

INTERIM STUDY PROPOSAL 2007-196

State of Arkansas

86th General Assembly

First Extraordinary Session 2007

**A Bill**

LMG/KSW

HOUSE BILL

By: Representative Pace

Filed with: Public Health, Welfare and Labor Committee  
pursuant to A.C.A. §10-3-217.

**For An Act To Be Entitled**

AN ACT TO ESTABLISH REQUIREMENTS AND PRIORITY FOR  
CLAIMANTS WHO CAN DEMONSTRATE ACTUAL PHYSICAL  
IMPAIRMENT WHEN FILING CERTAIN CIVIL ACTIONS  
INVOLVING EXPOSURE TO SILICA OR MIXED DUST,  
INCLUDING MINIMUM MEDICAL REQUIREMENTS,  
OCCUPATIONAL HISTORY, AND EXPOSURE HISTORY; AND  
FOR OTHER PURPOSES.

**Subtitle**

"THE SILICOSIS COMPENSATION FAIRNESS  
ACT."

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 16 is amended to add an additional  
chapter to read as follows:

Chapter 127 – Arkansas Silicosis Compensation Fairness Act

16-127-101. Title.

This chapter shall be known as the “Arkansas Silicosis Compensation  
Fairness Act”.

16-127-102. Purpose.

It is the purpose of this chapter to:

1           (1) Give priority to silica and mixed dust claimants who can  
2 demonstrate actual physical impairment caused by exposure to silica or mixed  
3 dust;

4           (2) Fully preserve the rights of claimants who were exposed to  
5 silica or mixed dust to pursue compensation should they become impaired in  
6 the future as a result of such exposure;

7           (3) Enhance the ability of the judicial system to supervise and  
8 control silica and mixed dust litigation; and

9           (4) Provide access to our court system for those who are  
10 actually physically impaired by exposure to silica or mixed dust while  
11 securing the right to similar access for those who may suffer physical  
12 impairment in the future.

13  
14       16-127-103. Definitions.

15       As used in this chapter:

16           (1) "AMA guides to the evaluation of permanent impairment" means  
17 the most recent version of the American Medical Association's "Guidelines for  
18 Assessment of Permanent Medical Impairment" at the time of the performance of  
19 any examination or test required under this chapter;

20           (2) "Board-certified" means the medical doctor is currently  
21 certified by one of the medical specialty boards approved by either the  
22 American Board of Medical Specialties or the American Osteopathic Board of  
23 Osteopathic Specialties;

24           (3) "Board-certified in occupational medicine" means a medical  
25 doctor who is certified in the subspecialty of occupational medicine by the  
26 American Board of Preventive Medicine or the American Osteopathic Board of  
27 Preventive Medicine;

28           (4) "Board-certified oncologist" means a medical doctor who is  
29 certified in the subspecialty of medical oncology by the American Board of  
30 Internal Medicine or the American Osteopathic Board of Internal Medicine;

31           (5) "Board-certified pathologist" means a medical doctor who  
32 holds primary certification in anatomic pathology or clinical pathology from  
33 the American Board of Pathology or the American Osteopathic Board of Internal  
34 Medicine;

35           (6) "Board-certified pulmonary specialist" means a medical  
36 doctor who is certified in the subspecialty of pulmonary medicine by the

1 American Board of Internal Medicine or the American Osteopathic Board of  
2 Internal Medicine;

3 (7) "Certified B-reader" means a person qualified as a "final"  
4 or "B-reader" for x-ray interpretation as defined in 42 C.F.R. § 37.51(b), as  
5 effective January 1, 2007;

6 (8)(A) "Civil action" means any suit or claim of a civil nature  
7 in a state or federal court;

8 (B) "Civil action" does not include any of the following:

9 (i) A civil action relating to any claim for workers  
10 compensation under § 11-9-114 or § 11-9-602;

11 (ii) A civil action alleging any claim or demand  
12 made against a trust established pursuant to 11 U.S.C. § 524(g) as effective  
13 January 1, 2007;

14 (iii) A civil action alleging any claim or demand  
15 made against a trust established pursuant to a plan of reorganization  
16 confirmed under the United States Bankruptcy Code; or

17 (iv) A civil action arising under the Federal  
18 Employers Liability Act pursuant to 45 U.S.C. § 51 et seq. as effective  
19 January 1, 2007;

20 (9)(A) "Competent medical authority" means a medical doctor who  
21 meets the following requirements:

22 (i) The medical doctor is board-certified in  
23 occupational medicine, a board-certified oncologist, a board-certified  
24 pathologist, or a board-certified pulmonary specialist;

25 (ii) The medical doctor has or had a doctor-patient  
26 relationship with the exposed person, or in the case of a board-certified  
27 pathologist, has examined tissue samples of pathological slides of the  
28 exposed person at the request of the treating medical doctor;

29 (iii) As the basis for the diagnosis, the medical  
30 doctor has not relied, in whole or in part, on any of the following:

31 (a) The reports or opinions of any doctor,  
32 clinic, laboratory, or testing company that performed an examination, test,  
33 or screening of the exposed person's medical condition in violation of any  
34 law, regulation, licensing requirement, or medical code of practice with  
35 regard to the diagnosis set forth in the report required in this chapter; or

36 (b) The reports or opinions of any doctor,

1 clinic, laboratory, or testing company that performed an examination, test,  
2 or screening of the exposed person's medical condition that required the  
3 exposed person to agree to retain the services of a law firm or lawyer  
4 sponsoring the examination, test, or screening;

5 (iv) The medical doctor's payment is not subject to  
6 reimbursement by or on behalf of anyone providing legal services to the  
7 exposed person; and

8 (v) The medical doctor's diagnosis, examination,  
9 testing, screening, or treatment of the exposed person was not, directly or  
10 indirectly, premised upon and did not require the exposed person to retain  
11 the legal services of an attorney or law firm.

12 (B) The requirements for determining "competent medical  
13 authority" set forth in this chapter may be waived by written agreement of  
14 all the parties;

15 (10) "Exposed person" means a person whose exposure to silica or  
16 mixed dust is the basis for a silicosis claim or mixed dust disease claim  
17 under this chapter;

18 (11) "ILO scale" means the system for the classification of  
19 chest x-rays set forth in the International Labour Office's "Guidelines for  
20 the Use of ILO International Classification of Radiographs of  
21 Pneumoconiosis," 2000 edition, or if amended, the version in effect at the  
22 time of the performance of any examination or test on the exposed person  
23 required under this chapter;

24 (12) "Lung cancer" means a malignant tumor in which the primary  
25 site of the origin of the malignant tumor is inside the lungs;

26 (13) "Mixed dust" means a mixture of dusts composed of silica and  
27 one (1) or more other fibrogenic dusts capable of inducing pulmonary fibrosis  
28 if inhaled in sufficient quantity;

29 (14)(A) "Mixed dust disease claim" means a civil action for  
30 damages, losses, indemnification, contribution, or other relief arising out  
31 of, based on, or in any way related to inhalation of, exposure to, or contact  
32 with mixed dust;

33 (B) "Mixed dust disease claim" includes a civil action  
34 made by or on behalf of any person who has been exposed to mixed dust, or any  
35 representative, spouse, parent, child, or other relative of that person, for  
36 injury, including mental or emotional injury, death, or loss to the person,

1 risk of disease or other injury, costs of medical monitoring or surveillance,  
2 or any other effects on the person's health that are caused by the person's  
3 exposure to mixed dust;

4 (15)(A) "Mixed dust pneumoconiosis" means the lung disease  
5 caused by the pulmonary response to inhaled mixed dusts;

6 (B) "Mixed dust pneumoconiosis" does not mean silicosis  
7 and another pneumoconiosis, including, but not limited to, asbestosis or any  
8 other disease caused by asbestos, tremolite, or related fibers;

9 (16) "Nonmalignant condition" means a condition, other than a  
10 diagnosed cancer, that is caused or may be caused by either silica or mixed  
11 dust, whichever is applicable;

12 (17) "Pathological evidence of mixed dust pneumoconiosis" means  
13 a statement by a board-certified pathologist that more than one (1)  
14 representative section of lung tissue uninvolved with any other disease  
15 process demonstrates a pattern of peribronchioar and paranchymal stellate  
16 (star-shaped) nodular scarring and that there is no other more likely  
17 explanation for the presence of the fibrosis;

18 (18) "Pathological evidence of silicosis" means a statement by a  
19 board-certified pathologist that more than one (1) representative section of  
20 lung tissue uninvolved with any other disease process demonstrates a pattern  
21 of round silica nodules and birefringent crystals or other demonstration of  
22 crystal structures consistent with silica such as well-organized concentric  
23 whorls of collagen surrounded by inflammatory cells in the lung parenchyma  
24 and that there is no other more likely explanation for the presence of the  
25 fibrosis;

26 (19) "Physical impairment" means a condition of an exposed  
27 person as defined in this chapter;

28 (20) "Premises owner" means a person who owns, in whole or in  
29 part, leases, rents, maintains, or controls privately owned lands, ways, or  
30 waters, or any buildings and structures on those lands, ways, or waters, and  
31 all privately owned and state-owned lands, ways, or waters leased to a  
32 private person, firm, or organization, including any buildings and structures  
33 on those lands, ways, or waters;

34 (21) "Radiological evidence of mixed dust pneumoconiosis" means  
35 an ILO quality chest x-ray read by a certified B-reader as showing bilateral  
36 rounded or irregular opacities in the upper lung fields graded at least 1/1

1 on the ILO scale;

2 (22) "Radiological evidence of silicosis" means an ILO quality  
3 chest x-ray read by a certified B-reader as showing either bilateral small  
4 rounded opacities such as p, q, or r occurring in the upper lung fields  
5 graded at least 1/1 on the ILO scale or A, B, or C sized opacities  
6 representing complicated silicosis or progressive massive fibrosis;

7 (23) "Silica" means a respirable crystalline form of the mineral  
8 form of silicon dioxide, including, but not limited to, quartz, cristobalite,  
9 and tridymite;

10 (24)(A) "Silica claim" means a civil action for damages, losses,  
11 indemnification, contribution, or other relief arising out of, based on, or  
12 in any way related to inhalation of, exposure to, or contact with silica;

13 (B) "Silica claim" includes a civil action made by or on  
14 behalf of any person who has been exposed to silica, or any representative,  
15 spouse, parent, child, or other relative of that person, for injury,  
16 including mental or emotional injury, death, or loss to the person, risk of  
17 disease or other injury, costs of medical monitoring or surveillance, or any  
18 other effects on the person's health that are caused by the person's exposure  
19 to silica;

20 (25) "Silicosis" means a lung disease caused by inhalation of  
21 silica;

22 (26) "Substantial contributing factor" means both of the  
23 following elements are met:

24 (A) Exposure to silica or mixed dust is the predominate  
25 cause of the physical impairment alleged in the silica claim or mixed dust  
26 disease claim, whichever is applicable; and

27 (B) A competent medical authority has determined with a  
28 reasonable degree of medical certainty that without the silica or mixed dust  
29 exposure the physical impairment of the exposed person would not have  
30 occurred;

31 (27) "Substantial occupational exposure to silica" means  
32 employment in an occupation in which, for a substantial portion of a normal  
33 work year for that occupation, the exposed person did any of the following:

34 (A) Handled silica;

35 (B) Fabricated silica-containing products so that the  
36 person was exposed to silica in the fabrication process;

1 (C) Altered, repaired, or otherwise worked with a silica-  
2 containing product in a manner that exposed the person on a regular basis to  
3 silica; or

4 (D) Worked in close proximity to workers who experienced  
5 substantial occupational exposure to silica in a manner that exposed the  
6 person on a regular basis to silica;

7 (28) "Substantial occupational exposure to mixed dust" means  
8 employment in an occupation in which, for a substantial portion of a normal  
9 work year for that occupation, the exposed person did any of the following:

10 (A) Handled mixed dust;

11 (B) Fabricated mixed dust-containing products so that the  
12 person was exposed to mixed dust in the fabrication process;

13 (C) Altered, repaired, or otherwise worked with a mixed  
14 dust-containing product in a manner that exposed the person on a regular  
15 basis to mixed dust; or

16 (D) Worked in close proximity to other workers who  
17 experienced substantial occupational exposure to mixed dust in a manner that  
18 exposed the person on a regular basis to mixed dust;

19 (29) "Veterans' benefit program" means any program for benefits  
20 in connection with military service under Title 38 of the United States Code  
21 as effective January 1, 2007; and

22 (30) "Workers' compensation law" means the Workers' Compensation  
23 Law, § 11-9-101 et seq., and judicial decisions rendered thereunder.

24  
25 16-127-104. The Prima Facie Case – Physical Impairment.

26 (a) No person shall file or maintain a civil action alleging a silica  
27 claim or mixed dust disease claim based on a nonmalignant condition without a  
28 prima facie showing that, in the opinion of a competent medical authority,  
29 the exposed person has a physical impairment and that the person's exposure  
30 to silica or mixed dust is a substantial contributing factor to the physical  
31 impairment. The prima facie showing shall include:

32 (1) Evidence that a competent medical authority has taken from  
33 the exposed person a detailed medical history which includes the occupational  
34 and exposure history of the exposed person. If the exposed person is  
35 deceased, the occupational and exposure history of the exposed person shall  
36 be taken from the person or persons who are most knowledgeable about the

1 occupational and exposure history of the exposed person's life;

2 (2) Evidence verifying that there has been a sufficient latency  
3 period in the context of the chronic, accelerated, or acute forms of the  
4 silicosis or mixed dust disease;

5 (3) A diagnosis by a competent medical authority, based on the  
6 detailed medical history, a medical examination, and pulmonary function  
7 testing, that both of the following apply to the exposed person:

8 (A) The exposed person has a permanent respiratory  
9 impairment rating of at least class 2, as defined by and evaluated pursuant  
10 to the AMA guides to the Evaluation of Permanent Impairment; and

11 (B) The exposed person has silicosis or mixed dust disease  
12 based at a minimum on radiological or pathological evidence of silicosis or  
13 radiological or pathological evidence of mixed dust disease; and

14 (4) Verification that a competent medical authority has  
15 concluded that exposure to silica or mixed dust was a substantial  
16 contributing factor to the exposed person's impairment.

17 (b) No person shall bring or maintain a civil action alleging that  
18 silica or mixed dust caused that person to contract lung cancer without a  
19 prima facie showing that, in the opinion of competent medical authority, the  
20 person has a primary lung cancer, and that the person's exposure to silica or  
21 mixed dust is a substantial contributing factor to the lung cancer. The  
22 prima facie showing shall include:

23 (1) Evidence that a competent medical authority has taken from  
24 the exposed person a detailed medical history that includes the occupational  
25 and exposure history of the exposed person. If the exposed person is  
26 deceased, the occupational and exposure history of the exposed person shall  
27 be taken from the person or persons who are most knowledgeable about the  
28 occupational and exposure history of the exposed person's life;

29 (2) Evidence sufficient to demonstrate that a sufficient latency  
30 period has elapsed from the date of the exposed person's first exposure to  
31 silica or mixed dust until the date of diagnosis of the exposed person's  
32 primary lung cancer;

33 (3) Radiological or pathological evidence of silicosis or  
34 radiological or pathological evidence of mixed dust disease;

35 (4) Evidence of the exposed person's substantial occupational  
36 exposure to silica or mixed dust; and



1           (5) Verification that a competent medical authority has  
2 concluded that exposure to silica or mixed dust was a substantial  
3 contributing factor to the exposed person's lung cancer.

4           (c) No person shall bring or maintain a civil action alleging a silica  
5 claim or mixed dust disease claim based on the wrongful death of an exposed  
6 person without a prima facie showing that, in the opinion of a competent  
7 medical authority, the death of the exposed person was the result of a  
8 physical impairment, and that the person's exposure to silica or mixed dust  
9 was a substantial contributing factor to the physical impairment causing the  
10 person's death. The prima facie showing shall include:

11           (1) Evidence that a competent medical authority has taken from  
12 the exposed person a detailed medical history that includes the occupational  
13 and exposure history of the exposed person. If the exposed person is  
14 deceased, the occupational and exposure history of the exposed person shall  
15 be taken from the person or persons who are most knowledgeable about the  
16 occupation and exposure history of the exposed person's life;

17           (2) Evidence sufficient to demonstrate that a sufficient latency  
18 period has elapsed from the date of the exposed person's first exposure to  
19 silica or mixed dust until the date of diagnosis of the exposed person's  
20 primary lung cancer or, if the death is not alleged to be cancer-related,  
21 evidence verifying that there has been a sufficient latency period in the  
22 context of the chronic, accelerated, or acute forms of a silicosis or mixed  
23 dust disease;

24           (3) Radiological or pathological evidence of silicosis or  
25 radiological or pathological evidence of mixed dust disease;

26           (4) Evidence of the exposed person's substantial occupational  
27 exposure to silica or mixed dust; and

28           (5) Verification that a competent medical authority has  
29 concluded that exposure to silica or mixed dust was a substantial  
30 contributing factor to the exposed person's death.

31           (d) In determining whether exposure to a silica or mixed dust was a  
32 substantial contributing factor in causing an exposed person's injury or  
33 loss, the trier of fact in the civil action shall consider all of the  
34 following, without limitation:

35           (1) The manner in which the exposed person was exposed;

36           (2) The proximity of silica or mixed dust to the exposed person

1 when the exposure occurred;

2 (3) The frequency and length of the exposed person's exposure;

3 and

4 (4) Any factors that mitigated or enhanced the exposed person's  
5 exposure to silica or mixed dust.

6 (e) Evidence relating to any physical impairment under this chapter,  
7 including pulmonary function testing and diffusing studies, shall comply with  
8 the following criteria that are in effect at the time of the performance of  
9 any examination or test on the exposed person required under this chapter:

10 (1) The technical recommendations for examinations, testing  
11 procedures, quality assurance, quality control, and equipment incorporated in  
12 the AMA guides to the evaluation of permanent impairment; and

13 (2) The official statements of the American Thoracic Society  
14 regarding lung function testing, including general considerations for lung  
15 function testing, standardization of spirometry, standardization of the  
16 measurement of lung volumes, standardization of the single-breath  
17 determination of carbon monoxide uptake in the lung, and interpretative  
18 strategies for lung testing.

19 (f) Nothing in this chapter shall be interpreted as authorizing the  
20 exhumation of bodies.

21  
22 16-127-105. Civil procedure – Summary Judgment – Affidavit.

23 (a)(1) A defendant in a civil action alleging a silica claim or mixed  
24 dust disease claim may file a motion for summary judgment challenging the  
25 adequacy of the plaintiff's applicable prima facie case for failure to comply  
26 with the minimum applicable requirements specified in this chapter.

27 (2) In response to a defendant's motion for summary judgment,  
28 the plaintiff shall file as part of his response an affidavit by a competent  
29 medical authority and any other supporting evidence composing the applicable  
30 prima facie case specified in this chapter.

31 (b)(1) If the court finds that a plaintiff fails to make the  
32 applicable prima facie case, the court shall dismiss a plaintiff's silica  
33 claim or mixed dust claim without prejudice as a matter of law.

34 (2) A plaintiff whose silica claim or mixed dust disease claim  
35 has been dismissed without prejudice under this chapter may move at any time  
36 to refile the silica claim or mixed dust claim upon a showing that meets the

1 applicable minimum requirements specified in this chapter and the running of  
2 the applicable statute of limitations shall be stayed during this time.

3 (c) The court's findings and decision on the prima facie showing shall  
4 not:

5 (1) Result in any presumption at trial that the exposed person  
6 has a physical impairment that is caused by silica or mixed dust exposure; or

7 (2) Be conclusive as to the liability of any defendant in the  
8 case; or

9 (3) Be admissible at trial.

10 (d) If the trier of fact is a jury:

11 (1) The court shall not instruct the jury with respect to the  
12 court's findings or decision on the prima facie showing; and

13 (2) Neither counsel for any party nor a witness shall inform the  
14 jurors or potential jurors of the prima facie showing.

15  
16 16-127-106. Statute of Limitations.

17 (a) The period of limitations shall not begin to run until the exposed  
18 person discovers, or through the exercise of reasonable diligence should have  
19 discovered, that the person has a physical impairment resulting from silica  
20 or mixed dust exposure that meets the applicable minimum requirements  
21 specified in this chapter.

22 (b) Nothing in this chapter shall be construed to revive or extend  
23 limitations with respect to any claim for silica-related impairment that was  
24 otherwise time-barred as a matter of applicable law as of the date this  
25 chapter becomes law.

26  
27 16-127-107. Liability of Premises Owner.

28 The following shall apply to all civil actions for silica or mixed dust  
29 disease claims brought against a premises owner to recover damages or other  
30 relief for exposure to silica or mixed dust on the premises owner's property:

31 (a) A premises owner is not liable for any injury to any person  
32 resulting from silica or mixed dust exposure unless that person alleged  
33 exposure occurred while the person was on the premises owner's property.

34 (b) If exposure to silica or mixed dust is alleged to have occurred  
35 after January 1, 1972, it is presumed that products containing silica or  
36 mixed dust used on the premises owner's property contained silica or mixed

1 dust only at levels below safe levels of exposure. To rebut this  
2 presumption, the plaintiff must prove by a preponderance of the evidence that  
3 the levels of silica or mixed dust in the immediate breathing zone of the  
4 exposed person regularly violated an established safety standard that was in  
5 effect at the time of the exposure.

6 (c) A premises owner is presumed to be not liable for any injury to  
7 any invitee who was engaged to work with, install, or removed products  
8 containing silica or mixed dust on the premises owner's property if the  
9 invitee's employer held itself out as qualified to perform the work. To  
10 rebut this presumption, the plaintiff must demonstrate by a preponderance of  
11 the evidence that the premises owner knew or should have known of the  
12 potential dangers of the products containing silica or mixed dust at the time  
13 of the alleged exposure that was superior to the knowledge of both the  
14 invitee and the invitee's employer.

15 (d) A premises owner that hired a contractor before January 1, 1972,  
16 to perform the type of work that the contractor was qualified to perform at  
17 the premises owner's property shall not be liable for any injury to any  
18 person resulting from silica or mixed dust exposure caused by any of the  
19 contractor's employees or agents on the premises owner's property unless the  
20 premises owner directed the activity that resulted in the injury or knew or  
21 should have known of the dangerous conditions existing on the property.

22 (e) If exposure to silica or mixed dust is alleged to have occurred  
23 after January 1, 1972, a premises owner is not liable for any injury to any  
24 person resulting from that exposure caused by a contractor's employee or  
25 agent on the premises owner's property unless the plaintiff establishes:

26 (1) The premises owner's intentional violation of an established  
27 safety standard in effect at the time of the exposure; and

28 (2) The alleged violation was in the exposed person's immediate  
29 breathing zone and was the proximate cause of the exposed person's injury.

30 (f) "Established Safety Standard" means that, for the years after  
31 1971, the concentration of silica or mixed dust in the breathing zone of the  
32 person does not exceed the maximum allowable exposure limits for the eight  
33 (8) hour time-weighted average airborne concentration, as promulgated by the  
34 Occupational Safety and Health Administration (OSHA), in effect at the time  
35 of the exposure.

36

1 16-127-107. Applicability and Severability.

2 (a) This chapter applies to any civil action that alleges a silica  
3 claim or mixed dust disease claim that is filed on or after the effective  
4 date of this Act.

5 (b) If any provision of this chapter or the application thereof to any  
6 person or circumstance is held invalid, such invalidity shall not affect  
7 other provisions or applications of this chapter which can be given effect  
8 without the invalid provision or application, and to this end the provisions  
9 of this chapter are declared to be severable.

10  
11 SECTION 2. Emergency Clause.

12 It is found and determined by the General Assembly of the State of  
13 Arkansas that the use of the legal system to pursue unfounded liability  
14 claims for exposure to silica and mixed dust has adversely impacted the  
15 availability of liability insurance coverage for contractors doing business  
16 in this state; that these existing conditions have caused general liability  
17 insurance carriers to stop offering coverage for claims relating to silica or  
18 mixed dust exposure; that the unavailability of liability insurance is  
19 exposing the construction industry in this state to unprotected risk of  
20 liability and substantial adverse financial impact; that there is the need to  
21 improve and preserve access to the courts for deserving claimants suffering  
22 physical injury from exposure to silica and mixed dust; and that this act is  
23 immediately necessary in order to remedy these conditions and give priority  
24 to the claims of exposed individuals who are sick in order to help preserve,  
25 now and for the future, access to our court system for those who develop  
26 silica-related disease and to safeguard jobs, benefits, and savings of  
27 workers in Arkansas. Therefore, an emergency is declared to exist and this  
28 act being immediately necessary for the public peace, health and safety shall  
29 become effective on:

30 (1) The date of its approval by the Governor;

31 (2) If the bill is neither approved nor vetoed by the Governor,  
32 the expiration of the period of time during which the Governor may veto the  
33 bill; or

34 (3) If the bill is vetoed by the Governor and the veto is  
35 overridden, the date the last house overrides the veto.

36 Filed Date: 08/29/2007 By: LMG:ksw