



HB 2375

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Path to full text:

<https://documents.house.mo.gov/billtracking/bills261/hlrbillspdf/4743H.01I.pdf>

PART 1 – QUICK SNAPSHOT

1.1 One-Paragraph Overview (Plain Language)

HB 2375 makes significant changes to Missouri’s workers’ compensation system, largely tightening what qualifies as a compensable work injury and reducing what an injured worker can ultimately recover. It narrows “accident” and “injury” definitions, limits certain doctrines (like coverage tied to travel routes/premises theories), and emphasizes that work must be the “prevailing factor” for injury, disability, and treatment. It also changes how benefits interact with other insurance by requiring “savings” and benefits from other sources to be deducted from workers’ comp benefits, shifting costs away from the employer/insurer and potentially onto private insurance and taxpayer-funded programs. Procedurally, it creates/expands faster dismissal mechanisms and weakens enforcement on unpaid temporary awards. The practical winners are employers and insurers (reduced exposure and leverage), while the practical losers are injured workers and their families (more stringent qualification requirements, greater offsets, faster dismissals).

1.2 Triage Table (Fast Flags)

- **Single-Subject / Clear Title (Art. III §23):** *Likely compliant legally; still broad in effect.*
- **Title Specificity (0–3):** 2 (“relating to workers’ compensation” is within one policy domain, but it does not fairly signal major eligibility tightening + collateral-source offsets).
- **Department Scope: Single** (Workers’ Comp framework—Division/Commission; references to Commerce & Insurance appear within the existing system).
- **Does it grow government? Mixed** (no big new bureaucracy, but adds new/expanded procedural hearing obligations and mechanisms).

- **Impact on Missouri families: Hurts (overall)** (reduced/offset benefits and higher barriers when a breadwinner is injured).
 - **Alignment with Act for Missouri core beliefs: Violates** (shifts burdens onto families/taxpayers; expands legal/process machinery while reducing protections).
 - **Initial stance: Oppose**
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PART 2 – PURPOSE & PROVISION MAP

2.1 Stated Purpose & Title

- **Bill title/purpose line:** “relating to workers’ compensation.”
- **What it really does:** Resets key eligibility definitions, narrows compensability, expands offsets/deductions, and strengthens employer-side procedural tools to dismiss claims early—while adding a few selective expansions (notably PTSD coverage parameters for first responders).

2.2 Provision-by-Provision Map (Major Clusters)

A) §287.020 (definitions: “employee,” “accident,” “injury,” doctrines, legislative intent)

- **Plain-language:** Tightens what counts as an “accident” and makes clear that “triggering or precipitating factor” is not enough; work must be the **prevailing factor** for injury/condition/disability/treatment. Abrogates extension-of-premises doctrine for non-employer-owned property and excludes commuting accidents in employer-owned/subsidized vehicles. Declares intent to reject/abrogate prior case law interpretations and narrows “occupational diseases due to toxic exposure” to a fixed list.
- **Tag: [Bad]**
- **Why:** This is a major eligibility tightening and doctrine rollback, plus an unusually broad “abrogate case law” statement. It predictably reduces successful claims, especially in borderline-but-real workplace injuries.

B) §287.067 (occupational disease; repetitive motion; communicable disease; first-responder PTSD)

- **Plain-language:** Keeps/extends “prevailing factor” requirements; clarifies that gradual deterioration can be compensable if work hazards are the prevailing factor; makes contagious/communicable disease occupationally compensable; and adds a structured PTSD benefit path for first responders with “clear and convincing” proof and specific qualifying events plus notice rules.
- **Tag: [Mixed]**

- **Why:** Some provisions can help workers (communicable disease coverage; work-caused deterioration clarity; first-responder PTSD recognition), but the overall architecture continues tightening via high proof burdens and prevailing-factor language.

C) §287.140 (medical treatment; provider communication duty; referral financial-interest disclosure; paid leave use; prayer/spiritual means)

- **Plain-language:** Reinforces prevailing-factor gate for treatment; imposes a duty on providers to communicate fully with the injured employee; requires written disclosure of financial interests in referrals (criminal penalty for violation); allows prayer/spiritual treatment if employer does not object; and allows employers to allow/require use of paid leave for treatment during work time.
- **Tag:** [Mixed]
- **Why:** Disclosure and communication duties are pro-transparency; spiritual treatment acknowledgment aligns with religious liberty principles (though conditioned on employer non-objection). The paid-leave provision can shift costs/time burdens to employees and families.

D) §287.270 (offsets/deductions for other insurance; payment direction to providers)

- **Plain-language:** Reverses the traditional “don’t reduce comp because the worker has other benefits” approach by requiring various insurance “savings” and benefits (governmental or private) to be **deducted** from workers’ comp amounts otherwise due. Also allows/encourages payment to medical providers directly when bills are disputed and later found employer-responsible.
- **Tag:** [Bad]
- **Why:** This shifts cost off employers/insurers and onto private insurance and taxpayer-funded programs, and reduces the injured worker’s net recovery—directly harming family stability after injury.

E) New §287.445 (early motion-to-dismiss process within 180 days if case not set)

- **Plain-language:** Creates a fast path for employers to seek dismissal early on specified grounds (late notice, not working, intoxication, not employed, or “failed to set forth a valid claim”), with a prompt hearing and dismissal order timeline.
- **Tag:** [Concern]
- **Why:** “Speed” can be fine, but in practice this increases procedural pressure on injured workers (often unrepresented early) and can become a leverage tool to choke claims before full medical facts develop.

F) §287.510 (temporary/partial award enforcement change)

- **Plain-language:** Removes the provision allowing unpaid temporary awards to be doubled in a final award; delays appeal/review of temporary awards until after the final award.
- **Tag: [Bad]**
- **Why:** Weakens enforcement against noncompliance and reduces leverage for workers who need prompt benefits to keep their households afloat.

G) §287.655 (dismissal for failure to prosecute + employer motion to dismiss)

- **Plain-language:** Expands/clarifies dismissal procedures and again creates a 180-day employer motion-to-dismiss mechanism (overlapping with new §287.445).
- **Tag: [Concern]**
- **Why:** Procedural duplication/overlap can create traps and confusion while further empowering early-dismiss tactics.

2.3 Changes to Existing Law (High-Level)

- Tightens “accident/injury” definitions and rejects “triggering factor” logic in favor of strict “prevailing factor.”
- Abrogates extension-of-premises doctrine for non-employer property and excludes certain commuting vehicle accidents.
- Limits “toxic exposure” occupational disease recognition to a fixed disease list.
- Adds/structures PTSD occupational disease coverage for first responders; expands communicable disease coverage.
- Requires offsets/deductions from other insurance/benefit sources when calculating workers’ comp due.
- Strengthens employer dismissal tools and weakens enforcement for unpaid temporary awards.

PART 3 – CONSTITUTIONAL & PROCESS CHECKS

3.1 Single-Subject & Clear-Title (Art. III §23)

- **Main subject:** Workers’ compensation eligibility, benefits calculation, and claims procedure.
- **Additional subjects:** Not meaningfully separate—most provisions tie back to workers’ comp; however, the bill contains *multiple major policy shifts* (eligibility, offsets, procedures, case-law abrogation) under one broad title.

- **Title clarity vs. real effects / fair-notice:** The title is within the right domain but does not fairly signal that the bill **reduces net benefits via offsets and rewrites compensability standards** while **explicitly abrogating case law**.
- **Conclusion: Likely upheld legally**, but **fails on fair-notice** due to sweeping substantive changes packaged under a generic “relating to workers’ compensation” label.

3.2 U.S. & Missouri Constitutional Rights

- No direct bearing on enumerated rights like speech, arms, or religious liberty in the typical sense.
- **Due process/fairness risk (practical):** Accelerated dismissal mechanisms can undermine practical access to remedies for injured workers if not carefully bounded.
- **Religious liberty note:** The prayer/spiritual treatment clause is permissive (and a positive) but conditioned on employer non-objection.

3.3 Delegation / Separation of Powers

- No major new open-ended delegation to NGOs or external standards.
- The bill does, however, increase procedural authority/usage within the administrative adjudication system (dismissal hearings; limitations on appeal timing).

PART 4 – IMPACT ON MISSOURI FAMILIES

4.1 Economic Impacts

- **Burden:** Offsets/deductions from “governmental or private” insurance savings/benefits can reduce workers’ comp recovery and push costs to family health plans, disability plans, or taxpayer programs.
- **Mixed:** Employers may see lower comp costs/premiums, but families bear greater financial risk when injury occurs.

4.2 Family / Parental Rights / Education

- Not directly implicated.

4.3 Moral & Cultural Climate

- Not a primary moral-policy bill; however, shifting injury costs away from the responsible employment system and onto families/other payers undermines the expectation that institutions bear responsibility for harms they create.

PART 5 – ACT FOR MISSOURI CORE PRINCIPLES CHECK (High-Level)

- **Limited government / proper role:** Mixed. While it does not create major new agencies, it deepens the administrative litigation machinery (dismissals/hearings/appeals timing) and resets legal standards in a way that disadvantages citizens relative to institutional actors.
- **Economic liberty/fairness:** The offset provisions effectively socialize costs (via government programs) while privatizing benefit reductions for families—contrary to transparent, accountable responsibility.
- **Religious liberty:** Minor positive (prayer/spiritual treatment allowed, though employer can object).
- **Overall: Negative.**

PART 6 – SPECIAL TOPIC TESTS

Not meaningfully applicable (no abortion, surveillance, energy, federal-grant scheme, etc.).

PART 7 – RED FLAGS, NECESSITY TEST, & FINAL RECOMMENDATION

7.1 Red-Flag List (Prioritized)

1. **Collateral-Source / Offset Shift (reduces worker recovery; shifts costs elsewhere)**
 - **Location:** §287.270 (re-written).
 - **Why it matters:** Forces deduction of other insurance/government benefits from workers' comp, likely reducing family recovery and shifting costs to the taxpayer or private plans.
 - **Severity: Critical**
2. **Eligibility Tightening + “Triggering factor” rejection**
 - **Location:** §287.020 (definitions of “accident” and compensability).
 - **Why it matters:** Makes it substantially harder to prove compensability for real workplace injuries where work aggravated or triggered a condition.
 - **Severity: Serious**
3. **Abrogation of established case law by legislative declaration**
 - **Location:** §287.020.10.
 - **Why it matters:** A sweeping “abrogate prior interpretations” approach creates instability and invites litigation while signaling a policy-driven rewrite rather than careful reform.
 - **Severity: Serious**

4. Early employer motion-to-dismiss acceleration

- **Location:** New §287.445; also §287.655(2).
- **Why it matters:** In practice can become a procedural weapon against injured workers early in the process, especially before representation and medical clarity.
- **Severity: Moderate–Serious**

5. Weakening enforcement of temporary awards

- **Location:** §287.510 (removes doubling remedy).
- **Why it matters:** Reduces consequences for nonpayment and undermines the system’s ability to keep families afloat during disability.
- **Severity: Serious**

Necessity & Limited-Government Justification Test

- **Problem proof:** The bill text itself does not provide data/audits demonstrating the necessity for such sweeping changes.
- **Existing authority:** Many “abuse” issues (late filing, intoxication defenses, employment status disputes) are already litigated under current law; this bill mainly changes leverage and outcomes rather than filling a clearly documented gap.
- **Least-government option:** Not met—the bill is a broad reset (eligibility + offsets + procedures), not a narrow fix.
- **Guardrails:** Weak—especially around offsets and dismissal mechanisms.

7.2 Possible Fixes / Amendments

Act for Missouri is **too far away** on this bill to offer minor “cleanup” fixes. The core architecture (offset scheme + eligibility tightening + enforcement weakening) would require **major rewrites** to align with pro-family, accountable-government principles.

7.3 Final Recommendation

Act for Missouri OPPOSES HB 2375. While it contains a few provisions that appear pro-transparency (provider disclosure/communication) and a narrow expansion for first-responder PTSD claims, the bill’s dominant effect is to **make claims harder to win, reduce net benefits through broad offsets, accelerate dismissal tools, and weaken enforcement mechanisms**—shifting risk and cost onto injured workers, their families, and potentially taxpayers.