CHAMBER ACTION

The Judiciary Committee recommends the following:

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Council/Committee Substitute

Remove the entire bill and insert:

A bill to be entitled

An act relating to asbestos and silica claims; providing a popular name; providing legislative findings; providing purposes; providing definitions; requiring physical impairment as an essential element of a claim; providing criteria for prima facie evidence of physical impairment for claims and certain actions; providing an exception; providing additional requirements for evidence relating to physical impairment; specifying absence of certain presumptions at trial; providing procedures for claims and certain actions; providing for consolidation; providing for venue; providing for preliminary proceedings; requiring new asbestos and silica claims to include certain information; specifying certain limitation periods for certain claims; specifying distinct causes of action for certain conditions; limiting damages under certain circumstances; prohibiting a general release from liability; prohibiting award of punitive damages; providing for collateral source payments; specifying Page 1 of 31

liability rules applicable to certain persons; providing construction; providing legislative intent; providing severability; providing application to certain civil actions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. <u>Popular name.--This act may be cited as the "Asbestos and Silica Compensation Fairness Act of 2005."</u>

Section 2. Findings and purposes.--

(1) FINDINGS.--The Legislature finds that:

(a) Asbestos is a mineral that was widely used prior to the mid 1970's for insulation, fireproofing, and other purposes.

(b) Millions of American workers and others were exposed to asbestos, especially during and after World War II and prior to the advent of regulation by the Occupational Safety and Health Administration in the early 1970's.

(c) 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.

(d) The diseases caused by asbestos often have long latency periods.

(e) 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.

Page 2 of 31

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

- (g) Asbestos personal injury litigation can be unfair and inefficient, imposing a severe burden on litigants and taxpayers alike.
- (h) The extraordinary volume of nonmalignant asbestos cases continues to strain state courts.
- (i) The vast majority of asbestos claims are filed by individuals who allege they have been exposed to asbestos and who may have some physical sign of exposure but who suffer no present asbestos-related impairment.
- (j) The cost of compensating exposed individuals who are not sick jeopardizes the ability of defendants to compensate people with cancer and other serious asbestos-related diseases, now and in the future; threatens the savings, retirement benefits, and jobs of defendants' current and retired employees; and adversely affects the communities in which these defendants operate.
- (k) The crush of asbestos litigation has been costly to employers, employees, litigants, and the court system. In 1982, the Johns-Manville Corporation, the nation's largest single supplier of insulation products containing asbestos, declared bankruptcy due to the burden of the asbestos litigation. Since then, more than 70 other companies have declared bankruptcy due to the burden of asbestos litigation. It is estimated that

Page 3 of 31

between 60,000 and 128,000 American workers already have lost their jobs as a result of asbestos-related bankruptcies and that the total number of jobs that will be lost due to asbestos-related bankruptcies will eventually reach 432,000. Each worker who loses his or her job due to an asbestos-related bankruptcy loses between \$25,000 and \$50,000 in wages over his or her career. Those workers also have seen the value of their 401(k) retirement plans drop by 25 percent or more due the bankruptcies.

- (1) Additionally, it is estimated that asbestos litigation has already cost over \$54 billion, with well over half of this expense going to attorney's fees and other litigation costs. The seriously ill too often find that the value of their recovery is substantially reduced due to defendant bankruptcies and the inefficiency of the litigation process.
- (m) Silica is a naturally occurring mineral. The Earth's crust is over 90 percent silica, and crystalline silica dust is the primary component of sand, quartz, and granite.
- (n) Silica-related illness, including silicosis, can occur when silica is inhaled. To be inhaled, the silica particles must be sufficiently small to be respirable. These tiny particles are created when sand is pulverized in the sandblasting process and may be found in the fine silica flour used in various foundry processes.
- (o) Silicosis was recognized as an occupational disease many years ago. In fact, the American Foundrymen's Society has distributed literature to its members warning of the dangers of silica exposure for more than 100 years. By the 1930's, the

Page 4 of 31

Federal Government had launched a silica-awareness campaign
which led to greater protection for workers exposed to silica
dust. As a result, the number of silica lawsuits filed each year
was relatively predictable. This has changed. The number of new
lawsuits alleging silica-related disease being filed each year
began to rise precipitously in recent years. For example,
America's largest supplier of industrial sand had more than
15,000 new claims in the first 6 months of 2003. This is 3 times
the number of claims it had in all of 2002 and more than 10
times the number of claims it had in all of 2001.
(p) Silica claims, like asbestos claims, often arise when

- an individual is identified as having markings on his or her lungs that are possibly consistent with silica exposure but the individual has no functional or physical impairment from any silica-related disease. Recent studies indicate that these individuals are being identified through the efforts of attorneys being compensated by generating contingency fees, just as with asbestos litigation. Therefore, it is necessary to address silica-related litigation to avoid an asbestos-like litigation crisis.
- (q) Concerns about statutes of limitations may prompt claimants who have been exposed to asbestos or silica but who have no current injury to bring premature lawsuits in order to protect against losing their rights to future compensation should they become impaired.
- (r) Consolidations, joinders, and similar procedures to which some courts have resorted in order to deal with the mass of asbestos and silica cases can undermine the appropriate

Page 5 of 31

functioning of the judicial process and further encourage the
filing of thousands of cases by exposed individuals who are not
yet sick and who may never become sick.

- (s) Excessive, unpredictable, and often arbitrary damage awards and unfair allocations of liability jeopardize the financial well-being of many individuals, businesses, and entire industries, particularly small businesses.
- (t) Punitive damage awards unfairly divert the resources of defendants from compensating genuinely impaired claimants and, given the lengthy history of asbestos and silica litigation and the regulatory and other restrictions on the use of asbestos and silica-containing products in the workplace, the legal justification for such awards, punishment, and deterrence is either inapplicable or inappropriate.
- (u) The public interest requires deferring the claims of exposed individuals who are not sick in order to preserve, now and for the future, defendants' ability to compensate people who develop cancer and other serious asbestos-related and silicarelated injuries and to safeguard the jobs, benefits, and savings of workers in this state and the well-being of the economy of this state.
 - (2) PURPOSES. -- The purposes of this act are to:
- (a) Give priority to true victims of asbestos and silica claimants who can demonstrate actual physical impairment caused by exposure to asbestos or silica.
- (b) Fully preserve the rights of claimants who were exposed to asbestos or silica to pursue compensation should they become impaired in the future as a result of such exposure.

Page 6 of 31

(c) Enhance the ability of the judicial system to supervise and control asbestos and silica litigation.

- (d) Conserve the scarce resources of the defendants to allow compensation of cancer victims and others who are physically impaired by exposure to asbestos or silica while securing the right to similar compensation for those who may suffer physical impairment in the future.
 - Section 3. Definitions.--As used in this act:
- (1) "AMA Guides to the evaluation of permanent impairment" means the American Medical Association's Guides to the Evaluation of Permanent Impairment (Fifth Edition 2000) as modified by the American Medical Association.
- (2) "Asbestos" means all minerals defined as asbestos in 29 C.F.R. s. 1910, as amended.
- (3) "Asbestos claim" means any claim for damages or other civil or equitable relief presented in a civil action arising out of, based on, or related to the health effects of exposure to asbestos, including loss of consortium, wrongful death, and any other derivative claim made by or on behalf of any exposed person or any representative, spouse, parent, child, or other relative of any exposed person. The term does not include claims for benefits under a workers' compensation law or veterans' benefits program or claims brought by any person as a subrogee by virtue of the payment of benefits under a workers' compensation law.
- (4) "Asbestosis" means bilateral diffuse interstitial fibrosis of the lungs caused by inhalation of asbestos fibers.

(5) "Bankruptcy proceeding" means a case brought under Title 11, U.S.C., or any related proceeding as provided in section 157 of Title 28, U.S.C.

- (6) "Board-certified in internal medicine" means certified by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
- (7) "Board-certified in occupational medicine" means
 certified in the subspecialty of occupational medicine by the

 American Board of Preventive Medicine or the American
 Osteopathic Board of Preventive Medicine.
- (8) "Board-certified in oncology" means certified in the subspecialty of medical oncology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.
- (9) "Board-certified in pathology" means holding primary certification in anatomic pathology or clinical pathology from the American Board of Pathology or the American Osteopathic

 Board of Internal Medicine and with professional practice:
 - (a) Principally in the field of pathology.
- (b) Involving regular evaluation of pathology materials obtained from surgical or postmortem specimens.
- (10) "Board-certified in pulmonary medicine" means
 certified in the subspecialty of pulmonary medicine by the
 American Board of Internal Medicine or the American Osteopathic
 Board of Internal Medicine.
- (11) "Certified B-reader" means an individual qualified as a final or B-reader under 42 C.F.R. s. 37.51(b), as amended.

(12) "Civil action" means all suits or claims of a civil nature in court, whether cognizable as cases at law or in equity or in admiralty. The term does not include an action relating to any workers' compensation law or a proceeding for benefits under any veterans' benefits program.

- (13) "Exposed person" means any person whose exposure to asbestos, silica, products containing asbestos, or silicacontaining products is the basis for an asbestos or silicaclaim.
- (14) "FEV1" means forced expiratory volume in the first second, which is the maximal volume of air expelled in one second during performance of simple spirometric tests.
- (15) "FVC" means forced vital capacity which is the maximal volume of air expired with maximum effort from a position of full inspiration.
- (16) "ILO scale" means the system for the classification of chest X rays set forth in the International Labour Office's Guidelines for the Use of ILO International Classification of Radiographs of Pneumoconioses (1980) as amended by the International Labour Office.
- (17) "Lung cancer" means a malignant tumor in which the primary site of origin of the cancer is located inside of the lungs, but such term does not include an asbestos claim based upon mesothelioma.
- (18) "Mesothelioma" means a malignant tumor with a primary site in the pleura or the peritoneum which has been diagnosed by a board-certified pathologist using standardized and accepted

245 <u>criteria of microscopic morphology or appropriate staining</u>
246 techniques.

- (19) "Nonmalignant condition" means any condition that is caused or may be caused by asbestos other than a diagnosed cancer.
- (20) "Nonsmoker" means an exposed person who has not smoked cigarettes or any other tobacco products on a consistent and frequent basis within the last 15 years.
- (21) "Pathological evidence of asbestosis" means a statement by a board-certified pathologist that more than one representative section of lung tissue uninvolved with any other disease process demonstrates a pattern of peribronchiolar or parenchymal scarring in the presence of characteristic asbestos bodies and that there is no other more likely explanation for the presence of the fibrosis.
- (22) "Predicted lower limit of normal" for any test means the fifth percentile of healthy populations based on age, height, and gender, as referenced in the AMA Guides to the Evaluation of Permanent Impairment.
 - (23) "Qualified physician" means a medical doctor who:
- (a) Is currently a board-certified internist, oncologist, pathologist, pulmonary specialist, or radiologist, or specialist in occupational and environmental medicine.
- (b) Has conducted a physical examination of the exposed person.
- (c) Is actually treating or treated the exposed person and has or had a doctor-patient relationship with such person.

Page 10 of 31

(d) Spends no more than 10 percent of his or her professional practice time in providing consulting or expert services in connection with actual or potential civil actions and whose medical group, professional corporation, clinic, or other affiliated group earns not more than 20 percent of its revenues from providing such services.

- (e) Is currently licensed to practice and actively practices in the state in which the plaintiff resides or in which the plaintiff's civil action was filed.
- (f) Receives or received payment for the treatment of the exposed person from that person's health maintenance organization or other medical provider or from the exposed person or a member of the exposed person's family.
- (24) "Radiological evidence of asbestosis" means a quality 1 chest X ray under the ILO System of classification showing small, irregular opacities of s, t, or u, graded by a certified B-reader as at least 1/1 on the ILO scale. In a death case for which no pathology is available, the necessary radiologic findings may be made with a quality 2 film if a quality 1 film is not available.
- (25) "Radiological evidence of diffuse pleural thickening" means a quality 1 chest X ray under the ILO System of classification showing bilateral pleural thickening of at least B2 on the ILO scale and blunting of at least one costophrenic angle. In a death case for which no pathology is available, the necessary radiologic findings may be made with a quality 2 film if a quality 1 film is not available.

(26) "Silica" means a respirable crystalline form of silicon dioxide, including, but not limited to, alpha, quartz, cristobalite, and trydmite.

- (27) "Silica claim" means any claim for damages or other civil or equitable relief presented in a civil action arising out of, based on, or related to the health effects of exposure to silica, including loss of consortium, wrongful death, and any other derivative claim made by or on behalf of any exposed person or any representative, spouse, parent, child, or other relative of any exposed person. The term does not include claims for benefits under a workers' compensation law or veterans' benefits program or claims brought by any person as a subrogee by virtue of the payment of benefits under a workers' compensation law.
- (28) "Silicosis" means nodular interstitial fibrosis of the lungs caused by inhalation of silica.
- (29) "Smoker" means a person who has smoked cigarettes or other tobacco products on a consistent and frequent basis within the last 15 years.
- (30) "State" means any state of the United States, the
 District of Columbia, the Commonwealth of Puerto Rico, the
 Northern Mariana Islands, the Virgin Islands, Guam, American
 Samoa, and any other territory or possession of the United
 States or any political subdivision of any of such governments.
 - (31) "Substantial contributing factor" means:
- (a) Exposure to asbestos or silica is the predominate cause of the physical impairment alleged in the claim.

(b) The exposure to asbestos or silica took place on a regular basis over an extended period of time and in close proximity to the exposed person.

- (c) A qualified physician has determined with a reasonable degree of medical certainly that the physical impairment of the exposed person would not have occurred but for the asbestos or silica exposure.
- (32) "Substantial occupational exposure" means employment for a cumulative period of at least 5 years in industries and occupations in which, for a substantial portion of a normal work year for that occupation, the exposed person did any of the following:
 - (a) Handled raw asbestos fibers;

- (b) Fabricated products containing asbestos so that the person was exposed to raw asbestos fibers in the fabrication process;
- (c) Altered, repaired, or otherwise worked with a product containing asbestos in a manner that exposed the person on a regular basis to asbestos fibers; or
- (d) Worked in close proximity to other persons engaged in any of the activities described in paragraph (a), paragraph (b), or paragraph (c) in a manner that exposed the person on a regular basis to asbestos fibers.
- (33) "Veterans' benefits program" means any program for benefits in connection with military service administered by the Veterans' Administration under Title 38, U.S.C.
- 352 (34) "Workers' compensation law" means a law respecting a
 353 program administered by a state or the United States to provide

Page 13 of 31

benefits, funded by a responsible employer or its insurance carrier, for occupational diseases or injuries or for disability or death caused by occupational diseases or injuries. The term includes the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 901-944, 948-950, and chapter 81 of Title 5, U.S.C., the Federal Employees Compensation Act, but does not include the Act of April 22, 1908, 45 U.S.C. 51 et seq., popularly referred to as the "Federal Employers' Liability Act."

Section 4. Physical impairment. --

- (1) IMPAIRMENT ESSENTIAL ELEMENT OF CLAIM. -- Physical impairment of the exposed person, to which asbestos or silica exposure was a substantial contributing factor, shall be an essential element of an asbestos or silica claim.
- (2) PRIMA FACIE EVIDENCE OF PHYSICAL IMPAIRMENT FOR NONMALIGNANT ASBESTOS CLAIMS. -- No person shall bring or maintain a civil action alleging a nonmalignant asbestos claim in the absence of a prima facie showing of physical impairment as a result of a medical condition to which exposure to asbestos was a substantial contributing factor. Such a prima facie showing shall include:
- (a) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken a detailed occupational and exposure history of the exposed person or, if such person is deceased, from a person who is knowledgeable about the exposures that form the basis of the nonmalignant asbestos claim, including:

1. Identification of all of the exposed person's principal places of employment and exposures to airborne contaminants.

- 2. Whether each place of employment involved exposures to airborne contaminants, including, but not limited to, asbestos fibers or other disease-causing dusts, that can cause pulmonary impairment and the nature, duration, and level of any such exposure.
- (b) Evidence sufficient to demonstrate that at least 10 years have elapsed between the date of first exposure to asbestos and the date of diagnosis.
- (c) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken detailed medical and smoking history, including a thorough review of the exposed person's past and present medical problems and their most probable cause.
- (d) A determination by a qualified physician, on the basis of a medical examination and pulmonary function testing, that the exposed person has a permanent respiratory impairment rating of at least Class 2 as defined by and evaluated pursuant to the AMA Guides to the Evaluation of Permanent Impairment.
- (e) A diagnosis by a qualified physician of asbestosis or diffuse pleural thickening, based at a minimum on radiological or pathological evidence of asbestosis or radiological evidence of diffuse pleural thickening.
- (f) A determination by a qualified physician that asbestosis or diffuse pleural thickening, rather than chronic obstructive pulmonary disease, is a substantial contributing

factor to the exposed person's physical impairment, based at a minimum on a determination that the exposed person has:

- 1. Total lung capacity, by plethysmography or timed gas dilution, below the predicted lower limit of normal;
- 2. Forced vital capacity below the lower limit of normal and a ratio of FEV1 to FVC that is equal to or greater than the predicted lower limit of normal; or
- 3. A chest X ray showing small, irregular opacities of s, t, or u, graded by a certified B-reader at least 2/1 on the ILO scale.
- g) A conclusion by a qualified physician that the exposed person's medical findings and impairment were not more probably the result of causes other than the asbestos exposure revealed by the exposed person's employment and medical history. A conclusion which states that the medical findings and impairment are consistent with or compatible with exposure to asbestos does not meet the requirements of this paragraph.
- (h) If a plaintiff files a civil action alleging a nonmalignant asbestos claim and that plaintiff alleges that the plaintiff's exposure to asbestos was the result of extended contact with another exposed person who, if the civil action had been filed by the other exposed person, would have met the requirements of paragraph (a) and the plaintiff alleges that the plaintiff had extended contact with the exposed person during the time period in which that exposed person met the requirements of paragraph (a), the plaintiff is considered to have satisfied the requirements of paragraph (a). The plaintiff

in such a civil action must individually satisfy the requirements of paragraphs (b), (c), (d), (e), (f), and (g).

- (3) PRIMA FACIE EVIDENCE OF PHYSICAL IMPAIRMENT FOR

 ASBESTOS-RELATED LUNG CANCER. -- No person shall bring or maintain
 a civil action alleging an asbestos claim which is based upon
 lung cancer in the absence of a prima facie showing which shall
 include all of the following minimum requirements:
- (a) A diagnosis by a qualified physician, who is board certified in pathology, pulmonary medicine, or oncology, of a primary lung cancer and that exposure to asbestos was a substantial contributing factor to the condition.
- (b) Evidence sufficient to demonstrate that at least 10 years have elapsed between the date of first exposure to asbestos and the date of diagnosis of the lung cancer.
- (c) Depending on whether the exposed person has a history of smoking, the requirements of subparagraph 1. or subparagraph 2.:
 - 1. In the case of an exposed person who is a nonsmoker:
 - a. Radiological or pathological evidence of asbestosis; or
- b. Evidence of the exposed person's substantial occupational exposure to asbestos. If a plaintiff files a civil action alleging an asbestos-related lung cancer claim, and that plaintiff alleges that the plaintiff's exposure to asbestos was the result of extended contact with another exposed person who, if the civil action had been filed by the other exposed person, would have met the substantial occupational exposure requirement of this subsection, and the plaintiff alleges that the plaintiff had extended contact with the exposed person during the time

Page 17 of 31

463 period in which that exposed person met the substantial 464 occupational exposure requirement of this subsection, the 465 plaintiff is considered to have satisfied the requirements of 466 this sub-subparagraph. The plaintiff in such a civil action must 467 individually satisfy the requirements of paragraph (a), 468 paragraph (b), sub-subparagraph a. where appropriate, 469 subparagraph 2. where appropriate, and paragraph (d). 470 2. In the case of an exposed person who is a smoker, the 471 criteria contained in sub-subparagraphs 1.a. and b. must be met. 472 (d) A conclusion by a qualified physician that the exposed 473 person's medical findings and impairment were not more probably 474 the result of causes other than the asbestos exposure revealed 475 by the exposed person's employment and medical history. A 476 conclusion that the medical findings and impairment are 477 consistent with or compatible with exposure to asbestos does not 478 meet the requirements of this paragraph. 479 480 If the exposed person is deceased, the qualified physician, or 481 someone working under the direct supervision and control of a 482 qualified physician, may obtain the evidence required in 483 paragraph (b) and sub-subparagraph (c)1.b. from the person most 484 knowledgeable about the alleged exposures that form the basis of 485 the asbestos claim. 486 (4) PRIMA FACIE EVIDENCE OF ASBESTOS-RELATED OTHER 487 CANCER. -- No person shall bring or maintain a civil action 488 alleging an asbestos claim which is based upon cancer of the

colon, rectum, larynx, pharynx, esophagus, or stomach in the

absence of a prima facie showing which shall include all of the following minimum requirements:

- (a) A diagnosis by a qualified physician who is board certified in pathology, pulmonary medicine, or oncology, as appropriate for the type of cancer claimed, of primary cancer of the colon, rectum, larynx, pharynx, esophagus, or stomach and that exposure to asbestos was a substantial contributing factor to the condition.
- (b) Evidence sufficient to demonstrate that at least 10 years have elapsed between the date of first exposure to asbestos and the date of diagnosis of the cancer.
 - (c) The requirement of:

- 1. Radiological or pathological evidence of asbestosis; or
- 2. Evidence of the exposed person's substantial occupational exposure to asbestos. If a plaintiff files a civil action alleging an asbestos claim which is based upon cancer of the colon, rectum, larynx, pharynx, esophagus, or stomach, and that plaintiff alleges that the plaintiff's exposure to asbestos was the result of extended contact with another exposed person who, if the civil action had been filed by the other exposed person, would have met the substantial occupational exposure requirement of this subsection, and the plaintiff alleges that the plaintiff had extended contact with the exposed person during the time period in which that exposed person met the substantial occupational exposure requirement of this subsection, the plaintiff is considered to have satisfied the requirements of this subparagraph. The plaintiff in such a civil action must individually satisfy the requirements of paragraph

Page 19 of 31

518 (a), paragraph (b), subparagraph 1. where appropriate, and paragraph (d).

(d) A conclusion by a qualified physician that the exposed person's medical findings and impairment were not more probably the result of causes other than the asbestos exposure revealed by the exposed person's employment and medical history. A conclusion that the medical findings and impairment are consistent with or compatible with exposure to asbestos does not meet the requirements of this paragraph.

If the exposed person is deceased, the qualified physician, or someone working under the direct supervision and control of a qualified physician, may obtain the evidence required in paragraph (b) and subparagraph (c)2. from the person most knowledgeable about the alleged exposures that form the basis of the asbestos claim.

- (5) NO PRIMA FACIE REQUIREMENT FOR MESOTHELIOMA.--In a civil action alleging an asbestos claim based upon mesothelioma, no prima facie showing is required.
- (6) PRIMA FACIE EVIDENCE OF PHYSICAL IMPAIRMENT FOR SILICA CLAIMS. -- No person shall bring or maintain a civil action alleging a silica claim in the absence of a prima facie showing of physical impairment as a result of a medical condition to which exposure to silica was a substantial contributing factor. Such prima facie showing shall include:
- (a) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken a detailed occupational and Page 20 of 31

exposure history of the exposed person or, if such person is

deceased, from a person who is knowledgeable about the exposures

that form the basis of the nonmalignant silica claim, including:

1. All of the exposed person's principal places of employment and exposures to airborne contaminants.

- 2. Whether each place of employment involved exposures to airborne contaminants, including, but not limited to, silica particles or other disease-causing dusts, that can cause pulmonary impairment and the nature, duration, and level of any such exposure.
- (b) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken detailed medical and smoking history, including a thorough review of the exposed person's past and present medical problems and their most probable cause, and verifying a sufficient latency period for the applicable stage of silicosis.
- (c) A determination by a qualified physician, on the basis of a medical examination and pulmonary function testing, that the exposed person has a permanent respiratory impairment rating of at least Class 2 as defined by and evaluated pursuant to the AMA Guides to the Evaluation of Permanent Impairment.
- (d) A determination by a qualified physician that the exposed person has:
- 1. A quality 1 chest X ray under the ILO System of classification and that the X ray has been read by a certified B-reader as showing, according to the ILO System of classification, bilateral nodular opacities of p, q, or r,

Page 21 of 31

occurring primarily in the upper lung fields, graded 1/1 or
higher. In a death case for which no pathology is available, the
necessary radiologic findings may be made with a quality 2 film
if a quality 1 film is not available; or

- 2. Pathological demonstration of classic silicotic nodules exceeding 1 centimeter in diameter as published in 112 Archive of Pathology and Laboratory Medicine 7 (July 1988).
- (e) A conclusion by a qualified physician that the exposed person's medical findings and impairment were not more probably the result of causes other than silica exposure revealed by the exposed person's employment and medical history. A conclusion that the medical findings and impairment are consistent with or compatible with exposure to silica does not meet the requirements of this paragraph.
- (7) PRIMA FACIE EVIDENCE OF PHYSICAL IMPAIRMENT FOR OTHER SILICA-RELATED DISEASES. -- No person shall bring or maintain a civil action alleging any silica claim other than as provided in subsection (6) in the absence of a prima facie showing which shall include the following minimum requirements:
 - (a) A report by a qualified physician who is:
- 1. Board certified in pulmonary medicine, internal medicine, oncology, or pathology, stating a diagnosis of the exposed person of silica-related lung cancer and stating that, to a reasonable degree of medical probability, exposure to silica was a substantial contributing factor to the diagnosed lung cancer; or
- 2. Board certified in pulmonary medicine, internal
 medicine, or pathology, stating a diagnosis of the exposed
 Page 22 of 31

602 person of silica-related progressive massive fibrosis or acute 603 silicoproteinosis, or silicosis complicated by documented 604 tuberculosis.

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- (b) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken a detailed occupational and exposure history of the exposed person or, if such person is deceased, from a person who is knowledgeable about the exposures that form the basis of the nonmalignant silica claim, including:
- 1. All of the exposed person's principal places of employment and exposures to airborne contaminants.
- Whether each place of employment involved exposures to airborne contaminants, including, but not limited to, silica particles or other disease-causing dusts, that can cause pulmonary impairment and the nature, duration, and level of any such exposure.
- (c) Evidence verifying that a qualified physician, or someone working under the direct supervision and control of a qualified physician, has taken detailed medical and smoking history, including a thorough review of the exposed person's past and present medical problems and their most probable cause.
- (d) A determination by a qualified physician that the exposed person has:
- 1. A quality 1 chest X ray under the ILO System of classification and that the X ray has been read by a certified B-reader as showing, according to the ILO System of classification, bilateral nodular opacities of p, q, or r, occurring primarily in the upper lung fields, graded 1/1 or

Page 23 of 31

higher. In a death case for which no pathology is available, the necessary radiologic findings may be made with a quality 2 film if a quality 1 film is not available; or

- 2. Pathological demonstration of classic silicotic nodules exceeding 1 centimeter in diameter as published in 112 Archive of Pathology and Laboratory Medicine 7 (July 1988).
- (e) A conclusion by a qualified physician that the exposed person's medical findings and impairment were not more probably the result of causes other than silica exposure revealed by the exposed person's employment and medical history. A conclusion that the medical findings and impairment are consistent with or compatible with exposure to silica does not meet the requirements of this paragraph.
- (8) COMPLIANCE WITH TECHNICAL STANDARDS.--Evidence relating to physical impairment under this section, including pulmonary function testing and diffusing studies, shall:
- (a) Comply with the technical recommendations for examinations, testing procedures, quality assurance, quality control, and equipment of the AMA Guides to the Evaluation of Permanent Impairment, as set forth in 2d C.F.R. Pt. 404, Subpt. P. Appl., Part A, Sec. 3.00 E. and F., and the interpretive standards set forth in the official statement of the American Thoracic Society entitled "Lung function testing: selection of reference values and interpretive strategies" as published in American Review of Respiratory Disease, 1991, 144:1202-1218.
- (b) Not be obtained through testing or examinations that violate any applicable law, regulation, licensing requirement, or medical code of practice.

Page 24 of 31

(c) Not be obtained under the condition that the exposed person retain legal services in exchange for the examination, test, or screening.

- (9) NO PRESUMPTION AT TRIAL.--Presentation of prima facie evidence meeting the requirements of subsection (2), subsection (3), subsection (4), subsection (6), or subsection (7) shall not:
- (a) Result in any presumption at trial that the exposed person is impaired by an asbestos-related or silica-related condition.
 - (b) Be conclusive as to the liability of any defendant.
 - (c) Be admissible at trial.
 - Section 5. Procedures.--

- (1) CONSOLIDATION.--A court may consolidate for trial any number and type of asbestos or silica claims with consent of all the parties. In the absence of such consent, the court may consolidate for trial only asbestos or silica claims relating to the same exposed person and members of his or her household.
- (2) VENUE.--A civil action alleging an asbestos or silica claim may only be brought in the courts of this state if the plaintiff is domiciled in this state or the exposure to asbestos or silica that is a substantial contributing factor to the physical impairment on which the claim is based occurred in this state.
- (3) PRELIMINARY PROCEEDINGS. -- The plaintiff in any civil action alleging an asbestos or silica claim shall file together with the complaint or other initial pleading a written report and supporting test results constituting prima facie evidence of

Page 25 of 31

the exposed person's asbestos-related or silica-related physical impairment meeting the requirements of subsections (2)-(7) of section 4. For any asbestos or silica claim pending on the effective date of this act, the plaintiff shall file such a written report and supporting test results no later than 60 days after the effective date or no later than 30 days prior to the commencement of trial. The defendant shall be afforded a reasonable opportunity to challenge the adequacy of the proffered prima facie evidence of asbestos-related impairment. The plaintiff's claim shall be dismissed without prejudice upon a finding of failure to make the required prima facie showing.

- (4) NEW CLAIM REQUIRED INFORMATION.--All asbestos claims and silica claims filed in this state on or after the effective date of this act shall include, in addition to the report required in subsection (3) and the information required in subsection (2) of section 7, a sworn information form containing the following information:
- (a) The claimant's name, address, date of birth, social security number, and marital status.
- (b) If the claimant alleges exposure to asbestos or silica through the testimony of another person or other than by direct or bystander exposure to any product, the name, address, date of birth, social security number, and marital status for each person by which claimant alleges exposure, hereafter the "index person," and the claimant's relationship to each person.
 - (c) The specific location of each alleged exposure.
- (d) The beginning and ending dates of each alleged exposure as to each asbestos product or silica product for each

Page 26 of 31

714 location at which the exposure allegedly took place for 715 plaintiff and for each index person.

- (e) The occupation and name of employer of the exposed person at the time of each alleged exposure.
- (f) The specific condition related to asbestos or silica claimed to exist.
- (g) Any supporting documentation of the condition claimed to exist.
 - Section 6. Statute of limitation; two-disease rule.--
- (1) STATUTE OF LIMITATIONS.--Notwithstanding any other provision of law, with respect to any asbestos or silica claim not barred as of the effective date of this act, the limitations period shall not begin to run until the exposed person discovers, or through the exercise of reasonable diligence should have discovered, that the he or she is physically impaired by an asbestos-related or silica-related condition, as defined in section 4.
- (2) TWO-DISEASE RULE. -- An asbestos or silica claim arising out of a nonmalignant condition shall be a distinct cause of action from an asbestos or silica claim relating to the same exposed person arising out of asbestos-related or silica-related cancer. No damages shall be awarded for fear or risk of cancer in any civil action asserting an asbestos or silica claim.
- (3) GENERAL RELEASES FROM LIABILITY PROHIBITED.--No settlement of a nonmalignant asbestos or silica claim concluded after the date of enactment shall require, as a condition of settlement, release of any future claim for asbestos-related or silica-related cancer.

Page 27 of 31

742 Section 7. Scope of liability, damages.-743 (1) PUNITIVE DAMAGES.--No punitive damages s

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- (1) PUNITIVE DAMAGES.--No punitive damages shall be awarded in any civil action alleging an asbestos or silica claim.
- (2) COLLATERAL SOURCE PAYMENTS. -- At the time a complaint is filed in a civil action alleging an asbestos or silica claim, the plaintiff must file a verified written report with the court that discloses the total amount of any collateral source payments received, including payments which the plaintiff will receive in the future, as a result of settlements or judgments based upon the same claim. For any asbestos or silica claim pending on the date of enactment of this act, the plaintiff shall file such verified written report no later than 60 days after the date of enactment or no later than 30 days prior to trial. Further, the plaintiff shall be required to update such reports on a regular basis during the course of the proceeding until a final judgment is entered in the case. The court shall permit setoff, based on the collateral source payment information provided, in accordance with the laws of this state as of the effective date of this act.
- Section 8. <u>Liability rules applicable to product sellers,</u> renters, and lessors.--
- (1)(a) In general.--In any civil action alleging an asbestos or silica claim, a product seller other than a manufacturer shall be liable to a plaintiff only if the plaintiff establishes that:

1.a. The product that allegedly caused the harm that is

the subject of the complaint was sold, rented, or leased by the

product seller;

b. The product seller failed to exercise reasonable care with respect to the product; and

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- c. The failure to exercise reasonable care was a proximate cause of the harm to the exposed person;
- 2.a. The product seller made an express warranty
 applicable to the product that allegedly caused the harm that is
 the subject of the complaint, independent of any express
 warranty made by the manufacturer as to the same product;
 - b. The product failed to conform to the warranty; and
- c. The failure of the product to conform to the warranty caused the harm to the exposed person; or
- 3.a. The product seller engaged in intentional wrongdoing, as determined under applicable state law; and
- b. The intentional wrongdoing caused the harm that is the subject of the complaint.
- (b) Reasonable opportunity for inspection.--For the purposes of subparagraph (1)(a)1., a product seller shall not be considered to have failed to exercise reasonable care with respect to a product based upon an alleged failure to inspect the product, if:
- 1. The failure occurred because there was no reasonable opportunity to inspect the product; or
- 793 <u>2. The inspection, in the exercise of reasonable care,</u>
 794 <u>would not have revealed the aspect of the product that allegedly</u>
 795 caused the exposed person's impairment.

Page 29 of 31

(2) In any civil action alleging an asbestos or silica claim, a person engaged in the business of renting or leasing a product shall not be liable for the tortious act of another solely by reason of ownership of that product.

Section 9. Miscellaneous provisions. --

- (1) This act shall not be construed to affect the scope or operation of any workers' compensation law or veterans' benefit program, to affect the exclusive remedy or subrogation provisions of any such law, or to authorize any lawsuit which is barred by any such provision of law.
- (2) It is the intent of this act and the Legislature to accord the utmost comity and respect to the constitutional prerogatives of the judiciary of this state and nothing in this act should be construed as any effort to impinge upon those prerogatives. To that end, if the Florida Supreme Court enters a final judgment concluding or declaring that any provision of this act improperly encroaches upon the court's authority to determine the rules of practice and procedure in the courts of this state, the Legislature hereby declares its intent that any such provision be construed as a request for a rule change pursuant to s. 2, Art. 5 of the State Constitution and not as a mandatory legislative directive.
- (3) This act expressly preserves the right of all injured persons to recover full compensatory damages for their loss and therefore does not impair vested rights. In addition, this act enhances the ability of the most seriously ill to receive a prompt recovery and therefore is remedial in nature.

(4) If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity does not affect other provisions or application of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared severable.

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Section 10. This act shall take effect upon becoming a law and shall apply to any civil action asserting an asbestos or silica claim in which trial has not commenced as of the effective date of this act.