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CHAMBER ACTION

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11	Senator Webster moved the following amendment:
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13	Senate Amendment (with title amendment)
14	Delete everything after the enacting clause
15	
16	and insert:
17	Section 1. <u>Short titleThis act may be cited as the</u>
18	"Asbestos and Silica Compensation Fairness Act".
19	Section 2. PurposeIt is the purpose of this act to:
20	(1) Give priority to true victims of asbestos and
21	silica, claimants who can demonstrate actual physical
22	impairment caused by exposure to asbestos or silica;
23	(2) Fully preserve the rights of claimants who were
24	exposed to asbestos or silica to pursue compensation if they
25	become impaired in the future as a result of the exposure;
26	(3) Enhance the ability of the judicial system to
27	supervise and control asbestos and silica litigation; and
28	(4) Conserve the scarce resources of the defendants to
29	allow compensation to cancer victims and others who are
30	physically impaired by exposure to asbestos or silica while
31	securing the right to similar compensation for those who may
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1	suffer physical impairment in the future.
2	Section 3. DefinitionsAs used in this act, the
3	term:
4	(1) "AMA Guides to the Evaluation of Permanent
5	Impairment" means the American Medical Association's Guides to
6	the Evaluation of Permanent Impairment.
7	(2) "Asbestos" includes all minerals defined as
8	'asbestos' in 29 C.F.R. section 1910, as amended.
9	(3) "Asbestos claim" means a claim for damages or
10	other civil or equitable relief presented in a civil action,
11	arising out of, based on, or related to the health effects of
12	exposure to asbestos, including loss of consortium, wrongful
13	death, and any other derivative claim made by or on behalf of
14	an exposed person or a representative, spouse, parent, child,
15	or other relative of an exposed person. The term does not
16	include claims for benefits under a workers' compensation law
17	or veterans' benefits program, or claims brought by a person
18	as a subrogee by virtue of the payment of benefits under a
19	workers' compensation law.
20	(4) "Asbestosis" means bilateral diffuse interstitial
21	fibrosis of the lungs caused by inhalation of asbestos fibers.
22	(5) "Board-certified in internal medicine" means a
23	physician who is certified by the American Board of Internal
24	Medicine or the American Osteopathic Board of Internal
25	Medicine.
26	(6) "Board-certified in occupational medicine" means a
27	physician who is certified in the subspecialty of occupational
28	medicine by the American Board of Preventive Medicine or the
29	American Osteopathic Board of Preventive Medicine.
30	(7) "Board-certified in oncology" means a physician
31	who is certified in the subspecialty of medical oncology by

1	the American Board of Internal Medicine or the American
2	Osteopathic Board of Internal Medicine.
3	(8) "Board-certified in pathology" means a physician
4	who holds primary certification in anatomic pathology or
5	clinical pathology from the American Board of Pathology or the
6	American Osteopathic Board of Internal Medicine and whose
7	professional practice:
8	(a) Is principally in the field of pathology; and
9	(b) Involves regular evaluation of pathology materials
10	obtained from surgical or postmortem specimens.
11	(9) "Board-certified in pulmonary medicine" means a
12	physician who is certified in the subspecialty of pulmonary
13	medicine by the American Board of Internal Medicine or the
14	American Osteopathic Board of Internal Medicine.
15	(10) "Bankruptcy proceeding" means a case brought
16	under Title 11, United State Code, or any related proceeding
17	as provided in section 157 of Title 28, United States Code.
18	(11) "Certified B-reader" means an individual
19	qualified as a "final" or "B-reader" under 42 C.F.R. section
20	37.51(b), as amended.
21	(12) "Civil action" means all suits or claims of a
22	civil nature in court, whether cognizable as cases at law or
23	in equity or in admiralty. The term does not include an action
24	relating to a workers' compensation law, or a proceeding for
25	benefits under a veterans' benefits program.
26	(13) "Exposed person" means a person whose exposure to
27	asbestos or to asbestos-containing products is the basis for
28	an asbestos claim.
29	(14) "FEV1" means forced expiratory volume in the
30	first second, which is the maximal volume of air expelled in
31	one second during performance of simple spirometric tests.

1	(15) "FVC" means forced vital capacity, which is the
2	maximal volume of air expired with maximum effort from a
3	position of full inspiration.
4	(16) "ILO Scale" means the system for the
5	classification of chest x-rays set forth in the International
6	Labour Office's Guidelines for the Use of ILO International
7	Classification of Radiographs of Pneumoconioses.
8	(17) "Lung cancer" means a malignant tumor in which
9	the primary site of origin of the cancer is inside of the
10	lungs, but the term does not include an asbestos claim based
11	upon mesothelioma.
12	(18) "Mesothelioma" means a malignant tumor with a
13	primary site in the pleura or the peritoneum, which has been
14	diagnosed by a board-certified pathologist, using standardized
15	and accepted criteria of microscopic morphology or appropriate
16	staining techniques.
17	(19) "Nonmalignant condition" means any condition that
18	can be caused by asbestos or silica other than a diagnosed
19	cancer.
20	(20) "Nonsmoker" means the exposed person has not
21	smoked cigarettes or used other tobacco products on a
22	consistent and frequent basis within the last 15 years.
23	(21) "Pathological evidence of asbestosis" means a
24	statement by a board-certified pathologist that more than one
25	representative section of lung tissue uninvolved with any
26	other disease process demonstrates a pattern of
27	peribronchiolar or parenchymal scarring in the presence of
28	characteristic asbestos bodies and that there is no other more
29	likely explanation for the presence of the fibrosis.
30	(22) "Predicted lower limit of normal" for any test
31	means the fifth percentile of healthy populations based on

1	age, height, and gender, as referenced in the AMA Guides to
2	the Evaluation of Permanent Impairment.
3	(23) "Qualified physician" means a medical doctor,
4	who:
5	(a) Is currently a board-certified oncologist,
6	pathologist, pulmonary specialist, or specialist in
7	occupational and environmental medicine;
8	(b) Has conducted a physical examination of the
9	exposed person, or if the person is deceased, has reviewed all
10	available records relating to the exposed person's medical
11	condition;
12	(c) Is actually treating or treated the exposed
13	person, and has or had a doctor-patient relationship with the
14	person; and
15	(d) Is currently licensed to practice and actively
16	practices in this country.
17	(24) "Radiological evidence of asbestosis" means a
18	quality 1 chest x-ray under the ILO System of classification
19	(in a death case where no pathology is available, the
20	necessary radiologic findings may be made with a quality 2
21	film if a quality 1 film is not available) showing small,
22	irregular opacities (s, t, u) graded by a certified B-reader
23	as at least 1/1 on the ILO scale.
24	(25) "Radiological evidence of diffuse pleural
25	thickening" means a quality 1 chest x-ray under the ILO System
26	of classification (in a death case where no pathology is
27	available, the necessary radiologic findings may be made with
28	a quality 2 film if a quality 1 film is not available) showing
29	bilateral pleural thickening of at least B2 on the ILO scale
30	and blunting of at least one costophrenic angle.
31	(26) "Silica" means a respirable crystalline form of

1	silicon dioxide, including, but not limited to, alpha, quartz,
2	cristobalite, and trydmite.
3	(27) "Silica claim" means a claim for damages or other
4	civil or equitable relief presented in a civil action, arising
5	out of, based on, or related to the health effects of exposure
6	to silica, including loss of consortium, wrongful death, and
7	any other derivative claim made by or on behalf of an exposed
8	person or a representative, spouse, parent, child, or other
9	relative of an exposed person. The term does not include
10	claims for benefits under a workers' compensation law or
11	veterans' benefits program, or claims brought by a person as a
12	subroque by virtue of the payment of benefits under a workers'
13	compensation law.
14	(28) "Silicosis" means nodular interstitial fibrosis
15	of the lungs caused by inhalation of silica.
16	(29) "Smoker" means a person who has smoked cigarettes
17	or used other tobacco products on a consistent and frequent
18	basis within the last 15 years.
19	(30) "Substantial occupational exposure" means
20	employment for an extended period of time in industries and
21	occupations in which, for a substantial portion of a normal
22	work year for that occupation, the exposed person did any of
23	the following:
24	(a) Handled raw asbestos fibers;
25	(b) Fabricated asbestos-containing products so that
26	the person was exposed to raw asbestos fibers in the
27	fabrication process;
28	(c) Altered, repaired, or otherwise worked with an
29	asbestos-containing product in a manner that exposed the
30	person on a regular basis to asbestos fibers; or
31	(d) Worked in close proximity to other persons engaged

1	in any of the activities described in paragraphs (a)-(c) in a
2	manner that exposed the person on a regular basis to asbestos
3	<u>fibers.</u>
4	(31) "Veterans benefits program" means a program for
5	benefits in connection with military service administered by
6	the Veterans' Administration under Title 38, United States
7	Code.
8	(32) "Workers' compensation law" means a law
9	respecting a program administered by this state or the United
10	States to provide benefits, funded by a responsible employer
11	or its insurance carrier, for occupational diseases or
12	injuries or for disability or death caused by occupational
13	diseases or injuries. The term includes the Longshore and
14	Harbor Workers' Compensation Act, 33 U.S.C. sections 901-944,
15	948-950, and the Federal Employees Compensation Act, chapter
16	81 of Title 5, United States Code, but does not include the
17	Act of April 22, 1908, the Federal Employers Liability Act, 45
18	<u>U.S.C. 51 et seq.</u>
19	Section 4. Physical impairment
20	(1) Physical impairment of the exposed person, to
21	which asbestos or silica exposure was a substantial
22	contributing factor, is an essential element of an asbestos or
23	silica claim.
24	(2) A person may not file or maintain a civil action
25	alleging a nonmalignant asbestos claim in the absence of a
26	prima facie showing of physical impairment as a result of a
27	medical condition to which exposure to asbestos was a
28	substantial contributing factor. The prima facie showing must
29	include all of the following requirements:
30	(a) Evidence verifying that a qualified physician, or
31	someone working under the direct supervision and control of a

1	qualified physician, has taken a detailed occupational and
2	exposure history of the exposed person or, if the person is
3	deceased, from a person who is knowledgeable about the
4	exposures that form the basis of the nonmalignant asbestos
5	claim, including:
6	1. Identification of all of the exposed person's
7	principal places of employment and exposures to airborne
8	contaminants; and
9	2. Whether each place of employment involved exposures
10	to airborne contaminants, including but not limited to
11	asbestos fibers or other disease causing dusts, that can cause
12	pulmonary impairment and the nature, duration and level of any
13	such exposure.
14	(b) Evidence verifying that a qualified physician, or
15	someone working under the direct supervision and control of a
16	qualified physician, has taken detailed medical and smoking
17	history, including a thorough review of the exposed person's
18	past and present medical problems and their most probable
19	cause.
20	(c) Evidence sufficient to demonstrate that at least
21	10 years have elapsed between the date of first exposure to
22	asbestos and the date the diagnosis is made.
23	(d) A determination by a qualified physician, on the
24	basis of a medical examination and pulmonary function testing,
25	that the exposed person has a permanent respiratory impairment
26	rating of at least Class 2 as defined by and evaluated
27	pursuant to the AMA Guides to the Evaluation of Permanent
28	Impairment.
29	(e) A diagnosis by a qualified physician of asbestosis
30	or diffuse pleural thickening, based at a minimum on
31	radiological or pathological evidence of asbestosis or

1	radiological evidence of diffuse pleural thickening.
2	(f) A determination by a qualified physician that
3	asbestosis or diffuse pleural thickening, rather than chronic
4	obstructive pulmonary disease, is a substantial contributing
5	factor to the exposed person's physical impairment, based at a
6	minimum on a determination that the exposed person has:
7	1. Total lung capacity, by plethysmography or timed
8	gas dilution, below the predicted lower limit of normal;
9	2. Forced vital capacity below the lower limit of
10	normal and a ratio of FEV1 to FVC that is equal to or greater
11	than the predicted lower limit of normal; or
12	3. A chest x-ray showing small, irregular opacities
13	(s, t, u) graded by a certified B-reader at least 2/1 on the
14	ILO scale.
15	(g) If the exposed person meets the requirements of
16	paragraphs (a), (b), and (c), and if a qualified physician
17	determines that the exposed person has a physical impairment,
18	as demonstrated by meeting the criteria set forth in
19	paragraphs (d) and (f)1. or 2., but the exposed person's chest
20	x-ray does not demonstrate radiological evidence of
21	asbestosis, the exposed person may meet the criteria of
22	paragraph (e) if his or her chest x-ray is graded by a
23	certified B-reader as at least 1/0 and a qualified physician,
24	relying on high-resolution computed tomography, determines to
25	a reasonable degree of medical certainty that the exposed
26	person has asbestosis and forms the conclusion set forth in
27	paragraph (h).
28	(h) A conclusion by a qualified physician that the
29	exposed person's medical findings and impairment were not more
30	probably the result of causes other than the asbestos exposure
31	revealed by the exposed person's employment and medical

1	history. A diagnosis that states that the medical findings and
2	impairment are "consistent with" or "compatible with" exposure
3	to asbestos does not meet the requirements of this subsection.
4	(i) If a plaintiff files a civil action alleging a
5	nonmalignant asbestos claim, and that plaintiff alleges that
6	his or her exposure to asbestos was the result of extended
7	contact with another exposed person who, if the civil action
8	had been filed by the other exposed person, would have met the
9	requirements of paragraph (a) and the plaintiff alleges that
10	he or she had extended contact with the exposed person during
11	the time period in which that exposed person met the
12	requirements of paragraph (a), the plaintiff has satisfied the
13	requirements of paragraph (a). The plaintiff in such a civil
14	action must individually satisfy the requirements of
15	paragraphs (b), (c), (d), (e), (f), (g), and (h).
16	(3) A person who is a smoker may not file or maintain
17	a civil action alleging an asbestos claim which is based upon
18	cancer of the lung, larynx, pharynx, or esophagus in the
19	absence of a prima facie showing that includes all of the
20	following requirements:
21	(a) A diagnosis by a qualified physician who is
22	board-certified in pathology, pulmonary medicine, or oncology,
23	as appropriate for the type of cancer claimed, of a primary
24	cancer of the lung, larynx, pharynx, or esophagus, and that
25	<pre>exposure to asbestos was a substantial contributing factor to</pre>
26	the condition.
27	(b) Evidence sufficient to demonstrate that at least
28	10 years have elapsed between the date of first exposure to
29	asbestos and the date of diagnosis of the cancer.
30	(c) Radiological or pathological evidence of
31	asbestosis or diffuse pleural thickening or a qualified
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1	physician's diagnosis of asbestosis based on a chest x-ray
2	graded by a certified B-reader as at least 1/0 on the ILO
3	scale and high-resolution computed tomography supporting the
4	diagnosis of asbestosis to a reasonable degree of medical
5	certainty.
6	(d) Evidence of the exposed person's substantial
7	occupational exposure to asbestos. If a plaintiff files a
8	civil action alleging an asbestos-related claim based on
9	cancer of the lung, larynx, pharynx, or esophagus, and that
10	plaintiff alleges that his or her exposure to asbestos was the
11	result of extended contact with another exposed person who, if
12	the civil action had been filed by the other exposed person,
13	would have met the substantial occupational exposure
14	requirement of this subsection, and the plaintiff alleges that
15	he or she had extended contact with the exposed person during
16	the time period in which that exposed person met the
17	substantial occupational exposure requirement of this
18	subsection, the plaintiff has satisfied the requirements of
19	this paragraph. The plaintiff in such a civil action must
20	individually satisfy the requirements of this subsection.
21	(e) If the exposed person is deceased, the qualified
22	physician, or someone working under the direct supervision and
23	control of a qualified physician, may obtain the evidence
24	required in paragraph (b) and paragraph (d) from the person
25	most knowledgeable about the alleged exposures that form the
26	basis of the asbestos claim.
27	(f) A conclusion by a qualified physician that the
28	<pre>exposed person's medical findings and impairment were not more</pre>
29	probably the result of causes other than the asbestos exposure
30	revealed by the exposed person's employment and medical
31	history. A conclusion that the medical findings and impairment

1	are "consistent with" or "compatible with" exposure to
2	asbestos does not meet the requirements of this subsection.
3	(4) In a civil action alleging an asbestos claim by a
4	nonsmoker based on cancer of the lung, larynx, pharynx, or
5	esophagus, a prima facie showing of an impairment due to
6	asbestos exposure is not required.
7	(5) A person may not file or maintain a civil action
8	alleging an asbestos claim which is based on cancer of the
9	colon, rectum, or stomach in the absence of a prima facie
10	showing that includes all of the following requirements:
11	(a) A diagnosis by a qualified physician who is
12	board-certified in pathology, pulmonary medicine, or oncology,
13	as appropriate for the type of cancer claimed, of cancer of
14	the colon, rectum, or stomach, and that exposure to asbestos
15	was a substantial contributing factor to the condition.
16	(b) Evidence sufficient to demonstrate that at least
17	10 years have elapsed between the date of first exposure to
18	asbestos and the date of diagnosis of the cancer.
19	(c)1.a. Radiological or pathological evidence of
20	asbestosis or diffuse pleural thickening or a qualified
21	physician's diagnosis of asbestosis based on a chest x-ray
22	graded by a certified B-reader as at least 1/0 on the ILO
23	scale and high-resolution computed tomography supporting the
24	diagnosis of asbestosis to a reasonable degree of medical
25	certainty; or
26	b. Evidence of the exposed person's substantial
27	occupational exposure to asbestos. If a plaintiff files a
28	civil action alleging an asbestos-related claim based on
29	cancer of the colon, rectum, or stomach, and that plaintiff
30	alleges that his or her exposure to asbestos was the result of
31	extended contact with another exposed person who, if the civil

1	action had been filed by the other exposed person, would have
2	met the substantial occupational exposure requirement of this
3	subsection, and the plaintiff alleges that he or she had
4	extended contact with the exposed person during the time
5	period in which that exposed person met the substantial
6	occupational exposure requirement of this subsection, the
7	plaintiff has satisfied the requirements of this
8	sub-subparagraph. The plaintiff in such a civil action must
9	individually satisfy the requirements of this subsection.
10	2. In the case of an exposed person who is a smoker,
11	the criteria in sub-subparagraphs 1.a. and b. must be met.
12	3. If the exposed person is deceased, the qualified
13	physician, or someone working under the direct supervision and
14	control of a qualified physician, may obtain the evidence
15	required in sub-subparagraph 1.b. and paragraph (b) from the
16	person most knowledgeable about the alleged exposures that
17	form the basis of the asbestos claim.
18	(d) A conclusion by a qualified physician that the
19	exposed person's medical findings and impairment were not more
20	probably the result of causes other than the asbestos exposure
21	revealed by the exposed person's employment and medical
22	history. A conclusion that the medical findings and impairment
23	are "consistent with" or "compatible with" exposure to
24	asbestos does not meet the requirements of this subsection.
25	(6) In a civil action alleging an asbestos claim based
26	upon mesothelioma a prima facie showing of an impairment due
27	to asbestos exposure is not required.
28	(7) A person may not file or maintain a civil action
29	alleging a silicosis claim in the absence of a prima facie
30	showing of physical impairment as a result of a medical
31	condition to which exposure to silica was a substantial

1	contributing factor. The prima facie showing must include all
2	of the following requirements:
3	(a) Evidence verifying that a qualified physician, or
4	someone working under the direct supervision and control of a
5	qualified physician, has taken a detailed occupational and
6	exposure history of the exposed person or, if the person is
7	deceased, from a person who is knowledgeable about the
8	exposures that form the basis of the nonmalignant silica
9	claim, including:
10	1. All of the exposed person's principal places of
11	employment and exposures to airborne contaminants; and
12	2. Whether each place of employment involved exposures
13	to airborne contaminants, including but not limited to silica
14	particles or other disease causing dusts, that can cause
15	pulmonary impairment and the nature, duration, and level of
16	any such exposure.
17	(b) Evidence verifying that a qualified physician, or
18	someone working under the direct supervision and control of a
19	qualified physician, has taken detailed medical and smoking
20	history, including a thorough review of the exposed person's
21	past and present medical problems and their most probable
22	cause, and verifying a sufficient latency period for the
23	applicable stage of silicosis.
24	(c) A determination by a qualified physician, on the
25	basis of a medical examination and pulmonary function testing,
26	that the exposed person has a permanent respiratory impairment
27	rating of at least Class 2 as defined by and evaluated
28	pursuant to the AMA Guides to the Evaluation of Permanent
29	Impairment.
30	(d) A determination by a qualified physician that the
31	exposed person has:

1	1. A quality 1 chest x-ray under the ILO System of
2	classification and that the x-ray has been read by a certified
3	B-reader as showing, according to the ILO System of
4	classification, bilateral nodular opacities (p, q, or r)
5	occurring primarily in the upper lung fields, graded 1/1 or
6	higher; or
7	2. Pathological demonstration of classic silicotic
8	nodules exceeding one centimeter in diameter as published in
9	112 Archive of Pathology and Laboratory Medicine 7 (July
10	<u>1988).</u>
11	
12	In a death case where no pathology is available, the necessary
13	radiologic findings may be made with a quality 2 film if a
14	quality 1 film is not available.
15	(e) A conclusion by a qualified physician that the
16	exposed person's medical findings and impairment were not more
17	probably the result of causes other than silica exposure
18	revealed by the exposed person's employment and medical
19	history. A conclusion that the medical findings and impairment
20	are "consistent with" or "compatible with" exposure to silica
21	does not meet the requirements of this subsection.
22	(8) A person may not file or maintain a civil action
23	alleging a silica claim other than as provided in subsection
24	(5), in the absence of a prima facie showing that includes all
25	of the following requirements:
26	(a) A report by a qualified physician who is:
27	1. Board-certified in pulmonary medicine, internal
28	medicine, oncology, or pathology stating a diagnosis of the
29	exposed person of silica-related lung cancer and stating that,
30	to a reasonable degree of medical probability, exposure to
31	silica was a substantial contributing factor to the diagnosed

1	lung cancer; or
2	2. Board-certified in pulmonary medicine, internal
3	medicine, or pathology stating a diagnosis of the exposed
4	person of silica-related progressive massive fibrosis or acute
5	silicoproteinosis, or silicosis complicated by documented
6	tuberculosis.
7	(b) Evidence verifying that a qualified physician, or
8	someone working under the direct supervision and control of a
9	qualified physician, has taken a detailed occupational and
10	exposure history of the exposed person or, if the person is
11	deceased, from a person who is knowledgeable about the
12	exposures that form the basis of the nonmalignant silica
13	claim, including:
14	1. All of the exposed person's principal places of
15	employment and exposures to airborne contaminants; and
16	2. Whether each place of employment involved exposures
17	to airborne contaminants, including but not limited to, silica
18	particles or other disease causing dusts, that can cause
19	pulmonary impairment and the nature, duration and level of any
20	such exposure.
21	(c) Evidence verifying that a qualified physician, or
22	someone working under the direct supervision and control of a
23	qualified physician, has taken detailed medical and smoking
24	history, including a thorough review of the exposed person's
25	past and present medical problems and their most probable
26	cause;
27	(d) A determination by a qualified physician that the
28	exposed person has:
29	1. A quality 1 chest x-ray under the ILO System of
30	classification and that the x-ray has been read by a certified
31	B-reader as showing, according to the ILO System of

1	<u>classification, bilateral nodular opacities (p, q, or r)</u>
2	occurring primarily in the upper lung fields, graded 1/1 or
3	higher; or
4	2. Pathological demonstration of classic silicotic
5	nodules exceeding one centimeter in diameter as published in
6	112 Archive of Pathology and Laboratory Medicine 7 (July
7	<u>1988).</u>
8	
9	In a death case where no pathology is available, the necessary
10	radiologic findings may be made with a quality 2 film if a
11	quality 1 film is not available.
12	(e) A conclusion by a qualified physician that the
13	exposed person's medical findings and impairment were not more
14	probably the result of causes other than silica exposure
15	revealed by the exposed person's employment and medical
16	history. A conclusion that the medical findings and impairment
17	are "consistent with" or "compatible with" exposure to silica
18	does not meet the requirements of this subsection.
19	(9) Evidence relating to physical impairment under
20	this section, including pulmonary function testing and
21	diffusing studies, must:
22	(a) Comply with the technical recommendations for
23	examinations, testing procedures, quality assurance, quality
24	control, and equipment of the AMA Guides to the Evaluation of
25	Permanent Impairment, as set forth in 2d C.F.R. Part 404,
26	subpart. P. Appl., part A, section 3.00 E. and F., and the
27	interpretive standards, set forth in the official statement of
28	the American Thoracic Society entitled "lung function testing:
29	selection of reference values and interpretive strategies" as
30	published in American Review of Respiratory Disease. 1991:
31	144:1202-1218;

1	(b) Not be obtained through testing or examinations
2	that violate any applicable law, regulation, licensing
3	requirement, or medical code of practice; and
4	(c) Not be obtained under the condition that the
5	exposed person retain legal services in exchange for the
6	examination, test, or screening.
7	(10) Presentation of prima facie evidence meeting the
8	requirements of subsection (2), (3), (5), or (6) of this
9	section may not:
10	(a) Result in any presumption at trial that the
11	exposed person is impaired by an asbestos-related or
12	silica-related condition;
13	(b) Be conclusive as to the liability of any
14	<u>defendant; and</u>
15	(c) Be admissible at trial.
16	Section 5. <u>Claimant proceedings</u>
17	(1) A civil action alleging an asbestos or silica
18	claim may be brought in the courts of this state if the
19	plaintiff is domiciled in this state or the exposure to
20	asbestos or silica that is a substantial contributing factor
21	to the physical impairment of the plaintiff on which the claim
22	is based occurred in this state.
23	(2) A plaintiff in a civil action alleging an asbestos
24	or silica claim must include with the complaint or other
25	initial pleading a written report and supporting test results
26	constituting prima facie evidence of the exposed person's
27	asbestos-related or silica-related physical impairment meeting
28	the requirements of subsection (2), subsection (3), subsection
29	(5), or subsection (6) of section 4. For any asbestos or
30	silica claim pending on the effective date of this act, the
31	plaintiff must file the report and supporting test results at 18

1	<u>least 30 days before setting a date for trial. The defendant</u>
2	must be afforded a reasonable opportunity to challenge the
3	adequacy of the proffered prima facie evidence of
4	asbestos-related impairment. The claim of the plaintiff shall
5	be dismissed without prejudice upon a finding of failure to
6	make the required prima facie showing.
7	(3) All asbestos claims and silica claims filed in
8	this state on or after the effective date of this act must
9	include, in addition to the written report described in
10	subsection (3) of section 5 and the information required by
11	subsection (2) of section 7, a sworn information form
12	containing the following information:
13	(a) The claimant's name, address, date of birth,
14	social security number, and marital status;
15	(b) If the claimant alleges exposure to asbestos or
16	silica through the testimony of another person or alleges
17	other than direct or bystander exposure to a product, the
18	name, address, date of birth, social security number, marital
19	status, for each person by which the claimant alleges
20	exposure, hereinafter the "index person," and the claimant's
21	relationship to each such person;
22	(c) The specific location of each alleged exposure;
23	(d) The beginning and ending dates of each alleged
24	exposure as to each asbestos product or silica product for
25	each location at which exposure allegedly took place for the
26	plaintiff and each index person;
27	(e) The occupation and name of the employer of the
28	exposed person at the time of each alleged exposure;
29	(f) The specific condition related to asbestos or
30	silica claimed to exist; and
31	(q) Any supporting documentation of the condition 19

1	claimed to exist.
2	Section 6. Statute of limitations; two-disease rule
3	(1) Notwithstanding any other law, with respect to any
4	asbestos or silica claim not barred as of the effective date
5	of this act, the limitations period does not begin to run
6	until the exposed person discovers, or through the exercise of
7	reasonable diligence should have discovered, that he or she is
8	physically impaired by an asbestos-related or silica-related
9	condition.
10	(2) An asbestos or silica claim arising out of a
11	nonmalignant condition shall be a distinct cause of action
12	from an asbestos or silica claim relating to the same exposed
13	person arising out of asbestos-related or silica-related
14	cancer. Damages may not be awarded for fear or risk of cancer
15	in a civil action asserting an asbestos or silica claim.
16	(3) A settlement of a nonmalignant asbestos or silica
17	claim concluded after the effective date of this act may not
18	require, as a condition of settlement, the release of any
19	future claim for asbestos-related or silica-related cancer.
20	Section 7. <u>Scope of liability; damages</u>
21	(1) Punitive damages may not be awarded in any civil
22	action alleging an asbestos or silica claim.
23	(2) At the time a complaint is filed in a civil action
24	alleging an asbestos or silica claim, the plaintiff must file
25	a verified written report with the court which discloses the
26	total amount of any collateral source payments received,
27	including payments that the plaintiff will receive in the
28	future, as a result of settlements or judgments based upon the
29	same claim. For any asbestos or silica claim pending on the
30	effective date of this act, the plaintiff shall file a
31	verified written report within 60 days after the effective
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1	date of this act, or at least 30 days before trial. Further,
2	the plaintiff must update the reports on a regular basis
3	during the course of the proceeding until a final judgment is
4	entered in the case. The court shall permit setoff, based on
5	the collateral source payment information provided, in
6	accordance with the laws of this state as of the effective
7	date of this act.
8	Section 8. Liability rules applicable to protect
9	sellers, renters, and lessors
10	(1)(a) In a civil action alleging an asbestos or
11	silica claim, a product seller other than a manufacturer is
12	liable to a plaintiff only if the plaintiff establishes that:
13	1.a. The product that allegedly caused the harm that
14	is the subject of the complaint was sold, rented, or leased by
15	the product seller;
16	b. The product seller failed to exercise reasonable
17	care with respect to the product; and
18	c. The failure to exercise reasonable care was a
19	proximate cause of the harm to the exposed person;
20	2.a. The product seller made an express warranty
21	applicable to the product that allegedly caused the harm that
22	is the subject of the complaint, independent of any express
23	warranty made by the manufacturer as to the same product;
24	b. The product failed to conform to the warranty; and
25	c. The failure of the product to conform to the
26	warranty caused the harm to the exposed person; or
27	3.a. The product seller engaged in intentional
28	wrongdoing, as determined under the law of this state; and
29	b. The intentional wrongdoing caused the harm that is
30	the subject of the complaint.
31	(b) For the purpose of sub-subparagraph 1.b., a

1	product seller may not be considered to have failed to
2	exercise reasonable care with respect to a product based upon
3	an alleged failure to inspect the product, if:
4	1. The failure occurred because there was no
5	reasonable opportunity to inspect the product; or
6	2. The inspection, in the exercise of reasonable care,
7	would not have revealed the aspect of the product which
8	allegedly caused the exposed person's impairment.
9	(2) In a civil action alleging an asbestos or silica
10	claim, a person engaged in the business of renting or leasing
11	a product is not liable for the tortious act of another solely
12	by reason of ownership of that product.
13	Section 9. Miscellaneous provisions
14	(1) This act does not affect the scope or operation of
15	any workers' compensation law or veterans' benefit program,
16	affect the exclusive remedy or subrogation provisions of the
17	law, or authorize any lawsuit which is barred by law.
18	(2) Nothing in this act is intended to, and nothing in
19	this act shall be interpreted to:
20	(a) Affect the rights of any party in bankruptcy
21	proceedings; or
22	(b) Affect the ability of any person who is able to
23	make a showing that the person satisfies the claim criteria
24	for compensable claims or demands under a trust established
25	under a plan of reorganization under Chapter 11 of the United
26	States Bankruptcy Code, 11 U.S.C. Chapter 11, to make a claim
27	or demand against that trust.
28	(3) It is the intent of the Legislature that this law
29	render the utmost comity and respect to the constitutional
30	prerogatives of the judiciary of this state, and nothing in
31	this act should be construed as any effort to impinge upon

1	those prerogatives. To that end, if the Florida Supreme Court
2	enters a final judgment concluding or declaring that any
3	provision of this act improperly encroaches on the authority
4	of the court to adopt the rules of practice and procedure in
5	the courts of this state, the Legislature intends that any
6	such provision be construed as a request for a rule change
7	under Section 2, Article V, of the State Constitution and not
8	as a mandatory legislative directive.
9	(4) This act may not be interpreted to prevent any
10	person from bringing or maintaining an asbestos claim based on
11	nonoccupational exposure where such person would be otherwise
12	able to bring or maintain a claim under this act.
13	(5) If any provision of this act or the application
14	thereof to any person or circumstance is held invalid, the
15	invalidity does not affect other provisions or application of
16	the act which can be given effect without the invalid
17	provision or application, and to this end the provisions of
18	this act are declared severable.
19	Section 10. This act shall take effect July 1, 2005.
20	Because the act expressly preserves the right of all injured
21	persons to recover full compensatory damages for their loss,
22	it does not impair vested rights. In addition, because it
23	enhances the ability of the most seriously ill to receive a
24	prompt recovery, it is remedial in nature. Therefore, the act
25	shall apply to any civil action asserting an asbestos claim in
26	which trial has not commenced as of the effective date of this
27	act.
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30	======== T I T L E A M E N D M E N T ==========

Bill No. HB 1019, 1st Eng.

1	Delete everything before the enacting clause
2	
3	and insert:
4	A bill to be entitled
5	An act relating to asbestos and silica claims;
6	providing a short title; providing purposes;
7	providing definitions; requiring physical
8	impairment as an essential element of a claim;
9	providing criteria for prima facie evidence of
10	physical impairment for claims and certain
11	actions; providing exceptions; providing
12	additional requirements for evidence relating
13	to physical impairment; specifying absence of
14	certain presumptions at trial; providing
15	procedures for claims and certain actions;
16	providing for venue; providing for preliminary
17	proceedings; requiring asbestos and silica
18	claims to include certain information;
19	specifying certain limitation periods for
20	certain claims; specifying distinct causes of
21	action for certain conditions; limiting damages
22	under certain circumstances; prohibiting a
23	general release from liability; prohibiting
24	award of punitive damages; providing for
25	collateral source payments; specifying
26	liability rules applicable to certain persons;
27	providing for construction; providing
28	severability; providing application to certain
29	civil actions; providing an effective date.
30	
31	WHEREAS, asbestos is a mineral that was widely used 24

Bill No. HB 1019, 1st Eng.

Barcode 524102

before the mid 1970's for insulation, fireproofing, and other
purposes, and
WHEREAS, millions of American workers and others were

exposed to asbestos, especially during and after World War II and before the advent of regulation by the Occupational Safety and Health Administration in the early 1970's, and

WHEREAS, long-term exposure to asbestos has been associated with various types of cancer, including mesothelioma and lung cancer, as well as such nonmalignant conditions as asbestosis, pleural plaques, and diffuse pleural thickening, and

 $\mbox{\sc WHEREAS}\,,$ the diseases caused by asbestos often have long latency periods, and

WHEREAS, although the use of asbestos has dramatically declined since the 1970's and workplace exposures have been regulated since 1971 by the Occupational Safety and Health Administration, past exposures will continue to result in significant claims of death and disability as a result of such exposure, and

WHEREAS, exposure to asbestos has created a flood of litigation in state and federal courts that the United States Supreme Court in Ortiz v. Fibreboard Corporation, 119 S. Ct. 2295, 2302 (1999), has characterized as an "elephantine mass" of cases that "defies customary judicial administration," and

WHEREAS, asbestos personal injury litigation can be unfair and inefficient, imposing a severe burden on litigants and taxpayers alike, and

WHEREAS, the inefficiencies and societal costs of asbestos litigation have been well documented in reports such as the RAND Institutes study on Asbestos Litigation Costs and Compensation, the study of Joseph E. Stiglitz on The Impact of

1	Asbestos Liabilities on Workers in Bankrupt Firms, Dr. Joseph
2	Gitlin's report from Johns Hopkins Medical School on
3	Comparison of B Readers' Interpretations of Chest Radiographs
4	for Asbestos Related Changes, and the Report to the House of
5	Delegates from the American Bar Association Commission on
6	Asbestos Litigation, and
7	WHEREAS, the extraordinary volume of nonmalignant
8	asbestos cases continues to strain state courts, and
9	WHEREAS, the vast majority of asbestos claims are filed
10	by individuals who allege they have been exposed to asbestos
11	and who may have some physical sign of exposure but who suffer
12	no present asbestos-related impairment, and
13	WHEREAS, the cost of compensating exposed individuals
14	who are not sick jeopardizes the ability of defendants to
15	compensate people with cancer and other serious
16	asbestos-related diseases, now and in the future, and
17	WHEREAS, the cost of compensating exposed individuals
18	who are not sick threatens the savings, retirement benefits,
19	and jobs of defendants' current and retired employees and
20	adversely affects the communities in which these defendants
21	operate, and
22	WHEREAS, the crush of asbestos litigation has been
23	costly to employers, employees, litigants, and the court
24	system, and
25	WHEREAS, in 1982, the Johns-Manville Corporation, the
26	nation's largest single supplier of insulation products
27	containing asbestos, declared bankruptcy due to the burden of
28	the asbestos litigation, and
29	WHEREAS, since 1982, more than 70 other companies have
30	declared bankruptcy due to the burden of asbestos litigation,
31	and

Bill No. HB 1019, 1st Eng.

1	WHEREAS, estimates show that between 60,000 and 128,000
2	American workers already have lost their jobs as a result of
3	asbestos-related bankruptcies and that the total number of
4	jobs that will be lost due to asbestos-related bankruptcies
5	will eventually reach 432,000, and
6	WHEREAS, each worker who loses his or her job due to an
7	asbestos-related bankruptcy loses between \$25,000 and \$50,000
8	in wages over his or her career and loses 25 percent or more
9	of the value of his or her retirement plan, and
10	WHEREAS, asbestos litigation is estimated to have cost
11	over \$54 billion, with well over half of this expense going to
12	attorney's fees and other litigation costs, and
13	WHEREAS, the seriously ill too often find that the
14	value of their recovery is substantially reduced due to
15	defendant bankruptcies and the inefficiency of the litigation
16	process, and
17	WHEREAS, silica is a naturally occurring mineral, and
18	WHEREAS, the Earth's crust is over 90 percent silica,
19	and crystalline silica dust is the primary component of sand,
20	quartz, and granite, and
21	WHEREAS, silica-related illness, including silicosis,
22	can occur when tiny silica particles are inhaled, and
23	WHEREAS, silicosis was recognized as an occupational
24	disease many years ago, and
25	WHEREAS, the American Foundrymen's Society has
26	distributed literature for more than 100 years to its members
27	warning of the dangers of silica exposure, and
28	WHEREAS, the number of new lawsuits alleging
29	silica-related disease being filed each year began to rise
30	precipitously in recent years, and
31	WHEREAS, silica claims, like asbestos claims, often 27

1	arise when an individual is identified as having markings on
2	his or her lungs that are possibly consistent with silica
3	exposure but the individual has no functional or physical
4	impairment from any silica-related disease, and
5	WHEREAS, the Legislature finds that an overpowering
6	public necessity requires it to act to prevent a silica-based
7	litigation crisis, and
8	WHEREAS, concerns about statutes of limitations may
9	prompt claimants who have been exposed to asbestos or silica
10	but who do not have any current injury to bring premature
11	lawsuits in order to protect against losing their rights to
12	future compensation should they become impaired, and
13	WHEREAS, consolidations, joinders, and similar
14	procedures to which some courts have resorted in order to deal
15	with the mass of asbestos and silica cases can undermine the
16	appropriate functioning of the judicial process and further
17	encourage the filing of thousands of cases by exposed
18	individuals who are not sick and who may never become sick,
19	and
20	WHEREAS, punitive damage awards unfairly divert the
21	resources of defendants from compensating genuinely impaired
22	claimants and, given the lengthy history of asbestos and
23	silica litigation and the regulatory and other restrictions on
24	the use of asbestos and silica-containing products in the
25	workplace, the legal justification for such awards,
26	punishment, and deterrence is either inapplicable or
27	inappropriate, and
28	WHEREAS, the Legislature finds that there is an
29	overpowering public necessity to defer the claims of exposed
30	individuals who are not sick in order to preserve, now and for
31	the future, defendants' ability to compensate people who

1	develop cancer and other serious asbestos-related and
2	silica-related injuries and to safeguard the jobs, benefits,
3	and savings of workers in this state and the well-being of the
4	economy of this state, NOW, THEREFORE,
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