

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.

1 State of Arkansas
2 86th General Assembly
3 Regular Session, 2007
4

As Engrossed: H2/23/07

A Bill

HOUSE BILL 1488

5 By: Representative Pace
6
7

For An Act To Be Entitled

9 AN ACT TO ESTABLISH REQUIREMENTS AND PRIORITY FOR
10 CLAIMANTS WHO CAN DEMONSTRATE ACTUAL PHYSICAL
11 IMPAIRMENT WHEN FILING CERTAIN CIVIL ACTIONS
12 INVOLVING EXPOSURE TO SILICA OR MIXED DUST,
13 INCLUDING MINIMUM MEDICAL REQUIREMENTS,
14 OCCUPATIONAL HISTORY, AND EXPOSURE HISTORY; AND
15 FOR OTHER PURPOSES.
16

Subtitle

17 "THE SILICOSIS COMPENSATION FAIRNESS
18 ACT."
19
20
21

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
23

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

26 CHAPTER 127 - ARKANSAS SILICOSIS COMPENSATION FAIRNESS ACT.

27 16-127-101. Title.

28 This chapter shall be known as the "Arkansas Silicosis Compensation
29 Fairness Act".
30

31 16-127-102. Purpose.

32 It is the purpose of this chapter to:

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

36 (2) Fully preserve the rights of claimants who were exposed to



1 silica or mixed dust to pursue compensation should they become impaired in
2 the future as a result of such exposure;

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

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

9
10 16-127-103. Definitions.

11 As used in this chapter:

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

16 (2) "Board-certified" means the medical doctor is currently
17 certified by one of the medical specialty boards approved by either the
18 American Board of Medical Specialties or the American Osteopathic Board of
19 Osteopathic Specialties;

20 (3) "Board-certified in occupational medicine" means a medical
21 doctor who is certified in the subspecialty of occupational medicine by the
22 American Board of Preventive Medicine or the American Osteopathic Board of
23 Preventive Medicine;

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

27 (5) "Board-certified pathologist" means a medical doctor who
28 holds primary certification in anatomic pathology or clinical pathology from
29 the American Board of Pathology or the American Osteopathic Board of Internal
30 Medicine;

31 (6) "Board-certified pulmonary specialist" means a medical
32 doctor who is certified in the subspecialty of pulmonary medicine by the
33 American Board of Internal Medicine or the American Osteopathic Board of
34 Internal Medicine;

35 (7) "Certified B-reader" means a person qualified as a "final"
36 or "B-reader" for x-ray interpretation as defined in 42 C.F.R. § 37.51(b), as

1 effective January 1, 2007;

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

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

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

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

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

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

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

18 (i) The medical doctor is board-certified in
19 occupational medicine, a board-certified oncologist, a board-certified
20 pathologist, or a board-certified pulmonary specialist;

21 (ii) The medical doctor is actually treating or has
22 treated the exposed person and has or had a doctor-patient relationship with
23 the exposed person, or in the case of a board-certified pathologist, has
24 examined tissue samples of pathological slides of the exposed person at the
25 request of the treating medical doctor;

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

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

33 (b) 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 that required the
36 exposed person to agree to retain the services of a law firm or lawyer

1 sponsoring the examination, test, or screening;

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

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

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

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

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

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

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

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

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

1 or any other effects on the person's health that are caused by the person's
2 exposure to mixed dust;

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

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

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

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

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

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

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

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

36 (22) "Radiological evidence of silicosis" means an ILO quality

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

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

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

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

18 (25) "Silicosis" means a lung disease caused by inhalation of
19 silica;

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

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

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

29 (27) "Substantial occupational exposure to silica" means
30 employment for a cumulative period of at least five (5) years in an
31 occupation in which, for a substantial portion of a normal work year for that
32 occupation, the exposed person did any of the following:

33 (A) Handled silica;

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

36 (C) Altered, repaired, or otherwise worked with a silica-

1 containing product in a manner that exposed the person on a regular basis to
2 silica; or

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

6 (28) "Substantial occupational exposure to mixed dust" means
7 employment for a cumulative period of at least five (5) years in an
8 occupation in which, for a substantial portion of a normal work year for that
9 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. A diagnosis which
17 states that the medical findings and impairment are consistent with or
18 compatible with silica or mixed dust exposure does not meet the requirements
19 of this subdivision (a)(4).

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

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

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

36 (3) Radiological or pathological evidence of silicosis or

1 radiological or pathological evidence of mixed dust disease;

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

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

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

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

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

29 (3) Radiological or pathological evidence of silicosis or
30 radiological or pathological evidence of mixed dust disease;

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

33 (5) Verification that a competent medical authority has
34 concluded that exposure to silica or mixed dust was a substantial
35 contributing factor to the exposed person's death. A diagnosis which states
36 that the medical findings, impairment, or lung cancer are consistent with or

1 compatible with silica or mixed dust exposure does not meet the requirements
2 of this subdivision (c)(5).

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

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

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

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

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

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

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

21 (2) The official statements of the American Thoracic Society
22 regarding lung function testing, including general considerations for lung
23 function testing, standardization of spirometry, standardization of the
24 measurement of lung volumes, standardization of the single-breath
25 determination of carbon monoxide uptake in the lung, and interpretative
26 strategies for lung testing.

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

29
30 16-127-105. Civil procedure – Filings - Written report.

31 (a)(1) The plaintiff in a civil action alleging a silica claim or
32 mixed dust disease claim shall file within one hundred and twenty (120) days
33 after filing the complaint a written report by a competent medical authority
34 and any supporting evidence composing the applicable prima facie case
35 specified in this chapter.

36 (2) A defendant may challenge the adequacy of the plaintiff's

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

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

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

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

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

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

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

23 (3) Be admissible at trial.

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

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

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

29
30 16-127-106. Statute of limitations.

31 (a) The period of limitations shall not begin to run until the exposed
32 person discovers, or through the exercise of reasonable diligence should have
33 discovered, that the person has a physical impairment resulting from silica
34 or mixed dust exposure.

35 (b) Nothing in this chapter shall be construed to revive or extend
36 limitations with respect to any claim for silica-related impairment that was

1 otherwise time-barred as a matter of applicable law as of the date this
2 chapter becomes law.

3 16-127-107. Liability of premises owner.

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

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

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

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

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

34 (e) If exposure to silica or mixed dust is alleged to have occurred
35 after January 1, 1972, a premises owner is not liable for any injury to any
36 person resulting from that exposure caused by a contractor's employee or

1 agent on the premises owner's property unless the plaintiff establishes:

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

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

6 (f) "Established Safety Standard" means that, for the years after
7 1971, the concentration of silica or mixed dust in the breathing zone of the
8 person does not exceed the maximum allowable exposure limits for the eight
9 (8) hour time-weighted average airborne concentration, as promulgated by the
10 Occupational Safety and Health Administration (OSHA), in effect at the time
11 of the exposure.

12
13 16-127-107. Applicability and Severability.

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

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

22
23 SECTION 2. Emergency Clause.

24 It is found and determined by the General Assembly of the State of
25 Arkansas that in this state, existing conditions, such as the use of the
26 legal system to pursue unfounded liability claims for exposure to silica and
27 mixed dust has adversely impacted the availability of liability insurance
28 coverage for contractors doing business in this state; that these existing
29 conditions have caused general liability insurance carriers to stop offering
30 coverage for claims relating to silica or mixed dust exposure in this state;
31 that the unavailability of liability insurance is exposing the construction
32 industry in this state to unprotected risk of liability and substantial
33 adverse financial impact; that there is the need to improve and preserve
34 access to the courts for deserving claimants suffering physical injury from
35 exposure to silica and mixed dust; and that this act is immediately necessary
36 in order to remedy these conditions and give priority to the claims of

1 exposed individuals who are sick in order to help preserve, now and for the
2 future, access to our court system for those who develop silica-related
3 disease and to safeguard jobs, benefits, and savings of workers in Arkansas.
4 Therefore, an emergency is declared to exist and this act being immediately
5 necessary for the public peace, health and safety shall become effective on:

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

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

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

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13 */s/ Pace*
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