

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

INTERIM STUDY PROPOSAL 2007-035

State of Arkansas

As Engrossed: H2/23/07

86th General Assembly

A Bill

Regular Session, 2007

HOUSE BILL 1488

By: Representative Pace

Referred to

Public Health, Welfare And Labor Committee- House

by the House of Representatives

on 03/23/2007

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.

1 It is the purpose of this chapter to:

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

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

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

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

14
15 16-127-103. Definitions.

16 As used in this chapter:

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

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

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

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

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

36 (6) "Board-certified pulmonary specialist" means a medical

1 doctor who is certified in the subspecialty of pulmonary medicine by the
2 American Board of Internal Medicine or the American Osteopathic Board of
3 Internal Medicine;

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

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

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

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

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

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

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

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

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

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

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

33 (a) The reports or opinions of any doctor,
34 clinic, laboratory, or testing company that performed an examination, test,
35 or screening of the exposed person's medical condition in violation of any
36 law, regulation, licensing requirement, or medical code of practice with

1 regard to the diagnosis set forth in the report required in this chapter; or

2 (b) The reports or opinions of any doctor,
3 clinic, laboratory, or testing company that performed an examination, test,
4 or screening of the exposed person's medical condition that required the
5 exposed person to agree to retain the services of a law firm or lawyer
6 sponsoring the examination, test, or screening;

7 (iv) The medical doctor receives or received payment
8 for the diagnosis, examination, and treatment of the exposed person from that
9 person or that person's health care plan, and such payment is not subject to
10 reimbursement by or on behalf of anyone providing legal services to the
11 exposed person; and

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

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

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

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

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

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

33 (14)(A) "Mixed dust disease claim" means a civil action for
34 damages, losses, indemnification, contribution, or other relief arising out
35 of, based on, or in any way related to inhalation of, exposure to, or contact
36 with mixed dust.

1 (B) "Mixed dust disease claim" includes a civil action
2 made by or on behalf of any person who has been exposed to mixed dust, or any
3 representative, spouse, parent, child, or other relative of that person, for
4 injury, including mental or emotional injury, death, or loss to the person,
5 risk of disease or other injury, costs of medical monitoring or surveillance,
6 or any other effects on the person's health that are caused by the person's
7 exposure to mixed dust;

8 (15)(A) "Mixed dust pneumoconiosis" means the lung disease
9 caused by the pulmonary response to inhaled mixed dusts.

10 (B) "Mixed dust pneumoconiosis" does not mean silicosis
11 and another pneumoconiosis, including, but not limited to, asbestosis;

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

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

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

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

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

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

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

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

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

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

23 (25) "Silicosis" means a lung disease caused by inhalation of
24 silica;

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

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

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

34 (27) "Substantial occupational exposure to silica" means
35 employment for a cumulative period of at least five (5) years in an
36 occupation in which, for a substantial portion of a normal work year for that

1 occupation, the exposed person did any of the following:

2 (A) Handled silica;

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

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

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

11 (28) "Substantial occupational exposure to mixed dust" means
12 employment for a cumulative period of at least five (5) years in an
13 occupation in which, for a substantial portion of a normal work year for that
14 occupation, the exposed person did any of the following:

15 (A) Handled mixed dust;

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

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

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

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

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

29
30 16-127-104. The prima facie case - Physical impairment.

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

1 (1) Evidence that a competent medical authority has taken from
2 the exposed person a detailed medical history which includes the occupational
3 and exposure history of the exposed person. If the exposed person is
4 deceased, the occupational and exposure history of the exposed person shall
5 be taken from the person or persons who are most knowledgeable about the
6 occupational and exposure history of the exposed person's life;

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

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

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

16 (B) The exposed person has silicosis or mixed dust disease
17 based at a minimum on radiological or pathological evidence of silicosis or
18 radiological or pathological evidence of mixed dust disease; and

19 (4) Verification that a competent medical authority has
20 concluded that exposure to silica or mixed dust was a substantial
21 contributing factor to the exposed person's impairment. A diagnosis which
22 states that the medical findings and impairment are consistent with or
23 compatible with silica or mixed dust exposure does not meet the requirements
24 of this subdivision (a)(4).

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

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

1 (2) Evidence sufficient to demonstrate that at least ten (10)
2 years have elapsed from the date of the exposed person's first exposure to
3 silica or mixed dust until the date of diagnosis of the exposed person's
4 primary lung cancer;

5 (3) Radiological or pathological evidence of silicosis or
6 radiological or pathological evidence of mixed dust disease;

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

9 (5) Verification that a competent medical authority has
10 concluded that exposure to silica or mixed dust was a substantial
11 contributing factor to the exposed person's lung cancer. A diagnosis which
12 states that the cancer is consistent with or compatible with silica or mixed
13 dust exposure does not meet the requirements of this subdivision (b)(5).

14 (c) No person shall bring or maintain a civil action alleging a silica
15 claim or mixed dust disease claim based on the wrongful death of an exposed
16 person without a prima facie showing that, in the opinion of a competent
17 medical authority, the death of the exposed person was the result of a
18 physical impairment, and that the person's exposure to silica or mixed dust
19 was a substantial contributing factor to the physical impairment causing the
20 person's death. The prima facie showing shall include:

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

27 (2) Evidence sufficient to demonstrate that at least ten (10)
28 years have elapsed from the date of the exposed person's first exposure to
29 silica or mixed dust until the date of diagnosis of the exposed person's
30 primary lung cancer or, if the death is not alleged to be cancer-related,
31 evidence verifying that there has been a sufficient latency period in the
32 context of the chronic, accelerated, or acute forms of a silicosis or mixed
33 dust disease;

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

36 (4) Evidence of the exposed person's substantial occupational

1 exposure to silica or mixed dust; and

2 (5) Verification that a competent medical authority has
3 concluded that exposure to silica or mixed dust was a substantial
4 contributing factor to the exposed person's death. A diagnosis which states
5 that the medical findings, impairment, or lung cancer are consistent with or
6 compatible with silica or mixed dust exposure does not meet the requirements
7 of this subdivision (c)(5).

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

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

13 (2) The proximity of silica or mixed dust to the exposed person
14 when the exposure occurred;

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

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

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

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

26 (2) The official statements of the American Thoracic Society
27 regarding lung function testing, including general considerations for lung
28 function testing, standardization of spirometry, standardization of the
29 measurement of lung volumes, standardization of the single-breath
30 determination of carbon monoxide uptake in the lung, and interpretative
31 strategies for lung testing.

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

34
35 16-127-105. Civil procedure – Filings - Written report.

36 (a)(1) The plaintiff in a civil action alleging a silica claim or

1 mixed dust disease claim shall file within one hundred and twenty (120) days
2 after filing the complaint a written report by a competent medical authority
3 and any supporting evidence composing the applicable prima facie case
4 specified in this chapter.

5 (2) A defendant may challenge the adequacy of the plaintiff's
6 applicable prima facie case for failure to comply with the minimum applicable
7 requirements specified in this chapter. A defendant's challenge shall be
8 filed within one hundred and twenty (120) days after the plaintiff's filing
9 of the written report and supporting evidence composing the applicable prima
10 facie case.

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

14 (2) The court shall maintain its jurisdiction over any silica
15 claim or mixed dust claim that is dismissed without prejudice under this
16 chapter.

17 (3) A plaintiff whose silica claim or mixed dust disease claim
18 has been dismissed without prejudice under this chapter may move at any time
19 to reinstate the silica claim or mixed dust claim upon a renewed prima facie
20 showing that meets the applicable minimum requirements specified in this
21 chapter.

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

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

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

28 (3) Be admissible at trial.

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

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

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

34
35 16-127-106. Statute of limitations.

36 (a) The period of limitations shall not begin to run until the exposed

1 person discovers, or through the exercise of reasonable diligence should have
2 discovered, that the person has a physical impairment resulting from silica
3 or mixed dust exposure.

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

8 16-127-107. Liability of premises owner.

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

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

15 (b) If exposure to silica or mixed dust is alleged to have occurred
16 after January 1, 1972, it is presumed that products containing silica or
17 mixed dust used on the premises owner's property contained silica or mixed
18 dust only at levels below safe levels of exposure. To rebut this
19 presumption, the plaintiff must prove by a preponderance of the evidence that
20 the levels of silica or mixed dust in the immediate breathing zone of the
21 exposed person regularly violated an established safety standard that was in
22 effect at the time of the exposure.

23 (c) A premises owner is presumed to not be liable for any injury to
24 any invitee who was engaged to work with, install, or remove products
25 containing silica or mixed dust on the premises owner's property if the
26 invitee's employer held itself out as qualified to perform the work. To
27 rebut this presumption, the plaintiff must demonstrate by a preponderance of
28 the evidence that the premises owner knew or should have known of the
29 potential dangers of the products containing silica or mixed dust at the time
30 of the alleged exposure that was superior to the knowledge of both the
31 invitee and the invitee's employer.

32 (d) A premises owner that hired a contractor before January 1, 1972,
33 to perform the type of work that the contractor was qualified to perform at
34 the premises owner's property shall not be liable for any injury to any
35 person resulting from silica or mixed dust exposure caused by any of the
36 contractor's employees or agents on the premises owner's property unless the

1 premises owner directed the activity that resulted in the injury or knew or
2 should have known of the dangerous conditions existing on the property.

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

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

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

11 (f) "Established Safety Standard" means that, for the years after
12 1971, the concentration of silica or mixed dust in the breathing zone of the
13 person does not exceed the maximum allowable exposure limits for the eight
14 (8) hour time-weighted average airborne concentration, as promulgated by the
15 Occupational Safety and Health Administration (OSHA), in effect at the time
16 of the exposure.

17
18 16-127-107. Applicability and Severability.

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

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

27
28 SECTION 2. Emergency Clause.

29 It is found and determined by the General Assembly of the State of
30 Arkansas that in this state, existing conditions, such as the use of the
31 legal system to pursue unfounded liability claims for exposure to silica and
32 mixed dust has adversely impacted the availability of liability insurance
33 coverage for contractors doing business in this state; that these existing
34 conditions have caused general liability insurance carriers to stop offering
35 coverage for claims relating to silica or mixed dust exposure in this state;
36 that the unavailability of liability insurance is exposing the construction

1 industry in this state to unprotected risk of liability and substantial
2 adverse financial impact; that there is the need to improve and preserve
3 access to the courts for deserving claimants suffering physical injury from
4 exposure to silica and mixed dust; and that this act is immediately necessary
5 in order to remedy these conditions and give priority to the claims of
6 exposed individuals who are sick in order to help preserve, now and for the
7 future, access to our court system for those who develop silica-related
8 disease and to safeguard jobs, benefits, and savings of workers in Arkansas.
9 Therefore, an emergency is declared to exist and this act being immediately
10 necessary for the public peace, health and safety shall become effective on:
11 (1) The date of its approval by the Governor;
12 (2) If the bill is neither approved nor vetoed by the Governor,
13 the expiration of the period of time during which the Governor may veto the
14 bill; or
15 (3) If the bill is vetoed by the Governor and the veto is
16 overridden, the date the last house overrides the veto.

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18 */s/ Pace*
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