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Senator Patton

Cosponsors: Senators LaRose, Skindell, Hughes, Schiavoni, Tavares, Hottinger, Beagle, Jones, Brown, Bacon, Balderson, Burke, Cafaro, Eklund, Faber, Gentile, Hite, Lehner, Manning, Obhof, Oelslager, Sawyer, Thomas, Williams, Yuko

A BILL

Τc	amend sections 742.38, 4123.57, and 4123.68 of	1
	the Revised Code to provide that a firefighter	2
	who is disabled as a result of specified types	3
	of cancer is presumed for purposes of the laws	4
	governing workers' compensation and the Ohio	5
	Police and Fire Pension Fund to have incurred	6
	the cancer while performing official duties as a	7
	firefighter.	8

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

Section 1. That sections 742.38, 4123.57, and 4123.68 of	9
the Revised Code be amended to read as follows:	10
Sec. 742.38. (A)(1) The board of trustees of the Ohio	11
police and fire pension fund shall adopt rules establishing	12
minimum medical testing and diagnostic standards or procedures	13
to be incorporated into physical examinations administered by	14
physicians to prospective members of the fund. The standards or	15
procedures shall include diagnosis and evaluation of the	16
existence of any heart disease, cardiovascular disease, or	17

respiratory disease. The rules shall specify the form of the 18 physician's report and the information to be included in it. 19

The board shall notify all employers of the establishment of the minimum standards or procedures and shall include with the notice a copy of the standards or procedures. The board shall notify all employers of any changes made to the standards or procedures. Once the standards or procedures take effect, employers shall cause each prospective member of the fund to submit to a physical examination that incorporates the standards or procedures.

(2) Division (A)(2) of this section applies to an employee 28 who becomes a member of the fund on or after the date the 29 minimum standards or procedures described in division (A)(1) of 30 this section take effect. For each employee described in 31 division (A)(2) of this section, the employer shall forward to 32 the board a copy of the physician's report of a physical 33 examination that incorporates the standards or procedures 34 described in division (A)(1) of this section. If an employer 35 fails to forward the report in the form required by the board on 36 or before the date that is sixty days after the employee becomes 37 a member of the fund, the board shall assess against the 38 employer a penalty determined under section 742.353 of the 39 Revised Code. 40

(B) Application for a disability benefit may be made by a
member of the fund or, if the member is incapacitated as defined
in rules adopted by the board, by a person acting on the
member's behalf. Not later than fourteen days after receiving an
application for a disability benefit from a member or a person
acting on behalf of a member, the board shall notify the
member's employer that an application has been filed. The notice

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shall state the member's position or rank. Not later than48twenty-eight days after receiving the notice or filing an49application on behalf of a member, the employer shall forward to50the board a statement certifying the member's job description51and any other information required by the board to process the52application.53

If the member applying for a disability benefit becomes a 54 member of the fund prior to the date the minimum standards or 55 procedures described in division (A) (1) of this section take 56 effect, the board may request from the member's employer a copy 57 of the physician's report of the member's physical examination 58 taken on entry into the police or fire department or, if the 59 employer does not have a copy of the report, a written statement 60 certifying that the employer does not have a copy of the report. 61 If an employer fails to forward the report or statement in the 62 form required by the board on or before the date that is twenty-63 eight days after the date of the request, the board shall assess 64 against the employer a penalty determined under section 742.353 65 of the Revised Code. The board shall maintain the information 66 submitted under this division and division (A) (2) of this 67 section in the member's file. 68

(C) For purposes of determining under division (D) of this
section whether a member of the fund is disabled, the board
shall adopt rules establishing objective criteria under which
the board shall make the determination. The rules shall include
standards that provide for all of the following:

 Evaluating a member's illness or injury on which an application for disability benefits is based;

(2) Defining the occupational duties of a police officeror firefighter;77

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(3) Providing for the board to assign competent and	78			
disinterested physicians and vocational evaluators to conduct				
examinations of a member;	80			
(4) Requiring a written report for each disability	81			
application that includes a summary of findings, medical	82			
opinions, including an opinion on whether the illness or injury	83			
upon which the member's application for disability benefits is	84			
based was caused or induced by the actual performance of the	85			
member's official duties, and any recommendations or comments	86			
based on the medical opinions;	87			
(5) Providing for the board to consider the member's	88			
potential for retraining or reemployment.	89			
(D) This division does not apply to members of the fund	90			
who have elected to receive benefits and pensions in accordance	91			
with division (A) or (B) of section 742.37 of the Revised Code	92			
or from a police relief and pension fund or a firemen's relief	93			
and pension fund in accordance with the rules of that fund in	94			
force on April 1, 1947.	95			
As used in this division:	96			
"Totally disabled" means a member of the fund is unable to	97			
perform the duties of any gainful occupation for which the	98			
member is reasonably fitted by training, experience, and	99			
accomplishments. Absolute helplessness is not a prerequisite of				
being totally disabled.	101			
"Permanently disabled" means a condition of disability	102			
from which there is no present indication of recovery.	103			
"Hazardous duty" has the same meaning as in 5 C.F.R.	104			
550.902, as amended.				

(1) A member of the fund who is permanently and totally 106 disabled as the result of the performance of the member's 107 official duties as a member of a police or fire department shall 108 be paid annual disability benefits in accordance with division 109 (A) of section 742.39 of the Revised Code. In determining 110 whether a member of the fund is permanently and totally 111 disabled, the board shall consider standards adopted under 112 division (C) of this section applicable to the determination. 113

(2) A member of the fund who is permanently and partially 114 disabled as the result of the performance of the member's 115 official duties as a member of a police or fire department 116 shall, if the disability prevents the member from performing 117 those duties and impairs the member's earning capacity, receive 118 annual disability benefits in accordance with division (B) of 119 section 742.39 of the Revised Code. In determining whether a 120 member of the fund is permanently and partially disabled, the 121 board shall consider standards adopted under division (C) of 122 this section applicable to the determination. 123

(3) (a) A member of the fund who is permanently disabled as 124 a result of heart disease or any cardiovascular or respiratory 125 disease of a chronic nature, which disease or any evidence of 126 which disease was not revealed by the physical examination 127 passed by the member on entry into the department or another 128 examination specified in rules the board adopts under section 129 742.10 of the Revised Code, is presumed to have incurred the 130 disease while performing the member's official duties, unless 131 the contrary is shown by competent evidence. The board may waive 132 the requirement that the absence of disease be evidenced by a 133 physical examination if competent medical evidence of a type 134 specified in rules adopted under section 742.10 of the Revised 135 Code is submitted documenting that the disease was not evident 136

prior to or at the time of entry into the department.		
(b) A member of the fund who is a member of a fire	138	
department, has been assigned to at least three years of	139	
hazardous duty as a member of a fire department, and is disabled	140	
as a result of any of the following types of cancer, is presumed	141	
to have incurred the cancer while performing the member's	142	
official duties:	143	
(i) Cancer of the lung, brain, kidney, bladder, rectum,	144	
stomach, skin, prostate, breast, cervix, or uterus;	145	
<u>(ii) Non-Hodgkins lymphoma;</u>	146	
<u>(iii) Leukemia;</u>	147	
(iv) Multiple myeloma;	148	
(v) Testicular or colorectal cancer.	149	
(c) The presumption described in division (D)(3)(b) of	150	
this section does not apply in any of the following situations:	151	
(i) If competent evidence to the contrary of the	152	
presumption is shown or if the cancer that resulted in the	153	
member's disability, or any evidence of that cancer, was	154	
revealed by the physical examination passed by the member on	155	
entry into the department;	156	
(ii) If competent evidence is shown that the member was a	157	
substantial and consistent user of cigarettes or other tobacco	158	
products within the ten years immediately preceding the date of	159	
diagnosis of the cancer, and that this use was a significant	160	
factor in the cause, aggravation, or progression of the cancer;	161	
(iii) The member is seventy-five years of age or older.	162	
(4) A member of the fund who has five or more years of	163	

service credit and has incurred a permanent disability not 164 caused or induced by the actual performance of the member's 165 official duties as a member of the department, or by the 166 member's own negligence, shall if the disability prevents the 167 member from performing those duties and impairs the member's 168 earning capacity, receive annual disability benefits in 169 accordance with division (C) of section 742.39 of the Revised 170 Code. In determining whether a member of the fund is permanently 171 disabled, the board shall consider standards adopted under 172 division (C) of this section applicable to the determination. 173

(5) The board shall notify a member of its final action 174 awarding a disability benefit to the member within thirty days 175 of the final action. The notice shall be sent by certified mail, 176 return receipt requested. Not later than ninety days after 177 receipt of notice from the board, the member shall elect, on a 178 form provided by the board, either to accept or waive the 179 disability benefit award. If the member elects to waive the 180 disability benefit award or fails to make an election within the 181 time period, the award is rescinded. A member who later seeks a 182 disability benefit award shall be required to make a new 183 application, which shall be dealt with in accordance with the 184 procedures used for original disability benefit applications. 185

A person is not eligible to apply for or receive 186 disability benefits under this division, section 742.39 of the 187 Revised Code, or division (C)(2), (3), (4), or (5) of former 188 section 742.37 of the Revised Code unless the person is a member 189 of the fund on the date on which the application for disability 190 benefits is submitted to the fund. 191

With the exception of persons who may make application for192increased benefits as provided in division (D)(2) or (4) of this193

section or division (C)(3) or (5) of former section 742.37 of 194 the Revised Code on or after July 24, 1986, or persons who may 195 make application for benefits as provided in section 742.26 of 196 the Revised Code, no person receiving a pension or benefit under 197 this section or division (C) of former section 742.37 of the 198 Revised Code may apply for any new, changed, or different 199 benefit. 200

Sec. 4123.57. Partial disability compensation shall be 201 paid as follows. 202

Except as provided in this section, not earlier than 203 twenty-six weeks after the date of termination of the latest 204 period of payments under section 4123.56 of the Revised Code, or 205 not earlier than twenty-six weeks after the date of the injury 206 or contraction of an occupational disease in the absence of 207 payments under section 4123.56 of the Revised Code, the employee 208 may file an application with the bureau of workers' compensation 209 for the determination of the percentage of the employee's 210 permanent partial disability resulting from an injury or 211 occupational disease. 212

Whenever the application is filed, the bureau shall send a 213 copy of the application to the employee's employer or the 214 employer's representative and shall schedule the employee for a 215 medical examination by the bureau medical section. The bureau 216 shall send a copy of the report of the medical examination to 217 the employee, the employer, and their representatives. 218 Thereafter, the administrator of workers' compensation shall 219 review the employee's claim file and make a tentative order as 220 the evidence before the administrator at the time of the making 221 of the order warrants. If the administrator determines that 222 there is a conflict of evidence, the administrator shall send 223

the application, along with the claimant's file, to the district 224 hearing officer who shall set the application for a hearing. 225

The administrator shall notify the employee, the employer, 226 and their representatives, in writing, of the tentative order 227 and of the parties' right to request a hearing. Unless the 228 employee, the employer, or their representative notifies the 229 administrator, in writing, of an objection to the tentative 230 order within twenty days after receipt of the notice thereof, 231 the tentative order shall go into effect and the employee shall 232 receive the compensation provided in the order. In no event 233 shall there be a reconsideration of a tentative order issued 234 under this division. 235

If the employee, the employer, or their representatives timely notify the administrator of an objection to the tentative order, the matter shall be referred to a district hearing officer who shall set the application for hearing with written notices to all interested persons. Upon referral to a district hearing officer, the employer may obtain a medical examination of the employee, pursuant to rules of the industrial commission.

(A) The district hearing officer, upon the application, 243 shall determine the percentage of the employee's permanent 244 disability, except as is subject to division (B) of this 245 section, based upon that condition of the employee resulting 246 from the injury or occupational disease and causing permanent 247 impairment evidenced by medical or clinical findings reasonably 248 demonstrable. The employee shall receive sixty-six and two-249 thirds per cent of the employee's average weekly wage, but not 250 more than a maximum of thirty-three and one-third per cent of 251 the statewide average weekly wage as defined in division (C) of 2.52 section 4123.62 of the Revised Code, per week regardless of the 253

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average weekly wage, for the number of weeks which equals the 254 percentage of two hundred weeks. Except on application for 255 reconsideration, review, or modification, which is filed within 256 ten days after the date of receipt of the decision of the 257 district hearing officer, in no instance shall the former award 2.58 be modified unless it is found from medical or clinical findings 2.59 that the condition of the claimant resulting from the injury has 260 so progressed as to have increased the percentage of permanent 261 partial disability. A staff hearing officer shall hear an 262 263 application for reconsideration filed and the staff hearing officer's decision is final. An employee may file an application 264 for a subsequent determination of the percentage of the 265 employee's permanent disability. If such an application is 266 filed, the bureau shall send a copy of the application to the 267 employer or the employer's representative. No sooner than sixty 268 days from the date of the mailing of the application to the 269 employer or the employer's representative, the administrator 270 shall review the application. The administrator may require a 271 medical examination or medical review of the employee. The 272 administrator shall issue a tentative order based upon the 273 evidence before the administrator, provided that if the 274 administrator requires a medical examination or medical review, 275 the administrator shall not issue the tentative order until the 276 completion of the examination or review. 277

The employer may obtain a medical examination of the 278 employee and may submit medical evidence at any stage of the 279 process up to a hearing before the district hearing officer, 280 pursuant to rules of the commission. The administrator shall 281 notify the employee, the employer, and their representatives, in 282 writing, of the nature and amount of any tentative order issued 283 on an application requesting a subsequent determination of the 284 percentage of an employee's permanent disability. An employee, 285 employer, or their representatives may object to the tentative 286 order within twenty days after the receipt of the notice 287 thereof. If no timely objection is made, the tentative order 288 shall go into effect. In no event shall there be a 289 reconsideration of a tentative order issued under this division. 290 If an objection is timely made, the application for a subsequent 291 determination shall be referred to a district hearing officer 292 who shall set the application for a hearing with written notice 293 294 to all interested persons. No application for subsequent percentage determinations on the same claim for injury or 295 occupational disease shall be accepted for review by the 296 district hearing officer unless supported by substantial 297 evidence of new and changed circumstances developing since the 298 time of the hearing on the original or last determination. 299

No award shall be made under this division based upon a 300 percentage of disability which, when taken with all other 301 percentages of permanent disability, exceeds one hundred per 302 cent. If the percentage of the permanent disability of the 303 employee equals or exceeds ninety per cent, compensation for 304 permanent partial disability shall be paid for two hundred 305 weeks. 306

Compensation payable under this division accrues and is307payable to the employee from the date of last payment of308compensation, or, in cases where no previous compensation has309been paid, from the date of the injury or the date of the310diagnosis of the occupational disease.311

When an award under this division has been made prior to312the death of an employee, all unpaid installments accrued or to313accrue under the provisions of the award are payable to the314

surviving spouse, or if there is no surviving spouse, to the 315 dependent children of the employee, and if there are no children 316 surviving, then to other dependents as the administrator 317 determines. 318

(B) For purposes of this division, "payable per week"
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means the seven-consecutive-day period in which compensation is
paid in installments according to the schedule associated with
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the applicable injury as set forth in this division.

Compensation paid in weekly installments according to the323schedule described in this division may only be commuted to one324or more lump sum payments pursuant to the procedure set forth in325section 4123.64 of the Revised Code.326

In cases included in the following schedule the 327 compensation payable per week to the employee is the statewide 328 average weekly wage as defined in division (C) of section 329 4123.62 of the Revised Code per week and shall be paid in 330 installments according to the following schedule: 331

For the loss of a first finger, commonly known as a thumb, 332 sixty weeks. 333

For the loss of a second finger, commonly called index334finger, thirty-five weeks.335

For the loss of a third finger, thirty weeks. 336

For the loss of a fourth finger, twenty weeks.

For the loss of a fifth finger, commonly known as the338little finger, fifteen weeks.339

The loss of a second, or distal, phalange of the thumb is 340 considered equal to the loss of one half of such thumb; the loss 341 of more than one half of such thumb is considered equal to the 342

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loss of the whole thumb.

	The loss	of the	third,	or dis	tal, phala	ange of	any finger	344
is c	onsidered	equal	to the]	loss of	one-third	l of th	e finger.	345

The loss of the middle, or second, phalange of any finger 346 is considered equal to the loss of two-thirds of the finger. 347

The loss of more than the middle and distal phalanges of 348 any finger is considered equal to the loss of the whole finger. 349 In no case shall the amount received for more than one finger 350 exceed the amount provided in this schedule for the loss of a 351 hand. 352

For the loss of the metacarpal bone (bones of the palm) for the corresponding thumb, or fingers, add ten weeks to the number of weeks under this division.

For ankylosis (total stiffness of) or contractures (due to scars or injuries) which makes any of the fingers, thumbs, or parts of either useless, the same number of weeks apply to the members or parts thereof as given for the loss thereof.

If the claimant has suffered the loss of two or more 360 fingers by amputation or ankylosis and the nature of the 361 claimant's employment in the course of which the claimant was 362 working at the time of the injury or occupational disease is 363 such that the handicap or disability resulting from the loss of 364 fingers, or loss of use of fingers, exceeds the normal handicap 365 or disability resulting from the loss of fingers, or loss of use 366 of fingers, the administrator may take that fact into 367 consideration and increase the award of compensation 368 accordingly, but the award made shall not exceed the amount of 369 compensation for loss of a hand. 370

For the loss of a hand, one hundred seventy-five weeks. 371

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ear.

For the loss of an arm, two hundred twenty-five weeks. 372 For the loss of a great toe, thirty weeks. 373 For the loss of one of the toes other than the great toe, 374 ten weeks. 375 The loss of more than two-thirds of any toe is considered 376 equal to the loss of the whole toe. 377 The loss of less than two-thirds of any toe is considered 378 no loss, except as to the great toe; the loss of the great toe 379 up to the interphalangeal joint is co-equal to the loss of one-380 half of the great toe; the loss of the great toe beyond the 381 interphalangeal joint is considered equal to the loss of the 382 whole great toe. 383 For the loss of a foot, one hundred fifty weeks. 384 For the loss of a leg, two hundred weeks. 385 For the loss of the sight of an eye, one hundred twenty-386 five weeks. 387 For the permanent partial loss of sight of an eye, the 388 portion of one hundred twenty-five weeks as the administrator in 389 each case determines, based upon the percentage of vision 390 actually lost as a result of the injury or occupational disease, 391 but, in no case shall an award of compensation be made for less 392 than twenty-five per cent loss of uncorrected vision. "Loss of 393 uncorrected vision" means the percentage of vision actually lost 394 as the result of the injury or occupational disease. 395 For the permanent and total loss of hearing of one ear, 396 twenty-five weeks; but in no case shall an award of compensation 397 be made for less than permanent and total loss of hearing of one 398

For the permanent and total loss of hearing, one hundred400twenty-five weeks; but, except pursuant to the next preceding401paragraph, in no case shall an award of compensation be made for402less than permanent and total loss of hearing.403

In case an injury or occupational disease results in 404 serious facial or head disfigurement which either impairs or may 405 in the future impair the opportunities to secure or retain 406 employment, the administrator shall make an award of 407 compensation as it deems proper and equitable, in view of the 408 409 nature of the disfigurement, and not to exceed the sum of ten thousand dollars. For the purpose of making the award, it is not 410 material whether the employee is gainfully employed in any 411 occupation or trade at the time of the administrator's 412 determination. 413

When an award under this division has been made prior to the death of an employee all unpaid installments accrued or to accrue under the provisions of the award shall be payable to the surviving spouse, or if there is no surviving spouse, to the dependent children of the employee and if there are no such children, then to such dependents as the administrator determines.

When an employee has sustained the loss of a member by 421 severance, but no award has been made on account thereof prior 422 to the employee's death, the administrator shall make an award 423 in accordance with this division for the loss which shall be 424 payable to the surviving spouse, or if there is no surviving 425 spouse, to the dependent children of the employee and if there 426 are no such children, then to such dependents as the 427 administrator determines. 428

(C) Compensation for partial impairment under divisions

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(A) and (B) of this section is in addition to the compensation
paid the employee pursuant to section 4123.56 of the Revised
Code. A claimant may receive compensation under divisions (A)
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and (B) of this section.
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In all cases arising under division (B) of this section, 434 if it is determined by any one of the following: (1) the amputee 435 clinic at University hospital, Ohio state university; (2) the 436 opportunities for Ohioans with disabilities agency; (3) an 437 amputee clinic or prescribing physician approved by the 438 439 administrator or the administrator's designee, that an injured or disabled employee is in need of an artificial appliance, or 440 in need of a repair thereof, regardless of whether the appliance 441 or its repair will be serviceable in the vocational 442 rehabilitation of the injured employee, and regardless of 443 whether the employee has returned to or can ever again return to 444 any gainful employment, the bureau shall pay the cost of the 445 artificial appliance or its repair out of the surplus created by 446 division (B) of section 4123.34 of the Revised Code. 447

In those cases where an opportunities for Ohioans with 448 449 disabilities agencyagency's recommendation that an injured or disabled employee is in need of an artificial appliance would 450 conflict with their state plan, adopted pursuant to the 451 "Rehabilitation Act of 1973," 87 Stat. 355, 29 U.S.C.A. 701, the 452 administrator or the administrator's designee or the bureau may 453 obtain a recommendation from an amputee clinic or prescribing 454 physician that they determine appropriate. 455

(D) If an employee of a state fund employer makes 456 application for a finding and the administrator finds that the 457 employee has contracted silicosis as defined in division $\frac{(X)}{(Y)}$, 458 or coal miners' pneumoconiosis as defined in division $\frac{(Y)}{(Z)}$, or 459

asbestosis as defined in division (AA) (BB) of section 4123.68 of 460 the Revised Code, and that a change of such employee's 461 occupation is medically advisable in order to decrease 462 substantially further exposure to silica dust, asbestos, or coal 463 dust and if the employee, after the finding, has changed or 464 shall change the employee's occupation to an occupation in which 465 466 the exposure to silica dust, asbestos, or coal dust is substantially decreased, the administrator shall allow to the 467 employee an amount equal to fifty per cent of the statewide 468 average weekly wage per week for a period of thirty weeks, 469 commencing as of the date of the discontinuance or change, and 470 for a period of one hundred weeks immediately following the 471 expiration of the period of thirty weeks, the employee shall 472 receive sixty-six and two-thirds per cent of the loss of wages 473 resulting directly and solely from the change of occupation but 474 not to exceed a maximum of an amount equal to fifty per cent of 475 the statewide average weekly wage per week. No such employee is 476 entitled to receive more than one allowance on account of 477 discontinuance of employment or change of occupation and 478 benefits shall cease for any period during which the employee is 479 employed in an occupation in which the exposure to silica dust, 480 asbestos, or coal dust is not substantially less than the 481 exposure in the occupation in which the employee was formerly 482 employed or for any period during which the employee may be 483 entitled to receive compensation or benefits under section 484 4123.68 of the Revised Code on account of disability from 485 silicosis, asbestosis, or coal miners' pneumoconiosis. An award 486 for change of occupation for a coal miner who has contracted 487 coal miners' pneumoconiosis may be granted under this division 488 even though the coal miner continues employment with the same 489 employer, so long as the coal miner's employment subsequent to 490 491 the change is such that the coal miner's exposure to coal dust

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is substantially decreased and a change of occupation is 492
certified by the claimant as permanent. The administrator may 493
accord to the employee medical and other benefits in accordance 494
with section 4123.66 of the Revised Code. 495

(E) If a firefighter or police officer makes application 496 for a finding and the administrator finds that the firefighter 497 or police officer has contracted a cardiovascular and pulmonary 498 disease as defined in division (W) of section 4123.68 of the 499 Revised Code, and that a change of the firefighter's or police 500 officer's occupation is medically advisable in order to decrease 501 substantially further exposure to smoke, toxic gases, chemical 502 fumes, and other toxic vapors, and if the firefighter, or police 503 officer, after the finding, has changed or changes occupation to 504 an occupation in which the exposure to smoke, toxic gases, 505 chemical fumes, and other toxic vapors is substantially 506 decreased, the administrator shall allow to the firefighter or 507 police officer an amount equal to fifty per cent of the 508 statewide average weekly wage per week for a period of thirty 509 weeks, commencing as of the date of the discontinuance or 510 change, and for a period of seventy-five weeks immediately 511 following the expiration of the period of thirty weeks the 512 administrator shall allow the firefighter or police officer 513 sixty-six and two-thirds per cent of the loss of wages resulting 514 directly and solely from the change of occupation but not to 515 exceed a maximum of an amount equal to fifty per cent of the 516 statewide average weekly wage per week. No such firefighter or 517 police officer is entitled to receive more than one allowance on 518 account of discontinuance of employment or change of occupation 519 and benefits shall cease for any period during which the 520 firefighter or police officer is employed in an occupation in 521 which the exposure to smoke, toxic gases, chemical fumes, and 522

other toxic vapors is not substantially less than the exposure 523 in the occupation in which the firefighter or police officer was 524 formerly employed or for any period during which the firefighter 525 or police officer may be entitled to receive compensation or 526 benefits under section 4123.68 of the Revised Code on account of 527 disability from a cardiovascular and pulmonary disease. The 528 administrator may accord to the firefighter or police officer 529 medical and other benefits in accordance with section 4123.66 of 530 the Revised Code. 531

(F) An order issued under this section is appealable
pursuant to section 4123.511 of the Revised Code but is not
appealable to court under section 4123.512 of the Revised Code.
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Sec. 4123.68. Every employee who is disabled because of 535 the contraction of an occupational disease or the dependent of 536 an employee whose death is caused by an occupational disease, is 537 entitled to the compensation provided by sections 4123.55 to 538 4123.59 and 4123.66 of the Revised Code subject to the 539 modifications relating to occupational diseases contained in 540 this chapter. An order of the administrator issued under this 541 section is appealable pursuant to sections 4123.511 and 4123.512 542 of the Revised Code. 543

The following diseases are occupational diseases and 544 compensable as such when contracted by an employee in the course 545 of the employment in which such employee was engaged and due to 546 the nature of any process described in this section. A disease 547 which meets the definition of an occupational disease is 548 compensable pursuant to this chapter though it is not 549 specifically listed in this section. 550

SCHEDULE

Description of disease or injury and description of process:	552 553
(A) Anthrax: Handling of wool, hair, bristles, hides, and skins.	554 555
(B) Glanders: Care of any equine animal suffering from glanders; handling carcass of such animal.	556 557
(C) Lead poisoning: Any industrial process involving the use of lead or its preparations or compounds.	558 559
(D) Mercury poisoning: Any industrial process involving the use of mercury or its preparations or compounds.	560 561
(E) Phosphorous poisoning: Any industrial process involving the use of phosphorous or its preparations or compounds.	562 563 564
(F) Arsenic poisoning: Any industrial process involving the use of arsenic or its preparations or compounds.	565 566
(G) Poisoning by benzol or by nitro-derivatives and amido- derivatives of benzol (dinitro-benzol, anilin, and others): Any industrial process involving the use of benzol or nitro- derivatives or amido-derivatives of benzol or its preparations or compounds.	567 568 569 570 571
(H) Poisoning by gasoline, benzine, naphtha, or other volatile petroleum products: Any industrial process involving the use of gasoline, benzine, naphtha, or other volatile petroleum products.	572 573 574 575
(I) Poisoning by carbon bisulphide: Any industrial process involving the use of carbon bisulphide or its preparations or compounds.	576 577 578

(J) Poisoning by wood alcohol: Any industrial process 579 involving the use of wood alcohol or its preparations. 580 (K) Infection or inflammation of the skin on contact 581 surfaces due to oils, cutting compounds or lubricants, dust, 582 liquids, fumes, gases, or vapors: Any industrial process 583 involving the handling or use of oils, cutting compounds or 584 lubricants, or involving contact with dust, liquids, fumes, 585 586 gases, or vapors. (L) Epithelion cancer or ulceration of the skin or of the 587 corneal surface of the eye due to carbon, pitch, tar, or tarry 588 compounds: Handling or industrial use of carbon, pitch, or tarry 589 compounds. 590 (M) Compressed air illness: Any industrial process carried 591 on in compressed air. 592 (N) Carbon dioxide poisoning: Any process involving the 593 evolution or resulting in the escape of carbon dioxide. 594 (0) Brass or zinc poisoning: Any process involving the 595 manufacture, founding, or refining of brass or the melting or 596 smelting of zinc. 597 (P) Manganese dioxide poisoning: Any process involving the 598 grinding or milling of manganese dioxide or the escape of 599 manganese dioxide dust. 600 (Q) Radium poisoning: Any industrial process involving the 601 use of radium and other radioactive substances in luminous 602 paint. 603 (R) Tenosynovitis and prepatellar bursitis: Primary 604 tenosynovitis characterized by a passive effusion or crepitus 605 into the tendon sheath of the flexor or extensor muscles of the 606

exposure does not apply.

hand, due to frequently repetitive motions or vibrations, or prepatellar bursitis due to continued pressure. 608 (S) Chrome ulceration of the skin or nasal passages: Any 609 industrial process involving the use of or direct contact with 610 chromic acid or bichromates of ammonium, potassium, or sodium or 611 their preparations. 612 (T) Potassium cyanide poisoning: Any industrial process 613 involving the use of or direct contact with potassium cyanide. 614 (U) Sulphur dioxide poisoning: Any industrial process in 615 which sulphur dioxide gas is evolved by the expansion of liquid 616 617 sulphur dioxide. (V) Berylliosis: Berylliosis means a disease of the lungs 618 caused by breathing beryllium in the form of dust or fumes, 619 producing characteristic changes in the lungs and demonstrated 620 by x-ray examination, by biopsy or by autopsy. 621 This chapter does not entitle an employee or histhe 622 employee's dependents to compensation, medical treatment, or 623 payment of funeral expenses for disability or death from 624 berylliosis unless the employee has been subjected to injurious 625 exposure to beryllium dust or fumes in histhe employee's 626 employment in this state preceding his the employee's disablement 627 and only in the event of such disability or death resulting 628 within eight years after the last injurious exposure; provided 629 that such eight-year limitation does not apply to disability or 630 death from exposure occurring after January 1, 1976. In the 631 event of death following continuous total disability commencing 632 within eight years after the last injurious exposure, the 633 requirement of death within eight years after the last injurious 634

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Before awarding compensation for partial or total 636 disability or death due to berylliosis, the administrator of 637 workers' compensation shall refer the claim to a qualified 638 medical specialist for examination and recommendation with 639 regard to the diagnosis, the extent of the disability, the 640 nature of the disability, whether permanent or temporary, the 641 cause of death, and other medical questions connected with the 642 claim. An employee shall submit to such examinations, including 643 clinical and x-ray examinations, as the administrator requires. 644 In the event that an employee refuses to submit to examinations, 645 including clinical and x-ray examinations, after notice from the 646 administrator, or in the event that a claimant for compensation 647 for death due to berylliosis fails to produce necessary consents 648 and permits, after notice from the administrator, so that such 649 autopsy examination and tests may be performed, then all rights 650 for compensation are forfeited. The reasonable compensation of 651 such specialist and the expenses of examinations and tests shall 652 be paid, if the claim is allowed, as part of the expenses of the 653 claim, otherwise they shall be paid from the surplus fund. 654

(W) Cardiovascular, pulmonary, or respiratory diseases 655 incurred by fire fighters firefighters or police officers 656 following exposure to heat, smoke, toxic gases, chemical fumes 657 and other toxic substances: Any cardiovascular, pulmonary, or 658 respiratory disease of a fire fighter firefighter or police 659 officer caused or induced by the cumulative effect of exposure 660 to heat, the inhalation of smoke, toxic gases, chemical fumes 661 and other toxic substances in the performance of histhe 662 firefighter's or police officer's duty constitutes a 663 presumption, which may be refuted by affirmative evidence, that 664 such occurred in the course of and arising out of histhe 665 firefighter's or police officer's employment. For the purpose of 666

this section, "fire fighterfirefighter" means any regular member667of a lawfully constituted fire department of a municipal668corporation or township, whether paid or volunteer, and "police669officer" means any regular member of a lawfully constituted670police department of a municipal corporation, township or671county, whether paid or volunteer.672

This chapter does not entitle a fire fighter firefighter, 673 or police officer, or histhe firefighter's or police officer's 674 dependents to compensation, medical treatment, or payment of 675 funeral expenses for disability or death from a cardiovascular, 676 pulmonary, or respiratory disease, unless the fire-677 fighter<u>firefighter</u> or police officer has been subject to 678 injurious exposure to heat, smoke, toxic gases, chemical fumes, 679 and other toxic substances in histhe firefighter's or police 680 officer's employment in this state preceding histhe 681 firefighter's or police officer's disablement, some portion of 682 which has been after January 1, 1967, except as provided in 683 division (E) of section 4123.57 of the Revised Code. 684

Compensation on account of cardiovascular, pulmonary, or 685 respiratory diseases of <u>fire fightersfirefighters</u> and police 686 officers is payable only in the event of temporary total 687 disability, permanent total disability, or death, in accordance 688 with section 4123.56, 4123.58, or 4123.59 of the Revised Code. 689 Medical, hospital, and nursing expenses are payable in 690 accordance with this chapter. Compensation, medical, hospital, 691 and nursing expenses are payable only in the event of such 692 disability or death resulting within eight years after the last 693 injurious exposure; provided that such eight-year limitation 694 does not apply to disability or death from exposure occurring 695 after January 1, 1976. In the event of death following 696 continuous total disability commencing within eight years after 697

the last injurious exposure, the requirement of death within 698 eight years after the last injurious exposure does not apply. 699

This chapter does not entitle a fire fighter firefighter or 700 police officer, or histhe firefighter's or police officer's 701 dependents, to compensation, medical, hospital, and nursing 702 expenses, or payment of funeral expenses for disability or death 703 due to a cardiovascular, pulmonary, or respiratory disease in 704 the event of failure or omission on the part of the fire fighter 705 firefighter or police officer truthfully to state, when seeking 706 707 employment, the place, duration, and nature of previous employment in answer to an inquiry made by the employer. 708

Before awarding compensation for disability or death under 709 this division, the administrator shall refer the claim to a 710 qualified medical specialist for examination and recommendation 711 with regard to the diagnosis, the extent of disability, the 712 cause of death, and other medical questions connected with the 713 claim. A fire fighterfirefighter or police officer shall submit 714 to such examinations, including clinical and x-ray examinations, 715 as the administrator requires. In the event that a fire-716 fighter<u>firefighter</u> or police officer refuses to submit to 717 examinations, including clinical and x-ray examinations, after 718 notice from the administrator, or in the event that a claimant 719 for compensation for death under this division fails to produce 720 necessary consents and permits, after notice from the 721 722 administrator, so that such autopsy examination and tests may be performed, then all rights for compensation are forfeited. The 723 reasonable compensation of such specialists and the expenses of 724 examination and tests shall be paid, if the claim is allowed, as 725 part of the expenses of the claim, otherwise they shall be paid 726 727 from the surplus fund.

(X) (1) Cancer contracted by a firefighter: Any of the	728		
following types of cancer contracted by a firefighter who has	729		
been assigned to at least three years of hazardous duty as a			
firefighter, constitutes a presumption, which may be refuted by	731		
affirmative evidence, that the cancer was contracted in the	732		
course of and arising out of the firefighter's employment:	733		
(a) Cancer of the lung, brain, kidney, bladder, rectum,	734		
<u>stomach, skin, prostate, breast, cervix, or uterus;</u>	735		
(b) Non-Hodgkins lymphoma;	736		
(c) Leukemia;	737		
(d) Multiple myeloma;	738		
(e) Testicular or colorectal cancer.	739		
(2) The presumption described in division (X)(1) of this	740		
section does not apply in either of the following situations:	741		
(a) If competent evidence is shown that the firefighter	742		
was a substantial and consistent user of cigarettes or other	743		
tobacco products within the ten years immediately preceding the	744		
date of diagnosis of the cancer, and that this use was a	745		
significant factor in the cause, aggravation, or progression of	746		
the cancer;	747		
(b) The firefighter is seventy-five years of age or older.	748		
(3) As used in this division (X) of this section,	749		
"hazardous duty" has the same meaning as in 5 C.F.R. 550.902, as			
amended.	751		
<u>(Y)</u> Silicosis: Silicosis means a disease of the lungs	752		
caused by breathing silica dust (silicon dioxide) producing	753		
fibrous nodules distributed through the lungs and demonstrated	754		

(Y)(Z)Coal miners' pneumoconiosis: Coal miners'756pneumoconiosis, commonly referred to as "black lung disease,"757resulting from working in the coal mine industry and due to758exposure to the breathing of coal dust, and demonstrated by x-759ray examination, biopsy, autopsy or other medical or clinical760tests.761

762 This chapter does not entitle an employee or histhe 763 employee's dependents to compensation, medical treatment, or payment of funeral expenses for disability or death from 764 silicosis, asbestosis, or coal miners' pneumoconiosis unless the 765 employee has been subject to injurious exposure to silica dust 766 (silicon dioxide), asbestos, or coal dust in histhe employee's 767 employment in this state preceding histhe employee's 768 disablement, some portion of which has been after October 12, 769 1945, except as provided in division (E) of section 4123.57 of 770 the Revised Code. 771

Compensation on account of silicosis, asbestosis, or coal 772 miners' pneumoconiosis are payable only in the event of 773 temporary total disability, permanent total disability, or 774 death, in accordance with sections 4123.56, 4123.58, and 4123.59 775 of the Revised Code. Medical, hospital, and nursing expenses are 776 payable in accordance with this chapter. Compensation, medical, 777 hospital, and nursing expenses are payable only in the event of 778 such disability or death resulting within eight years after the 779 last injurious exposure; provided that such eight-year 780 limitation does not apply to disability or death occurring after 781 January 1, 1976, and further provided that such eight-year 782 limitation does not apply to any asbestosis cases. In the event 783 of death following continuous total disability commencing within 784

eight years after the last injurious exposure, the requirement 785 of death within eight years after the last injurious exposure 786 does not apply. 787

This chapter does not entitle an employee or his the 788 employee's dependents to compensation, medical, hospital and 789 nursing expenses, or payment of funeral expenses for disability 790 or death due to silicosis, asbestosis, or coal miners' 791 pneumoconiosis in the event of the failure or omission on the 792 part of the employee truthfully to state, when seeking 793 794 employment, the place, duration, and nature of previous employment in answer to an inquiry made by the employer. 795

Before awarding compensation for disability or death due 796 to silicosis, asbestosis, or coal miners' pneumoconiosis, the 797 administrator shall refer the claim to a qualified medical 798 specialist for examination and recommendation with regard to the 799 diagnosis, the extent of disability, the cause of death, and 800 other medical questions connected with the claim. An employee 801 shall submit to such examinations, including clinical and x-ray 802 examinations, as the administrator requires. In the event that 803 804 an employee refuses to submit to examinations, including clinical and x-ray examinations, after notice from the 805 806 administrator, or in the event that a claimant for compensation for death due to silicosis, asbestosis, or coal miners' 807 pneumoconiosis fails to produce necessary consents and permits, 808 after notice from the commission, so that such autopsy 809 examination and tests may be performed, then all rights for 810 compensation are forfeited. The reasonable compensation of such 811 specialist and the expenses of examinations and tests shall be 812 paid, if the claim is allowed, as a part of the expenses of the 813 claim, otherwise they shall be paid from the surplus fund. 814

(Z) (AA)Radiation illness: Any industrial process815involving the use of radioactive materials.816

Claims for compensation and benefits due to radiation 817 illness are payable only in the event death or disability 818 occurred within eight years after the last injurious exposure 819 provided that such eight-year limitation does not apply to 820 disability or death from exposure occurring after January 1, 821 1976. In the event of death following continuous disability 822 which commenced within eight years of the last injurious 823 824 exposure the requirement of death within eight years after the last injurious exposure does not apply. 825

(AA) (BB) Asbestosis: Asbestosis means a disease caused by 826 inhalation or ingestion of asbestos, demonstrated by x-ray 827 examination, biopsy, autopsy, or other objective medical or 828 clinical tests. 829

All conditions, restrictions, limitations, and other830provisions of this section, with reference to the payment of831compensation or benefits on account of silicosis or coal miners'832pneumoconiosis apply to the payment of compensation or benefits833on account of any other occupational disease of the respiratory834tract resulting from injurious exposures to dust.835

The refusal to produce the necessary consents and permits 836 for autopsy examination and testing shall not result in 837 forfeiture of compensation provided the administrator finds that 838 such refusal was the result of bona fide religious convictions 839 or teachings to which the claimant for compensation adhered 840 prior to the death of the decedent. 841

Section 2. That existing sections 742.38, 4123.57, and 842 4123.68 of the Revised Code are hereby repealed. 843

Section 3. The amendment made by this act to section 844 742.38 of the Revised Code applies only to an application for a 845 disability benefit that is filed on or after the effective date 846 of this act. 847

Section 4. The amendments made by this act to sections 848 4123.57 and 4123.68 of the Revised Code apply only to claims 849 pursuant to Chapters 4121. and 4123. of the Revised Code arising 850 on or after the effective date of this act. 851