereof, to be known as sections 287.020, 287.067,
- 4 287.120, 287.140, 287.200, 287.210, 287.220, 287.610, 287.690, 287.715, and
- 5 287.745, to read as follows:

287.020. 1. The word "employee" as used in this chapter shall be

- 2 construed to mean every person in the service of any employer, as defined in this
- 3 chapter, under any contract of hire, express or implied, oral or written, or under
- 4 any appointment or election, including executive officers of corporations. Except
- 5 as otherwise provided in section 287.200, any reference to any employee who has
- 6 been injured shall, when the employee is dead, also include his dependents, and
- 7 other persons to whom compensation may be payable. The word "employee" shall
- 8 also include all minors who work for an employer, whether or not such minors are
- 9 employed in violation of law, and all such minors are hereby made of full age for

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- 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
 subsection 43 of 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 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.
 - 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.
- 28 (2) An injury shall be deemed to arise out of and in the course of the 29 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
- 32 (b) It does not come from a hazard or risk unrelated to the employment 33 to which workers would have been equally exposed outside of and unrelated to the 34 employment in normal nonemployment life.
- 35 (3) An injury resulting directly or indirectly from idiopathic causes is not 36 compensable.
- 37 (4) A cardiovascular, pulmonary, respiratory, or other disease, or 38 cerebrovascular accident or myocardial infarction suffered by a worker is an 39 injury only if the accident is the prevailing factor in causing the resulting medical condition.
- 41 (5) The terms "injury" and "personal injuries" shall mean violence to the 42 physical structure of the body and to the personal property which is used to make 43 up the physical structure of the body, such as artificial dentures, artificial limbs, 44 glass eyes, eyeglasses, and other prostheses which are placed in or on the body 45 to replace the physical structure and such disease or infection as naturally results

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- 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 66 "commission" shall hereafter be construed as meaning and referring exclusively 67 68 to the labor and industrial relations commission of Missouri, and the term 69 "director" shall hereafter be construed as meaning the director of the department 70 of insurance, financial institutions and professional registration of the state of Missouri or such agency of government as shall exercise the powers and duties 71 now conferred and imposed upon the department of insurance, financial 72institutions and professional registration of the state of Missouri. 73
 - 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

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- 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 84 v. Columbia Health Care and Rehabilitation, 80 S.W.3d 524 (Mo.App. W.D. 2002); 85 Kasl v. Bristol Care, Inc., 984 S.W.2d 852 (Mo.banc 1999); and Drewes v. TWA, 86 984 S.W.2d 512 (Mo.banc 1999) and all cases citing, interpreting, applying, or 87 following those cases. 88
- 11. For the purposes of this chapter, "occupational diseases due to toxic exposure" shall only include the following: mesothelioma, 90 asbestosis, berylliosis, coal worker's pneumoconiosis, brochiolitis obliterans, silicosis, silicotuberculosis, manganism, acute myelogenous 93 leukemia, and myelodysplastic syndrome.
- 287.067. 1. In this chapter the term "occupational disease" is hereby 2defined 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 6 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. 9
 - 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.
- 17 3. An injury due to repetitive motion is recognized as an occupational 18 disease for purposes of this chapter. An occupational disease due to repetitive motion is compensable only if the occupational exposure was the prevailing factor 19 in causing both the resulting medical condition and disability. The "prevailing 20 factor" is defined to be the primary factor, in relation to any other factor, causing 21both the resulting medical condition and disability. Ordinary, gradual 22deterioration, or progressive degeneration of the body caused by aging or by the 2324normal activities of day-to-day living shall not be compensable.

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- 25 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 26 loss of hearing in one or both ears due to prolonged exposure to harmful noise in 27 28 employment. "Harmful noise" means sound capable of producing occupational 29 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. 46
- 47 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 48 49 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 50 prevailing factor in causing the injury, the prior employer shall be liable for such 51 52 occupational disease.
- 287.120. 1. Every employer subject to the provisions of this chapter shall be liable, irrespective of negligence, to furnish compensation under the provisions 2of this chapter for personal injury or death of the employee by accident or 3 occupational disease arising out of and in the course of the employee's employment. Any employee of such employer shall not be liable for any injury or death for which compensation is recoverable under this chapter and every employer and employees of such employer shall be released from all other liability whatsoever, whether to the employee or any other person, except that an

- 9 employee shall not be released from liability for injury or death if the employee 10 engaged in an affirmative negligent act that purposefully and dangerously caused 11 or increased the risk of injury. The term "accident" as used in this section shall 12 include, but not be limited to, injury or death of the employee caused by the 13 unprovoked violence or assault against the employee by any person.
 - 2. The rights and remedies herein granted to an employee shall exclude all other rights and remedies of the employee, his wife, her husband, parents, personal representatives, dependents, heirs or next kin, at common law or otherwise, on account of such injury or death **by accident or occupational disease**, except such rights and remedies as are not provided for by this chapter.
 - 3. No compensation shall be allowed under this chapter for the injury or death due to the employee's intentional self-inflicted injury, but the burden of proof of intentional self-inflicted injury shall be on the employer or the person 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.
- 41 (2) If, however, the use of alcohol or nonprescribed controlled drugs in 42 violation of the employer's rule or policy is the proximate cause of the injury, then 43 the benefits or compensation otherwise payable under this chapter for death or 44 disability shall be forfeited.

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- 45 (3) The voluntary use of alcohol to the percentage of blood alcohol 46 sufficient under Missouri law to constitute legal intoxication shall give rise to a rebuttable presumption that the voluntary use of alcohol under such 47 circumstances was the proximate cause of the injury. A preponderance of the 48 evidence standard shall apply to rebut such presumption. An employee's refusal 49 to take a test for alcohol or a nonprescribed controlled substance, as defined by 50 section 195.010, at the request of the employer shall result in the forfeiture of 51 benefits under this chapter if the employer had sufficient cause to suspect use of 5253 alcohol or a nonprescribed controlled substance by the claimant or if the 54 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:
- 61 (1) The employee was directly ordered by the employer to participate in 62 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 the employer had actual knowledge of the employee's participation in the recreational activity or program and of the unsafe condition of the premises and failed to either curtail the recreational activity or program or cure the unsafe condition.
- 70 8. Mental injury resulting from work-related stress does not arise out of and in the course of the employment, unless it is demonstrated that the stress is 72work related and was extraordinary and unusual. The amount of work stress shall be measured by objective standards and actual events. 73
- 74 9. A mental injury is not considered to arise out of and in the course of the employment if it resulted from any disciplinary action, work evaluation, job 75 76 transfer, layoff, demotion, termination or any similar action taken in good faith 77 by the employer.
- 78 10. The ability of a firefighter to receive benefits for psychological stress 79 under section 287.067 shall not be diminished by the provisions of subsections 8 and 9 of this section. 80

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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. 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 9 is selected by the employer or is selected by the employee at the employee's 10 11 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 13 recommended treatment exclusive of any evaluation for a permanent disability rating. Failure to perform such duty to communicate shall constitute a 14 15 disciplinary violation by the provider subject to the provisions of chapter 620. When an employee is required to submit to medical examinations or 16 17 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 18 shall advance or reimburse the employee for all necessary and reasonable 19 20 expenses; except that an injured employee who resides outside the state of 21 Missouri and who is employed by an employer located in Missouri shall have the 22 option of selecting the location of services provided in this section either at a 23 location within one hundred miles of the injured employee's residence, place of 24injury 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 25 26 examination if a dispute arises as to what expenses shall be paid by the 27 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 28 29 paid by the employer prior to the medical examination. In no event, however, 30 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. 31 32

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. 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 medical services were rendered if such services were rendered before July 1, 2013; and
- (2) One year from the date the medical services were 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 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 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 partners or his employer has a financial interest in the institution or facility to which the patient is being referred, to the following:
- 104 (1) The patient;
- 105 (2) The employer of the patient with workers' compensation liability for 106 the injury or disease being treated;
- 107 (3) The workers' compensation insurer of such employer; and
- 108 (4) The workers' compensation adjusting company for such insurer.

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- 109 12. Violation of subsection 11 of this section is a class A misdemeanor.
- 110 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 own 111 112 expense pursuant to subsection 1 of this section, shall bill or attempt to collect 113 any fee or any portion of a fee for services rendered to an employee due to a 114 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 115 116 occurred and such hospital, physician or health care provider has received actual 117 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 118 119 health care provider five days after mailing by certified mail by the employer or 120 insurer to the hospital, physician or health care provider.
- 121 (2) The notice shall include:
- 122 (a) The name of the employer;
- 123 (b) The name of the insurer, if known;
- 124 (c) The name of the employee receiving the services;
- 125 (d) The general nature of the injury, if known; and
- (e) Where a claim has been filed, the claim number, if known.
- 127 (3) When an injury is found to be noncompensable under this chapter, the 128 hospital, physician or other health care provider shall be entitled to pursue the 129 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 130 131 action for such fees or other charges shall be tolled from the time notice is given 132 to the division by a hospital, physician or other health care provider pursuant to 133 subdivision (6) of this subsection, until a determination of noncompensability in 134 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 135 decision is rendered by that commission. 136
 - (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.
- 143 (5) If an employer or insurer fails to make payment for authorized 144 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 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;
- 16 (2) For all injuries occurring on or after September 28, 1986, but before 17 August 28, 1990, the weekly compensation shall be an amount equal to sixty-six 18 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 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. The 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

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- the commission relative to the resumption of the employee's weekly life payment 56 in the case.
- 57 4. For all claims filed on or after the effective date of this section 58 for occupational diseases due to toxic exposure which result in a permanent total disability or death, benefits in this chapter shall be 59 provided as follows: 60
- (1) Such amount as due to the employee during said employee's 62 life as provided for under this chapter for an award of permanent total 63 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 as set forth in section 287.220 (15); and
 - (3) In cases where occupational diseases due to toxic exposure are found to be mesothelioma, an additional amount of three hundred percent of the state's average weekly wage for one hundred ninety-one weeks shall be paid as set forth in subsection 15 of section 287.220; 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

- 9 refuses to submit to the examination, or in any way obstructs it, his right to 10 compensation shall be forfeited during such period unless in the opinion of the 11 commission the circumstances justify the refusal or obstruction.
- 12 2. The commission, the division or administrative law judge shall, when 13 deemed necessary, appoint a duly qualified impartial physician to examine the injured employee, and any physician so chosen, if he accepts the appointment, 14 shall promptly make the examination requested and make a complete medical 15 report to the commission or the division in such duplication as to provide all 16 parties with copies thereof. The physician's fee shall be fair and reasonable, as 17 provided in subsection 3 of section 287.140, and the fee and other reasonable 18 19 costs of the impartial examination may be paid as other costs under this chapter. 20 If all the parties shall have had reasonable access thereto, the report of the 21physician shall be admissible in evidence.
- 22 3. The testimony of any physician who treated or examined the injured employee shall be admissible in evidence in any proceedings for compensation 23 under this chapter, but only if the medical report of the physician has been made 24 25available 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 26 27which 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 2829 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 30 be commonly informed of all medical findings and opinions. The exchange of 31 32 medical reports shall be made at least seven days before the date set for the 33 hearing and failure of any party to comply may be grounds for asking for and receiving a continuance, upon proper showing by the party to whom the medical 34 reports were not furnished. If any party fails or refuses to furnish the opposing 35 party with the medical report of the treating or examining physician at least 36 seven days before such physician's deposition or personal testimony at the 37 hearing, as in this section provided, upon the objection of the party who was not 38 provided with the medical report, the physician shall not be permitted to testify 39 40 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

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- 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. [The provisions of this subsection shall not apply to claims against the second injury fund.]
- 88 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.
- 94 9. The division or the commission may in its discretion in extraordinary 95 cases order a postmortem examination and for that purpose may also order a body 96 exhumed.
- 287.220. 1. There is hereby created in the state treasury a special 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 subdivisions (2) and (3) of subsection 4 of section 287.200. Maintenance of the second injury fund shall be as provided by section 287.710. The state treasurer shall be the custodian of the second injury fund which shall be deposited the same as are state funds and any interest accruing thereon shall be added thereto. The fund shall be subject to audit the same as state funds and 13 accounts and shall be protected by the general bond given by the state 14 treasurer. Upon the requisition of the director of the division of 15 workers' compensation, warrants on the state treasurer for the payment of all amounts payable for compensation and benefits out of 16 17 the second injury fund shall be issued.
- 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

21 disability where there has been previous disability shall be compensated as 22 herein provided. Compensation shall be computed on the basis of the average 23 earnings at the time of the last injury. If any employee who has a preexisting 24permanent partial disability whether from compensable injury or otherwise, of 25 such seriousness as to constitute a hindrance or obstacle to employment or to 26 obtaining reemployment if the employee becomes unemployed, and the preexisting permanent partial disability, if a body as a whole injury, equals a minimum of 27 fifty weeks of compensation or, if a major extremity injury only, equals a 28 minimum of fifteen percent permanent partial disability, according to the medical 29 standards that are used in determining such compensation, receives a subsequent 30 31 compensable injury resulting in additional permanent partial disability so that 32 the degree or percentage of disability, in an amount equal to a minimum of fifty 33 weeks compensation, if a body as a whole injury or, if a major extremity injury only, equals a minimum of fifteen percent permanent partial disability, caused 34 35 by the combined disabilities is substantially greater than that which would have resulted from the last injury, considered alone and of itself, and if the employee 36 37 is entitled to receive compensation on the basis of the combined disabilities, the 38 employer at the time of the last injury shall be liable only for the degree or 39 percentage of disability which would have resulted from the last injury had there been no preexisting disability. After the compensation liability of the employer 40 for the last injury, considered alone, has been determined by an administrative 41 law judge or the commission, the degree or percentage of employee's disability 42 43 that is attributable to all injuries or conditions existing at the time the last injury 44 was sustained shall then be determined by that administrative law judge or by the commission and the degree or percentage of disability which existed prior to 45 the last injury plus the disability resulting from the last injury, if any, considered 46 alone, shall be deducted from the combined disability, and compensation for the 47 balance, if any, shall be paid out of a special fund known as the second injury 48 fund, hereinafter provided for. If the previous disability or disabilities, whether 49 50 from compensable injury or otherwise, and the last injury together result in total and permanent disability, the minimum standards under this subsection for a 51 52 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 liable only for the disability 53 54 resulting from the last injury considered alone and of itself; except that if the compensation for which the employer at the time of the last injury is liable is less 55 than the compensation provided in this chapter for permanent total disability, 56

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then in addition to the compensation for which the employer is liable and after 58 the completion of payment of the compensation by the employer, the employee 59 shall be paid the remainder of the compensation that would be due for permanent total disability under section 287.200 out of [a special fund known as the "Second 60 Injury Fund" hereby created exclusively for the purposes as in this section 61 provided and for special weekly benefits in rehabilitation cases as provided in 62 section 287.141. Maintenance of the second injury fund shall be as provided by section 287.710. The state treasurer shall be the custodian of the second injury 64 fund which shall be deposited the same as are state funds and any interest 65 accruing thereon shall be added thereto. The fund shall be subject to audit the 66 67 same as state funds and accounts and shall be protected by the general bond given by the state treasurer. Upon the requisition of the director of the division 69 of workers' compensation, warrants on the state treasurer for the payment of all amounts payable for compensation and benefits out of the second injury fund 70 71shall be issued.

- 2.] the second injury fund.
- 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 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 section287.020; or
- 91 c. Not a compensable injury, but such preexisting disability 92 directly and significantly aggravates or accelerates the subsequent

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- 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 a 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 compensable work-related injury that, when combined with the preexisting disability, as set forth in subparagraphs a, b, c, or d of paragraph (a) of this subdivision, results in a permanent total disability as defined under this chapter.
 - (2) When an employee is entitled to compensation as provided in this subsection, the employer at the time of the last work-related injury shall only be liable for the disability resulting from the subsequent work-related injury considered alone and of itself.
- 110 (3) Compensation for benefits payable under this subsection shall 111 be based on the employee's compensation rate calculated under section 112 287.250.
 - 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 defend against the claim.
 - (1) The state treasurer, with the advice and consent of the attorney general of Missouri, may enter into agreed statements of fact that would affect the second injury fund, or compromise settlements as contemplated by section 287.390[, or agreed statements of fact that would affect the second injury fund. All awards for permanent partial disability, permanent total disability, or death affecting the second injury fund shall be subject to the provisions of this chapter governing review and appeal] with the following limitations:
 - (a) For all claims filed prior to the effective date of 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
 - (b) For all permanent total disability claims, such settlement may be made in any amount not to exceed the sum of two hundred times the employee's permanent total disability rate as of the date of the injury.

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- 130 (2) Notwithstanding subdivision (1) of this subsection to the 131 contrary, the state treasurer, with the advice and consent of the 132 attorney general and the state auditor, may enter into compromise 133 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).
- 139 (4) For all claims filed against the second injury fund on or after July 1, 140 1994, the attorney general shall use assistant attorneys general except in circumstances where an actual or potential conflict of interest exists, to provide 141 142 legal services as may be required in all claims made for recovery against the 143 fund. Any legal expenses incurred by the attorney general's office in the handling 144 of such claims, including, but not limited to, medical examination fees incurred 145 under sections 287.210 and the expenses provided for under section 146 287.140, 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 147such legal expenses shall be contingent upon annual appropriations made by the 148 general assembly, from the fund, to the attorney general's office for this specific 149 150 purpose.
 - [3.] 5. 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.] 6. 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.
- 158 [5.] 7. If an employer fails to insure or self-insure as required in section 159 287.280, funds from the second injury fund may be withdrawn to cover the fair, 160 reasonable, and necessary expenses incurred relating to claims for injuries occurring prior to the effective date of this section, to cure and relieve the 161 162 effects of the injury or disability of an injured employee in the employ of an 163 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 164 from the second injury fund may be withdrawn to cover fair, reasonable, and 165

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166 necessary expenses incurred relating to a death occurring prior to the 167 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 168 state of Missouri, as custodian of the second injury fund, shall have the same 169 defenses to such claims as would the uninsured employer. Any funds received by 170 the employee or the employee's dependents, through civil or other action, must 171172 go towards reimbursement of the second injury fund, for all payments made to the 173 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 174 175of the state of Missouri shall bring suit in the circuit court of the county in which 176 the accident occurred against any employer not covered by this chapter as 177 required in section 287.280.

- [6.] 8. Every [three years] year the second injury fund shall have an actuarial study made to determine the solvency of the fund taking into consideration any existing balance carried forward from a previous year, appropriate funding level of the fund, and forecasted expenditures from the fund. The first actuarial study shall be completed prior to July 1, [1988] 2014. 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 185 maintain the financial data and records concerning the fund for the support of the 186 division of workers' compensation and the second injury fund. The division shall 187 188 also compile and report data on claims made pursuant to subsection 9 of this 189 section. The attorney general shall provide all necessary information to the 190 division for this purpose.
- 191 [8.] 10. All claims for fees and expenses filed against the second injury 192 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 194 than one employer, the employer for whom the employee was working when the 195 injury was sustained shall be responsible for wage loss benefits applicable only 196 197 to the earnings in that employer's employment and the injured employee shall be 198 entitled to file a claim against the second injury fund for any additional wage loss 199 benefits attributed to loss of earnings from the employment or employments 200 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

- 202 injury. The employee shall be entitled to a total benefit based on the total 203 average weekly wage of such employee computed according to subsection 8 of 204 section 287.250. The employee shall not be entitled to a greater rate of 205 compensation than allowed by law on the date of the injury. The employer for 206 whom the employee was working where the injury was sustained shall be 207 responsible for all medical costs incurred in regard to that injury.
- 208 12. No compensation shall be payable from the second injury 209 fund if the employee elects to pursue compensation under the workers' compensation law of another state with jurisdiction over the employee's 210 211 injury or accident or occupational disease.
- 212 13. Notwithstanding the requirements of section 287.470, the life 213 payments to an injured employee made from the fund shall be 214 suspended when the employee is able to obtain suitable gainful 215 employment or be self-employed in view of the nature and severity of 216 the injury. The division shall promulgate rules setting forth a reasonable standard means test to determine if such employment 218 warrants the suspension of benefits.
- 219 14. All awards issued under this chapter affecting the second 220 injury fund shall be subject to the provisions of this chapter governing 221 review and appeal.
- 222 15. Funds from the second injury fund shall be withdrawn to 223 cover awards for toxic exposure issued pursuant to subdivisions (2) and 224 (3) of subsection 4 of section 287.200. This subsection shall not be 225 construed to cover awards for a disability otherwise provided in this 226 chapter.
- 227 16. The division shall pay any liabilities of the fund other than 228 those found in subsection 15 of this section, in the following priority:
- 229 (1) Expenses related to the legal defense of the fund under 230 subsection 4 of this section;
- 231 (2) Permanent total disability awards in the order in which 232 claims are settled or finally adjudicated;
- 233 (3) Permanent partial disability awards in the order in which such claims are settled or finally adjudicated; 234
- (4) Medical expenses incurred prior to July 1, 2012, under 235 236 subsection 7 of this section; and
- (5) Interest on unpaid awards. 237
- 238 Such liabilities shall be paid to the extent the fund has a positive

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- 239 balance. Any unpaid amounts shall remain an ongoing liability of the fund until satisfied. 240
- 241 17. Post award interest for the purpose of second injury fund 242 claims shall be set at the adjusted rate of interest established by the 243 director of revenue pursuant to section 32.065 or five percent, 244 whichever is greater.
 - 287.610. 1. After August 28, 2005, the division may 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. The director of the division of workers' compensation shall publish and maintain on the division's website the appointment dates or initial 9 dates of service for all administrative law judges.
- 10 2. [The division director, as a member of the administrative law judge review committee, hereafter referred to as "the committee", shall perform, in 11 conjunction with the committee, a performance audit of all administrative law judges by August 28, 2006. The division director, in conjunction with the 13 committee, shall establish the written performance audit standards on or before 14 October 1, 2005. 15
- 3.] The thirteen administrative law judges with the most 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 18 19 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 2122every 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.
- 25 [4.] 3. The administrative law judge review committee members shall not have any direct or indirect employment or financial connection with a workers' 26 27 compensation insurance company, claims adjustment company, health care 28 provider nor be a practicing workers' compensation attorney. All members of the 29 committee shall have a working knowledge of workers' compensation.
- 30 [5.] 4. The committee shall within thirty days of completing each

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performance audit make a recommendation of confidence or no confidence for each
 administrative law judge.

- 33 [6.] 5. The administrative law judges appointed by the division shall only have jurisdiction to hear and determine claims upon original hearing and shall 34 have no jurisdiction upon any review hearing, either in the way of an appeal from 35 an original hearing or by way of reopening any prior award, except to correct a 36 clerical error in an award or settlement if the correction is made by the 37 administrative law judge within twenty days of the original award or 38 39 settlement. The labor and industrial relations commission may remand any 40 decision of an administrative law judge for a more complete finding of facts. 41 The commission may also correct a clerical error in awards or settlements within 42thirty days of its final award. With respect to original hearings, the 43 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 44 45 wherever in this chapter the word "commission", "commissioners" or "division" is used in respect to any original hearing, those terms shall mean the 46 47 administrative law judges appointed under this section. When a hearing is necessary upon any claim, the division shall assign an administrative law judge 48 49 to such hearing. Any administrative law judge shall have power to approve contracts of settlement, as provided by section 287.390, between the parties to 50 51 any compensation claim or dispute under this chapter pending before the division of workers' compensation. Any award by an administrative law judge upon an 52 53 original hearing shall have the same force and effect, shall be enforceable in the same manner as provided elsewhere in this chapter for awards by the labor and 54 industrial relations commission, and shall be subject to review as provided by 55 section 287.480. 56
 - [7.] 6. Any of the administrative law judges employed pursuant to this section may be assigned on a temporary basis to the branch offices as necessary in order to ensure the proper administration of this chapter.
- [8.] 7. All administrative law judges shall be required to participate in, on a continuing basis, specific training that shall pertain to those elements of knowledge and procedure necessary for the efficient and competent performance of the administrative law judges' required duties and responsibilities. Such training requirements shall be established by the division subject to appropriations and shall include training in medical determinations and records, mediation and legal issues pertaining to workers' compensation

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adjudication. Such training may be credited toward any continuing legal 68 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 every two years. The audit results, stating the committee's recommendation of confidence or no confidence of each administrative law judge shall be sent to the governor no later than the first week of each legislative session immediately following such audit. Any administrative law judge who has received [two] three or more votes of no confidence under two successive performance audits by the committee may have their appointment immediately withdrawn.
- 78 (2) The review committee shall consist of [the division director, who shall 79 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 80 81 member appointed by the speaker of the house of representatives, and one member appointed by the minority leader of the house of representatives. The 82 83 governor shall appoint to the committee one member selected from the commission on retirement, removal, and discipline of judges. This member shall 84 85 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 86 87 on the committee during the time of employment in such position.] The committee shall annually elect a chairperson from its members for a 88 89 term of one year. The term of service for all [other] members shall be two 90 years. The review committee members shall all serve without compensation. Necessary expenses for review committee members and all 91 92 necessary support services to the review committee shall be provided by the 93 division.
- [10.] 9. No rule or portion of a rule promulgated pursuant to the authority of this section shall become effective unless it has been promulgated 96 pursuant to the provisions of chapter 536.

287.690. [1.] Prior to December 31, 1993, for the purpose of providing for the expense of administering this chapter [and for the purpose set out in subsection 2 of this section, every person, partnership, association, corporation, whether organized under the laws of this or any other state or country, 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, company, mutual company, the parties to any interindemnity contract, or other plan or scheme, and every other insurance carrier, insuring employers in this state against liability for personal injuries to their employees, or for death caused thereby, under this chapter, shall 10 pay, as provided in this chapter, tax upon the net deposits, net premiums or net 11 12 assessments received, whether in cash or notes in this state, or on account of business done in this state, for such insurance in this state at the rate of two 13 percent in lieu of all [other] premium taxes on such net deposits, net premiums 14 or net assessments, which amount of taxes shall be assessed and collected as 15 herein provided. Beginning October 31, 1993, and every year thereafter, the 16 17 director of the division of workers' compensation shall estimate the amount of 18 revenue required to administer this chapter and the division director shall 19 determine the rate of tax to be paid in the following calendar year pursuant to this section commencing with the calendar year beginning on January 1, 1994. If 20 the balance of the fund [estimated to be] on hand on [December thirty-first] July 21 first of the year each tax rate determination is made on October thirty-first 22 23 is less than one hundred ten percent of the previous year's expenses plus any additional revenue required due to new statutory requirements given to the 2425 division by the general assembly, then the **division** director shall impose a tax not to exceed two percent in lieu of all other taxes on net deposits, net premiums 26 27 or net assessments, rounded up to the nearest one-half of a percentage point, which amount of taxes shall be assessed and collected as herein provided. The 28 29 net premium equivalent for individual self-insured employers and any group of 30 political subdivisions of this state qualified to self-insure their liability pursuant 31 to this chapter as authorized by section 537.620 shall be based on average rate classifications calculated by the department of insurance, financial institutions 32 and professional registration as taken from premium rates filed by the twenty 33 insurance companies providing the greatest volume of workers' compensation 34 insurance coverage in this state. For employers qualified to self-insure their 35 liability pursuant to this chapter, the rates filed by such group of employers in 36 accordance with subsection 2 of section 287.280 shall be the net premium 37 38 equivalent. Every entity required to pay the tax imposed pursuant to this section 39 and section 287.730 shall be notified by the division of workers' compensation 40 within ten calendar days of the date of the determination of the rate of tax to be imposed for the following year. Net premiums, net deposits or net assessments 41 42 are defined as gross premiums, gross deposits or gross assessments less canceled

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or returned premiums, premium deposits or assessments and less dividends or 43 savings, actually paid or credited.

[2. After January 1, 1994, the director of the division shall make one or 45 more loans to the Missouri employers mutual insurance company in an amount 46 not to exceed an aggregate amount of five million dollars from the fund 47 maintained to administer this chapter for start-up funding and initial 48 capitalization of the company. The board of the company shall make application 49 to the director for the loans, stating the amount to be loaned to the company. The 50 loans shall be for a term of five years and, at the time the application for such 51 52loans is approved by the director, shall bear interest at the annual rate based on 53 the rate for linked deposit loans as calculated by the state treasurer pursuant to 54 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 6 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 9 political subdivisions of the state who self-insure or hold themselves out to be any 10 part self-insured. Notwithstanding any law to the contrary, the surcharge imposed pursuant to this section shall not apply to any reinsurance or 11 12 retrocessional transaction.

13 2. Beginning October 31, 2005, and each year thereafter, the director of the division of workers' compensation shall estimate the amount of benefits 14 payable from the second injury fund during the following calendar year and shall calculate the total amount of the annual surcharge to be imposed during the 16 following calendar year upon all workers' compensation policyholders and authorized self-insurers. The amount of the annual surcharge percentage to be 18 19 imposed upon each policyholder and self-insured for the following calendar year 20 commencing with the calendar year beginning on January 1, 2006, shall be set at and calculated against a percentage, not to exceed three percent, of the 22policyholder's or self-insured's workers' compensation net deposits, net premiums, 23or net assessments for the previous policy year, rounded up to the nearest one-half of a percentage point, that shall generate, as nearly as possible, one

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25 hundred ten percent of the moneys to be paid from the second injury fund in the 26 following calendar year, less any moneys contained in the fund at the end of the previous calendar year. All policyholders and self-insurers shall be notified by 27 the division of workers' compensation within ten calendar days of the 28 29 determination of the surcharge percent to be imposed for, and paid in, the following calendar year. The net premium equivalent for individual self-insured 30 employers and any group of political subdivisions of this state qualified to 31 32 self-insure their liability pursuant to this chapter as authorized by section 537.620 shall be based on average rate classifications calculated by the 33 department of insurance, financial institutions and professional registration as 34 35 taken from premium rates filed by the twenty insurance companies providing the 36 greatest volume of workers' compensation insurance coverage in this state. For 37 employers qualified to self-insure their liability pursuant to this chapter, the rates filed by such group of employers in accordance with subsection 2 of section 38 287.280 shall be the net premium equivalent. The director may advance funds 39 from the workers' compensation fund to the second injury fund if surcharge 40 41 collections prove to be insufficient. Any funds advanced from the workers' compensation fund to the second injury fund must be reimbursed by the second 42injury fund no later than December thirty-first of the year following the 43 advance. The surcharge shall be collected from policyholders by each insurer at 44 45 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 46 47 commission for its collection. The surcharge is not subject to any taxes, licenses 48 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 not later than the thirtieth day of the month following the end of the quarter in which the amount is received from policyholders. If the director of the division of workers' compensation fails to calculate the surcharge by the thirty-first 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

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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.

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 subdivisions (2) and (3) 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 self-insurers. Notwithstanding subsections 2 and 6 of this section to the contrary, such surcharge shall be set by the director based on the average number of awards for such

98 diseases in the three years preceding the year in which such rates are 99 set, multiplied by the benefit allowed in subdivisions (2) and (3) of 100 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 101 102 of the surcharge established in this section, until such time that a one year reserve has been accumulated. All revenue collected under this 103 subsection shall be deposited in the subaccount established in 104 subsection 1 of section 287.220 and such revenue shall only be used to 105 106 satisfy awards issued pursuant to subdivisions (2) and (3) of subsection 4 of section 287.200. All policyholders and self-insurers shall be notified 107 108 by the division of workers' compensation of the toxic exposure supplemental surcharge percent to be imposed for such period of time 109 110 as part of the notice provided in subsections 2 and 6 of this section.

8. Funds collected under the provisions of this chapter shall be the sole funding source of the second injury fund.

287.745. 1. If the tax imposed by sections 287.690, 287.710, and 287.715 are not paid when due, the taxpayer shall be required to pay, as part of such tax, interest thereon at the rate of one and one-half percent per month for each month or fraction thereof delinquent. In the event the state prevails in any dispute concerning an assessment of tax which has not been paid by the taxpayer, interest shall be paid upon the amount found due to the state at the rate of one and one-half percent per month for each month or fraction thereof delinquent.

8 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 10 the director of revenue for the year in question. If after the end of any taxable 11 year, the amount of the actual tax due is less than the total amount of the 12 installments actually paid, the amount by which the amount paid exceeds the 13 amount due shall at the election of the taxpayer be refunded or credited 14 15 against the tax for the following year and in the event of a credit, deducted 16 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 sections 287.220 and 287.715 of this act is deemed necessary for the immediate preservation of the public health, welfare, peace and safety, and is hereby declared to be an emergency act within the meaning of the constitution, and the repeal and reenactment of sections

- 6 287.220 and 287.715 of this act shall be in full force and effect upon its passage
- 7 and approval.

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Unofficial

Bill

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