# LEGISLATIVE AMENDMENTS TO OHIO WORKMEN'S COMPENSATION IN 1959

OLIVER SCHROEDER, JR.*

Workmen's Compensation legislation in 1959 was marked by a very spirited struggle—in committee hearings, on the legislative floors and through the lobbies of the capital city. The original package—House Bill 470—contained revolutionary provisions, much more drastic in alterations than the 1955 amendments which were acknowledged to be the greatest change since 1925.[1] The final enactment appeared as Substitute House Bill 470, effective November 2, 1959. This bill deleted major portions of the original H. B. 470 and included numerous other House Bills introduced during the 103rd General Assembly.[2] The result was a final package with certain major but not revolutionary amendments in the indicated sections of the Ohio Revised Code.

*Definitions*:

Section 4123.01

*Who is an employer and an employee*? Traditionally employers of less than three employees have not been compelled to participate in workmen's compensation. Now if there be a written agreement between employer and employees which binds the employer to pay into the state insurance fund the employer is legally obligated to do so even if less than three employees are involved. Also included as employees are elected members of the state, county, municipal or township governments and boards of education.

*What is an injury*? For nearly fifty years Ohio has used this term in trying to identify what situations are compensable. It would appear that what is meant by injury should be well known. The constitutional authority uses the word "injuries."[3] The Ohio legislature has provided from the first act compensation to "every employee . . . who is injured."[4] The

*Professor of Law, Director, The Law-Medicine Center, Western Reserve University, and Chairman, Ohio Workmen's Compensation Advisory Council.

[1] De Leone and Alloway, *The New Ohio Workmen's Compensation Law*, 16 OHIO ST. L. J. 515 (1956).

[2] House Bills: 130 (radiation injury), 176 (defining "injury"), 431 (extended to elected officials), 472 (extended to Ohio National Guard), 513 (hospitals included as employer), 885 (certificate of payment of premiums), 966 (employers liability for contribution from independent contractors), 967 (statement of payment of premiums), 1050 (insurance for payment), 1062 (premium payments by employer), 1063 (costs of administration), 1110 and 1111 (Bureau of Workmen's Compensation powers against employers); Senate Bills: 82 (increase for disabled workmen), 224 (extended to Ohio National Guard), 243 (replacement of injured artificial appliances).

[3] OHIO CONST. art. II, § 35.

[4] 103 OHIO LAWS 79 (March 14, 1913) sec. 21. The prior act before the 1912 constitutional enabling provision provided similar language: "to such employees . . . that have been injured." 102 OHIO LAWS 529 (June 15, 1911) Sec. 21.

Supreme Court of Ohio in interpreting the meaning of injury, however, established early the necessity of an *accidental* injury before an injury was compensable.[5] The court in these early cases was confronted, it must be remembered, by the attempt to include occupational diseases and hazards within the framework of compensability. The first statutes did not include these disabilities and the court used "accidental" to emphasize the type of injury intended to be covered. After the enactment of the occupational disease coverage other cases arose involving not diseases but stresses, strains and pressures which disabled workmen. A night watchman found an unlocked door, called the police, aided in the building search then returned to his seat feeling sick from the excitement. Illness from such excitement was not physical injury protected by the compensation law.[6] A worker, pouring hot liquid from a ladle, as he had done for seven years, injured and paralyzed his hand nerves and tendons from the candle's heat and hard pressure, was denied compensation.[7] Trauma was not evident and no sudden happening or accident occurred, so compensation was denied.

The General Assembly in 1937 attempted to define injury: "The term injury as used in this section and in the workmen's compensation act shall include *any* injury received in the course of, and arising out of, the injured employee's employment."[8]

The Supreme Court cases which followed this legislative definition continued to interpret injury as a physical, traumatic injury, accidental in character, however. A worker who suffered a strangulated hernia and death when his wrench slipped while tightening bolts on an auto frame was not covered by compensation benefits.[9] Claims arising from stresses and strains which caused cardio-vascular disabilities were disallowed because the incidents were not accidental in origin or cause, hence they were not injuries.[10] Back disabilities caused by heavy lifting met a similar fate.[11]

In 1942, however, the Supreme Court introduced a new line of cases with a different philosophy and interpretation of injury. A worker pouring metal in a foundry with 113° heat collapsed on the job and died twelve hours later from heat prostration. Compensation benefits were granted. The court majority of four reasoned in *Malone v. Industrial Commission*[12] that the 1937 amendment defining injury as "any injury" meant that injury should include accidental injuries not only in cause and

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[5] Renkel v. Industrial Commission, 109 Ohio St. 152, 141 N.E. 834 (1923); Industrial Commission v. Brown, 92 Ohio St. 309, 110 N.E. 744 (1915).

[6] Industrial Commission v. O'Malley, 124 Ohio St. 401, 178 N.E. 842 (1931).

[7] Industrial Commission v. Lambert, 126 Ohio St. 501, 186 N.E. 89 (1933).

[8] 117 OHIO LAWS 109 (April 9, 1937).

[9] Gwaltney v. General Motors, 137 Ohio St. 354, 30 N.E.2d 342 (1940).

[10] Cordray v. Industrial Commission, 139 Ohio St. 173, 38 N.E. 2d 1017 (1942); Vogt v. Industrial Commission, 138 Ohio St. 233, 34 N.E. 2d 197 (1941).

[11] Matczak v. Goodyear Tire and Rubber Co., 139 Ohio St. 181, 38 N.E.2d 1021 (1942).

[12] 140 Ohio St. 292, 43 N.E.2d 266 (1942).

character but also in result. A physically traumatic injury had occurred here because of the sudden, violent attack on the body tissues by an abnormal condition which was unusual, unexpected and the result of employment. Two judges concurred on the basis that the only question was whether the injury was caused by trauma or disease. Since it was a traumatic experience, compensation coverage was permissible. A later worker suffering a strained back with hematoma resulting in death was also within the area of compensability. The court urged that since the 1937 amendment, an injury need not be accidental.[13] Furthermore, when the incident involved a bus driver who operated his crowded vehicle on a foggy night under severe strain and who suffered a coronary thrombosis and died, the Ohio judiciary after four decisions and opinions ruled that the death could be compensable.[14] But if a worker suffered a cerebral hemorrhage and partial paralysis after an employment experience of severe worry and anxiety, the Supreme Court later held an injury did not occur within the terms of the act for no physical exertion had transpired.[15]

The Supreme Court following the 1937 amendment on injury, and especially after the *Malone*[16] case in 1942, appeared to be riding two horses simultaneously—an interesting demonstration but one not calculated to bring certainty and understanding to the law.

In 1956, opportunity presented itself to clarify the injury definition. The now classic *Dripps*[17] case arrived at the doors of the Supreme Court. A worker who was a swing line man on a boom, which had been unbalanced for nine weeks prior, used a greater pull on the line. A sudden, electric-like shock struck him from shoulders to fingers while he was exerting this extra pull. He was disabled. A majority of three judges held the incident not compensable—injury comprehends a physical or traumatic damage or harm accidental in character, a sudden, unexpected chance mishap. Mere effort and strain in themselves were not enough. Two judges dissented contending that injury includes events accidental in character and result as well as means. Two other judges concurred with the majority that an accidental injury was demanded for compen-

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[13] Maynard v. Goodrich Tire and Rubber Company, 144 Ohio St. 22, 56 N.E.2d 195 (1944)).

[14] McNees v. Cincinnati Street Railway, 80 N.E.2d 498 (C. P. Hamilton, 1948) (compensable for physical injury means any injury); aff'd (2-1) 84 Ohio App. 499, 87 N.E.2d 819 (1949); rev'd and remanded (4-2) 152 Ohio St. 269, 89 N.E.2d 138 (1950); 90 Ohio App. 223, 101 N.E.2d 1 (1951) (mental strain or worry can be an injury under Workmen's Compensation but it is a jury question).

[15] Toth v. Standard Oil Co., 160 Ohio St. 1, 113 N.E.2d 81 (1953), (a lone dissenter contended unusual exertion due to emotions was an injury for compensation).

[16] *Op. cit. supra* note 12.

[17] Dripps v. Industrial Commission, 165 Ohio St. 407, 135 N.E.2d 873 (1956).

sation, but they urged specific overruling of the *Malone* and *Maynard* cases to eliminate the confusion.[18]

As late as February 4, 1959, the Ohio Supreme Court still displayed disagreement over this definition of injury. In *Davis v. Goodyear Tire and Rubber Company*,[19] a rubber worker, while pushing on a tire stuck to the drum, exerted added pressure and suffered a back injury aggravating a pre-existing back condition. On the authority of the *Dripps* case, the per curiam opinion held no injury was present so no compensation could be granted. All four judges who supported this opinion joined in a concurring opinion which admitted "two irreconcilable lines of decision" and urged that "if this court was wrong in its interpretation of the statute as announced in the *Dripps* case and those which have followed it, and if the workmen's compensation act is to be made a general policy of insurance for the employees of Ohio, as has been argued to this court on occasion, our error should be corrected by the General Assembly and a different approach to workmen's compensation outlined in clear and unequivocal legislative expression."[20] The three dissenting judges contended that the 1937 amendment indicated clear legislative expression upholding the *Malone* and *Maynard* decisions and where *Dripps* conflicted it should be overruled—one horse not two should be ridden on the definition of injury.

One week after the *Davis* decision was announced, the Workmen's Compensation Advisory Council submitted its third annual report to the General Assembly and the Governor. A majority of the Council recommended a definition of injury which adopted the *Malone* concept and rejected *Dripps*.[21]

Meanwhile H. B. 470 had been introduced with the following definition of injury:

> "Injury shall mean any disability or harmful bodily change, traumatic or otherwise in origin or result, received in the course of, and arising out of the injured employee's employment. It shall include the occurrence or aggravation of any disability through the use of any exertion or being subjected to any strain. To constitute an injury it shall not be necessary that there be some sudden, unusual and unexpected occurrence or some sudden specific mishap or event, or accidental means."

In H. B. 176 introduced by Mr. Cloud (Republican minority leader) another definition of injury was suggested:

> " 'Injury' includes any injury, whether caused by external accidental means or accidental in character and result, received

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[18] *Op. cit. supra* notes 12 and 13.

[19] 168 Ohio St. 482, 155 N.E.2d 889 (1959).

[20] 168 Ohio St. 482, 484-485, 155 N.E.2d 889, 890-891 (1959).

[21] Third Report, Workmen's Compensation Advisory Council, State of Ohio (February 11, 1959) Part III.

in the course of, arising out of, the injured employee's employment."

The Cloud definition was incorporated into Substitute H. B. 470 and now becomes the definition of injury to guide the bureau, commission and courts of Ohio. In substance it represents Judge Zimmerman's definition in the *Dripps'* dissenting opinion.

On the hard anvil of practical cases the decision makers will now shape what is an injury. The 1959 General Assembly has provided a new pattern. Unusual stress and strain, physical or mental, directly caused by the employment experience will now be important actors.

An entirely new definition was also added this year. " 'Compensation' includes, but is not limited to, the payment of or furnishing of benefits." And "benefits" include money paid, hospital, medical or nursing services, medicine, therapeutic or orthopedic devices and other services, items, proprietaries, or devices occasioned by reason of the injury or occupational disease.

Indirectly, this new definition liberalizes the statutes of limitations. Prior to this addition furnishing a benefit did not stay the statute but paying compensation did. Now furnishing the benefit will have the same effect as paying compensation. The ten year continuing jurisdiction of the Commission extends from the last furnishing of a benefit.

*Ohio Organized Militia:*
Sections 4123.021 - .024

A member of the militia on full time active duty is now within state employment for the purposes of workmen's compensation and qualifies for maximum benefits provided employees.

*Reporting of Injuries and Occupational Diseases:*
Section 4123.28

Occupational diseases are now included along with injuries and deaths on which employers must keep records and report to the commission within a week. More important, a copy must be furnished the interested employee or his dependents.

*Handicapped Employees:*
Section 4123.343

The section on employment of handicapped workers has been strengthened by the legislative directive to construe the provisions "liberally to the end that employers shall be encouraged to employ and retain in their employment handicapped workers."

*Liability for Subcontractors:*
Section 4123.35

On recommendation of the Administrator and Advisory Council the 1959 enactment extended liability to an employer for unpaid premiums due from the employer's subcontractor with respect to that part of the subcontractor's payroll which is work performed pursuant to a contract

with the employer. This will aid in preventing the escape of irresponsible subcontracting employers. The primary employer is stimulated to assure himself that his subcontractors are within the state insurance program.

*Collecting Premiums from Non-Complying Employers:*
Section 4123.37

This section was completely redrafted. In substance there is not a major change, however. The purpose is to provide an automatic assessment and judgment at the hands of the Administrator to enforce collection promptly of a delinquent premium payment. The procedure is similar to the one used in sales tax claims.[22] Since the information for the basis of a claim for premium payment is in the employer's control, this change will permit enforcement to follow more closely the defaulting employer. This amendment, too, was recommended by the Administrator and the Advisory Council.

*Disabled Workmen's Relief Fund:*
Section 4123.412 - .414

Since workmen's compensation is predicated on an insurance foundation, employers pay premiums into an insurance fund. The premiums are fixed at a rate which reflects the benefits schedule in effect for the year the premiums are due. The year in which an injury or disease occurs then fixes the benefits due the disabled worker. In the early years of compensation the weekly payments to a permanently, totally disabled worker were as low as $12.00. Numerous disabled workers whose compensation benefits were fixed at the time of injury are paid at rates considerably below current weekly benefits in compensation. Rising living costs since World War II have made these low weekly payments completely unrealistic for living maintenance. The state insurance fund, however, cannot be tapped for extra payments. It is a "trust fund for the benefits of employer and employees" based on premiums determined on benefits in effect in the year the premium is paid.[23] To provide more money for realistic living maintenance the General Assembly in 1953 enacted the Disabled Workers Relief program. Permanently, totally disabled workers were to receive $25.00 weekly. The costs of the difference between what they were paid from the compensation fund and $25.00 was to be met from the general revenue fund of the state. This year the amount to be paid each disabled worker weekly is increased to an amount equal to the difference between what he receives from compensation and $40.25. More important, the general revenue fund is not obligated to pay this large sum but rather a new payroll tax of 3¢ per $100.00 gross payroll will be assessed on employers amenable to the workmen's compensation law. The first assessment will be made January 1, 1960, on payrolls from August 1, 1959, to January 6, 1960. Thereafter annual assessment on annual payrolls

[22] OHIO REV. CODE § 5739.13 (Supp. 1955).

[23] OHIO REV. CODE § 4123.30.

will be made on January 1.[24] In the event this tax is insufficient in amount, $3,000,000 has been designated from the general revenue fund to make up the difference.

*Failure to Comply with Premium Payments:*
Section 4123.50

Another Administrator and Advisory Council recommendation which was enacted permits all fines levied against officers of employer firms or corporations, for failure to cause the firm or corporation to comply in paying premiums, to be paid into the general fund of the political subdivision where the case is prosecuted.

*Appeals to Court of Common Pleas:*
Section 4123.519

Under the new provisions a claimant may go directly to the common pleas court from a decision of the Administrator on reconsideration or from a decision of the Regional Board. Only two steps, therefore, need be taken at the administrative level before a judicial determination. The claimant must also file a petition "setting forth the issues" within thirty days after a notice of appeal has been filed with the commission and the court regardless of whether it is an appeal by the claimant or the employer.

A deposition of a physician may be taken by either claimant or employer and filed in the court. If done, the physician need not respond to a subpoena. Of course the physician may do so voluntarily. Deposition costs are paid by the commission from the surplus fund. If the claimant prevails in court, costs are charged to the unsuccessful party be it the commission or self-insuring employer.

The cost of "any legal proceedings authorized by this section, including an attorney's fee to the claimant's attorney to be fixed by the trial judge in event the claimant's right to participate in the fund is established upon the final determination of an appeal" is charged against the employer if he contested the appeal or against the commission if it or the administrator contested the appeal. This provision was long needed. To pay attorney's fees from the compensation benefits as a percentage of money recovered for claimant smacks of the traditional common law tort personal injury case. It violates completely the basic philosophy of workmen's compensation by reducing substantially the compensation received by the injured worker or the deceased worker's dependent.

A further provision limits attorney's fees to a maximum: 20% on the first $3,000 of an award, 10% of the award in excess of $3,000, with a maximum fee of $750. The express provisions of this paragraph emphasize the maximum an attorney can collect for all court procedures—trial and appeal—as $750 with the trial judge making the precise determination.

[24] Amend. Senate Bill 472 (103rd General Assembly).

In fact, the Supreme Court in an early case held that by private contract claimant and attorney could not provide for a fee over and above the statutory maximum. Furthermore, private contingent fee contracts for a certain percentage of the commission's award were against public policy and void. The strong words of the opinion indicated also that the statutory maximum applied not only to representation in the judicial trial and appeal but also prior representation before the administrative bodies.[25]

A new section added in 1959 indirectly underscores this direct fee limitation. The entire act "shall be liberally construed in favor of employees and the dependents of deceased employees." (Sec. 4123.95). To permit additional attorneys' fees based on a contingent fee contract for representation at the administrative level to be taken from compensation benefits would appear to violate this legislative mandate.[26]

When an employer appeals an award by the commission, payment of compensation for subsequent periods of total disability shall not be stayed pending the appeal. Prior to 1959 only payments of the award being appealed were not stayed.

New language has also been inserted to place all actions under this section at the top of the civil calendar in both common pleas and appellate courts except for election causes. The judiciary, faced with imposing case backlogs, has been reluctant to favor compensation appeals. Under Sec. 4121.29 a similar priority is given except that causes affecting the public utilities commission and election causes are both given precedence over compensation actions. That earlier section also permits the commission's attorney to request compensation preference when he is permitted to intervene. Whether this new legislative instruction will be any more influential with the judiciary than the earlier one remains to be seen.

The new appeals provisions apply to cases in the administrative level on the effective date of the act; while cases pending in courts on November 2, 1959, will be governed by the new amendments on that day.

*Written Notices:*
Section 4123.522

Employee, employer and their respective representatives will now be entitled to written notices of hearings, determinations, orders, awards or decisions. The person failing to receive notice without fault on his part has twenty days after receiving notice to take the action afforded by the notice.

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[25] Adkins v. Staker, 130 Ohio St. 198, 198 N.E. 575 (1935).

[26] In Carson v. Beall, 55 Ohio App. 245, 9 N.E.2d 729 (1937), the court of appeals interpreted Adkins v. Staker as applying only to the judicial proceedings not the administrative proceedings. The Supreme Court in State *ex rel.* Michaels v. Morse, 165 Ohio St. 599, 138 N.E.2d 660 (1956) rendered a *per curiam* opinion in which the court affirmed an appellate court decision and incorporated the opinion of the appellate court which included an interpretation of the maximum legal fee provision as applicable only to judicial proceedings.

*Compensation in Case of Injury or Death:*
Section 4123.54

To the language granting benefits to workers injured or killed is added the phrase to include every employee "who contracts an occupational disease." This language appears to be surplusage. Sec. 4123.68 provides in detail for occupational disease benefits. Indirectly, however, the words do have significance. In the section on appeals to the common pleas court (Sec. 4123.519) the right to appeal is granted only to persons injured. If the legislature had intended to allow appeals in occupational disease cases it would have inserted a similar phrase in the appeals section.[27]

*Compensation and Benefits*
Section 4123.55

Compensation for the first week of total disability is now to be paid if the worker is totally disabled for a continuous period of three weeks or more, instead of five weeks.

Sec. 4123.56. The maximum and minimum temporary total disability payments have been raised from $40.25 and $14.00 to $49.00 and $25.00. The overall maximum allowed for such benefits is also increased to $10,500 from $8,000.

Sec. 4123.57. Extensive changes were made in partial disability benefits—temporary or permanent. The weekly maximum is raised to $49.00 and the overall maximum to $10,000.

The determination of permanent partial disability under paragraph B has also been altered. Previously, forty weeks had to pass after the latest period of disability before the disability could be determined. Under the new law, subsequent total disability will not delay the permanent partial determination. The commission is required to hear these cases but there appears to be no requirement that the commission must make an award if it develops at the hearing the employee is again totally disabled or still recuperating. New criteria for determining permanent partial awards are added to the former criterion of physical disability. Now, impairment of earning capacity and vocational handicap of the employee must also be considered. The paragraph B award is based upon a percentage of 200 weeks at $49.00 per week which product represents the whole body. Once made, the whole award is payable as of the date of the last compensation payment, or if no such payment has been made, the date of injury. Since 1955 such awards were paid in weekly installments. Now the pre-1955 practice has been reinstated. The claimant will also be able to change his election to receive compensation under paragraph A or B, if the commission approves, when good cause has been shown. Also unpaid installments of awards may now be paid to

[27] Similar insertions covering occupational diseases were made in OHIO REV. CODE §§ 4123.55, .57, .60, .66, .74.

dependents other than the widow or children as the commission determines when the widow and children do not survive.

Schedule benefits under paragraph C were also changed slightly. Loss of the great toe up to the interphalangeal joint is equal to the loss of one-half of the great toe. Loss beyond this joint is equal to loss of the whole toe. Loss of vision is to be based on uncorrected vision which is consistent with previously published commission rules. Maximum payment for facial disfigurement is increased from $3,750 to $5,000; the commission is required to make an award for serious facial or head disfigurement which impairs or may in the future impair employment opportunities. Gainful employment of the claimant at the time of the commission's determination is immaterial.

Where severance of a body member has occurred and death ensued from other causes, awards made and paid before only to the widow and children may now be paid to other dependents if the widow and children do not survive, as the commission determines.

Sec. 4123.571. Procedural and remedial rights of claims accruing before the effective date will be governed by the new law.

Sec. 4123.58. In addition to raising the maximum weekly payments for permanent total disability to $49.00, the General Assembly removed the *prima facie* presumption that loss of both hands, arms, feet, legs, eyes or any two constitutes total and permanent disability. Such loss is now conclusively such disability.

Sec. 4123.59. Death benefits are increased to $15,000 maximum for dependents where no widow or children survive. Where total dependency exists the maximum is $18,000 (surviving widow $15,000 and each child $1,000 up to three children). Payment is made at $49.00 per week. If the average weekly wage is such that $49.00 is not due, a lesser amount is awarded but never less than $40.25 regardless of the wage. Previously death benefits have been diminished by the amount of compensation paid to the decedent during life. Benefits were also paid only for eight years after injury. Where the death was found to be compensable and either or both limitations indicated no award or a minimal award, $4,000 was paid as a minimum. After November 2, 1959, both the limitations on death benefits are eliminated and dependents will receive the full award. Also now a wife not living with the worker when he dies "because of the aggression of the husband" will be a dependent. The surviving parents' minimum award will be $3,000 and the total award for prospective dependency will be the same. Both were $1,000 before.

The courts have long recognized that benefits are determined as of the date of death. Therefore, this section will govern in all cases where death occurs on or after November 2, 1959, regardless of the date of injury.

Sec. 4123.60. If a decedent would have been entitled to apply

for an award at the time of his death, application must be made within one year after death instead of the previous six month period.

Sec. 4123.64. Lump sum payment of an award must now have the purpose of either rendering financial relief or furthering rehabilitation of the disabled worker.

*Free Choice of Physician:*

Section 4123.651

For a long period self-insuring employers have been granted the opportunity to serve the medical needs of their employees injured or disabled within the compensation area. Upon a finding by the commission, after the employee's application, that the services were inadequate, unfit or not in the worker's interest, the commission selected at least three physicians or surgeons and the employee could select one of them. The new amendment grants free choice of medical services to the worker, subject only to the commission's approval as to the amount of the bill.

*Miscellaneous Benefits:*

Section 4123.66

Funeral expenses to be compensated will be increased to $500 and reimbursement will be made to anyone who pays such expense. When damage to artificial teeth or dentures and eyeglasses require replacement, repair or adjustment, the reasonable cost will be paid.

*Occupational Disease:*

Section 4123.68

The schedule of these diseases now will include radiation illness payable only when death or disability occurs within eight years from the injurious exposure. Disability claims must be filed within one year after disability begins or if beyond one year, at least six months after diagnosis.

Silicosis referees are abolished. The commission, however, before awarding compensation must refer the silicosis claim to a "qualified medical specialist."

Under Sec. 4123.57 (D) the award payable to a silicotic who changes occupation is increased to $49.00 maximum per week for the first 30 weeks and to $40.25 maximum for the next 75 weeks. This amendment also restricts benefits payable, for today a silicotic can change his occupation, file within three months for an award, and if it is found that the change was advisable within the requirements of the statute, an award is retroactively made. As amended, the silicotic can expect no award except where he changes his occupation after his application for permission has been filed, processed and decided.

*Property Lien on Non-Complying Employer:*

Section 4123.78

The Administrator and Advisory Council recommended that a lien against the personal as well as real property of non-complying employers

should be provided. The legislature responded, and now the county recorder will accept and file the commission's certificate of the amount of premium due as a real estate mortgage or chattel mortgage.

*Statute of Limitations:*

Sections 4123.84 and .85

The statute has been amended so that it will be stayed if any benefits or compensation are furnished or paid. State fund employers will be unaffected but self-insurers will be greatly affected. Medical treatment is now defined as a benefit so the statute will now run for two years after the simplest medical treatment. In occupational disease and death cases the statute is extended from six months to two years. A longer period is granted if it does not extend beyond six months after the diagnosis of such disease or death by a physician, or if it is within six months after the claimant is informed of the diagnosis or within two years after death occurs.

*Miscellaneous Deletions:*

Substitute H. B. 470 Section 2

Sec. 4123.10. The requirement that no compensation be paid in a disputed occupational disease case unless a medical advisor or the commission determines the existence of the disease and the time, place and cause of its inception plus the requirement of an autopsy in an occupational disease death claim are deleted.

Sec. 4123.15 and .151. Medical advisory boards are eliminated.

*The Commission:*

Sections 4121.02 and .05

The annual salary of each commissioner will be $12,000 and one commissioner shall be a person who can be classed as a representative of the public because of his previous vocation, employment or affiliation.