WORKERS' COMPENSATION

OVERVIEW

Since 1911, every State has adopted a workers' compensation law, but there are no national standards for this system. Before the passage of these laws, compensation for work-related injury or death was the exception rather than the rule, as employees had to sue their employers for negligence, and this could be difficult to prove. The goal of workers' compensation programs is to provide prompt, adequate benefits to injured workers' while at the same time limiting employers' liabilities. Workers' compensation has become a substantial component of the U.S. social insurance system and a significant element of the overall cost of employment (See Table 15-WC-1.) With this system employers can expect more predictable costs than under the law of negligence, while employees are spared lengthy and uncertain litigation. (While the elimination of lawsuits was fairly well achieved at first, significant amounts of litigation have re-emerged in recent years.) Another purported benefit is that employers have a tangible incentive to improve workplace safety.

TABLE 15-WC-1--FINANCIAL DIMENSIONS OF WORKERS' COMPENSATION

Benefits paid (in billions of dollars)	1990	1995	2000
Wage replacement	21.7	25.7	25.0
Medical	15.1	16.6	19.9
Employer cost per worker ($)	503	506	442
Employer cost as a % of total wages	2.13	1.83	1.25

Source: Mont et al. (2002)

.

Although workers' compensation laws differ from State to State, they tend to have common features based on the same overall principles:

- Victims of work-related injuries are entitled to receive prompt reasonable compensation for injury, and in case of death dependents receive income and burial benefits. However, employees and survivors are barred from suing the employers except under unusual circumstances or if the employer does not pay compensation. Negligence and fault are largely immaterial and do not affect the worker's right of recovery.
- Employers pay all costs, either directly or through insurance. A variety of public and private sector insurance mechanisms are used (see Table15-WC-2), with larger employers tending to "self-insure," which means to bear the financial risks themselves.
- Cases are handled in the first instance by the employing firm or its insurer. A State government appeals mechanism is available to resolve disputed claims with relatively little complexity or delay. Fees to lawyers and

witnesses are minimized and costs of litigation are reduced or reimbursable to workers' regardless of the outcome.

- There is no provision for "pain and suffering" or other non-economic damages, or for punitive damages. The purpose of the system is to make the worker economically whole (or nearly so), not to implement a wider conception of justice.
- Cash compensation is based on lost earnings or earning capacity. Typically, the benefit for total disability is two-thirds of lost earnings, paid for the term of the disability or a maximum allowable period. Benefits are not subject to Federal income tax. Injury-related medical costs are to be fully covered, although the majority of States have established some cost controls (e.g., fee schedules, utilization reviews), and a number of States limit employees' choice of physician.
- The States also have put into place mechanisms to facilitate and encourage the worker's return to the labor market through vocational rehabilitation, in order to minimize losses to both workers and employers. Moreover, the payment of less than 100 percent of normal earnings could be interpreted as a return-to-work incentive.
- State compensation laws also have established special funds and provisions to compensate special situations, such as aggravation of injuries from previous jobs.

TABLE 15-WC-2--BENEFIT PAYMENTS BY INSURANCE ARRANGEMENT

[As Percent of Total Payments]

	1990	1995	2000
By insurance companies[1]			
Private Sector	58.1	41.7	48.3
State-run	15.4	17.5	15.0
Federal Programs[2]	7.6	7.2	6.6
Self-insured (including insurance deductibles)	19.0	33.7	30.1

[1] Excluding deductibles.

[2] Federal employees, longshore and harbor workers, black lung program.

Source: Mont et al. (2002).

BENEFITS

Workers' compensation provides two kinds of benefits, income replacement and medical care. The income benefit for total disability is set at a specified fraction of the worker's usual earnings for as long as he or she is unable to return to work. Partial disability is compensated proportionately to total disability according to the estimated fraction of earning capacity that has been lost.[1] The replacement rate even for total disability is less than 100 percent for two

[1] Certain particular injuries, such as loss of a limb, are compensated according to a special formula rather than by estimating lost earning capacity.

reasons. First, the benefit is not subject to Federal (and usually not to State) income tax, and second, the decrease in income discourages fraudulent claims and gives an incentive to claimants to return to work as soon as possible. Table 15-WC-3 indicates the variations in benefit formulas by State for permanent total disability.[2] In order to provide a "basic" level of income support and to limit program costs, benefits are subject to various maximums and minimums, which are defined in State law in terms of the State average weekly wage (SAWW). As shown in the table, maximums range from $1069 (Iowa) to $323 (Mississippi). The variations result both from differences in the SAWW and from differences in the percentage limitation – with maximums varying from 200 percent of SAWW (Iowa) to nearly 67 percent (California, Delaware and Mississippi).

There are no direct cost-of-living increases in benefits. However, for those whose benefit is determined by the maximum or minimum, their benefit would change as those benchmarks change in step with the SAWW. Benefits may be reduced ("offset") to reflect income support from other sources, such as Social Security or private pension plans, under provisions varying greatly from State to State. (The table notes only those States that end benefits completely at a presumed retirement age.)

In cases of death, benefits are paid in similar fashion – as a percentage of previous earnings – but with various time limits. The limit can be a specific time period, such as 10 years, but more often the benefit continues until the spouse remarries (or reaches a specified age) and the youngest child reaches age 18. No payment is due if there are no immediate "dependents" as defined by State law. These provisions are in keeping with the philosophy of workers' compensation as a practical method of maintaining the worker's role as breadwinner, rather than a liability-based system of distributive justice.

The medical benefit in principle is straightforward: whatever care is necessary to heal the work-related injury. In practice many disputes arise. The principal points of contention include such questions as: Was the injury work-related? Did it aggravate a previously existing condition? What treatments are medically necessary? How much should providers be reimbursed? Who chooses the providers? Such questions have been extensively litigated, and the answer in each case will depend on the particulars of the situation and the development of case law in each State. By statute, the States have established procedures for physician selection and for resolving disputes, and mandated various programs of vocational rehabilitation. Cost containment mechanisms also have been adapted from innovations in the health insurance arena. However, the workers' compensation medical system remains separate from health insurance, even from the insurance plan of the same employer, and is governed by its own body of law.

Cases of occupationally caused disease, as opposed to traumatic injury, present special problems because causation may be difficult to prove. Symptoms may not develop until long after exposure, exposure that may itself have occurred

[2] This information is simplified. Reference should be made to State law and regulation for precise terms.

over a long period of low doses of a harmful substance or stress. Moreover, the resulting illness may be indistinguishable from illness that could have other, non-work causes, e.g., lung cancer or on-the-job heart attack. Early workers' compensation laws dealt with these ambiguities restrictively, some by disqualifying all illnesses (as opposed to injury), some by excluding "diseases of ordinary life," some by enumerating specific diseases as "occupational." Since 1970 the States have made all illnesses compensable, at least in principle, though some distinctions still are made, such as a lower level of payments for illness.

TABLE 15-WC-3--MAXIMUM BENEFITS FOR PERMANENT TOTAL DISABILITY, JANUARY 2002

State	Cap Based on Percent of Worker's Earnings	Cap Based on Percent of SAWW	
		Percent	Amount[1]
Alabama	66.67	100	$549
Alaska	80% of spendable earnings	120	762
Arizona	66.67	NA	374
Arkansas	66.67	85	425
California	66.67	66.67	490
Colorado	66.67	91	646
Connecticut	75% of spendable earnings	100	887
Delaware	66.67	66.67	469
District of Columbia	66.67	100	993
Florida	66.67	100	594
Georgia	66.67	NA	400
Hawaii	66.67	100	564
Idaho	67	90	473
Illinois	66.67	133.33	972
Indiana	66.67	NA	508
Iowa	80% spendable earnings	200	1,069
Kansas	66.67	75	417
Kentucky	66.67	100	551
Louisiana	66.67	75	398
Maine	80% spendable earnings	90	472
Maryland	66.67	100	668
Massachusetts	66.67	100	891
Michigan	80% spendable earnings	90	644
Minnesota	66.67	NA	750
Mississippi	66.67	66.67	323
Missouri	66.67	105	629
Montana	66.67	100	454
Nebraska	66.67	100	528
Nevada	66.67	100	581
New Hampshire	60	150	998
New Jersey	70	75	629
New Mexico	66.67	100	517
New York	66.67	NA	400
North Carolina	66.67	110	654
North Dakota	66.67	110	516

TABLE 15-WC-3--MAXIMUM BENEFITS FOR PERMANENT TOTAL DISABLIITY, JANUARY 2002-continued

State	Cap Based on Percent of Worker's Earnings	Cap Based on Percent of SAWW	
		Percent	Amount[1]
Ohio	66.67	100	628
Oklahoma	70	100	473
Oregon	66.67	100	645
Pennsylvania	66.67	100	662
Rhode Island	75% of spendable earnings	110	682
South Carolina	66.67	100	549
South Dakota	66.67	100	468
Tennessee	66.67	100	581
Texas	75	100	533
Utah	66.67	85	471
Vermont	66.67	150	827
Virginia	66.67	100	645
Washington	60 to 75	120	851
West Virginia	66.67	100	506
Wisconsin	66.67	110	647
Wyoming	66.67	66.67	527
Federal Employees (FECA)	66.67 to 75	No max	no max
Longshore workers	66.67	200% of national average	966

[1] As the "percent" column reflects, these amounts are usually determined in State law as a percentage of the Statewide average wage. The benefit for permanent total disability is normally payable for life, with the following qualifications: until the worker qualifies for Social Security (KY, WV); until age 65 (TN); until age 67 (MN); up to 450 weeks except for certain injuries (TX); up to 450 weeks or 145,305 (MS); up to 450 weeks except in continuing rehabilitation cases; up to 500 weeks (SC); up to 80 months, with an extra 150 per month per child to age of majority (WY); up to 125,000 (KS); maximum 316 per week after first year (ID). In WA the percent cap based on the worker's earnings depends on marital status and dependents.

NA-Maximum is a dollar figure set by law or regulation rather than percentage.

Source: U.S. Department of Labor (2002).

FEDERAL ROLE

With few exceptions (to be described presently), the rights and obligations of workers' compensation are defined and overseen pursuant to State law. Some coordination on the national level is afforded by organizations such as the International Association of Industrial Accident Boards and Commissions [www.iaiabc.org], the National Association of Insurance Commissioners [www.naic.org], and the National Council on Compensation Insurance [www.ncci.com] (which develops research and statistics used in setting insurance rates and terms).

Calls have been made from time to time for the Federal government to set minimum national standards for workers' compensation. When the Occupational Safety and Health Act (P.L. 91-596) was passed in 1971, the subject was broached via a provision in that act establishing a commission to study workers'

compensation. The commission made many recommendations, 19 of which it deemed essential, in areas including worker eligibility, disease coverage, rehabilitation services, and size and duration of cash benefits (National Commission, 1972). In the next decade or so, Congressional investigation of these matters aided in inducing some reforms, but did not result in the passage of Federal mandates for the States. As of 1998, the States were, on average, in compliance with 12.8 of the commission's 19 "essential" recommendations (LRP Publications 1998, Table III-B). Expenditure on cash benefits, however, has been estimated at less than half of what would be required by adoption of the subsequent model act of the Council of State Governments.[3]

Federal Employees Compensation Act (FECA)-The Federal government directly provides or oversees workers' compensation or similar benefits for certain groups of workers. The largest of these is the Federal workforce, which is covered by the Federal Employees Compensation Act (FECA, 5 U.S.C., Chapter 81) rather than by State law. FECA is administered by the Office of Workers' Compensation Programs (OWCP), in the U.S. Department of Labor, through 12 district offices located across the United States. Eligible workers include (along with the regular executive, legislative, and judicial branch employees) civilian defense workers, medical workers in veterans' hospitals, and the 800,000 employees of the Postal Service. Additionally, special legislation extends coverage to Peace Corps and VISTA (Volunteers In Service To America) volunteers; Federal petit or grand jurors; volunteer members of the Civil Air Patrol; Reserve Officer Training Corps Cadets; Job Corps, Neighborhood Youth Corps, and Youth Conservation Corps enrollees; and non-Federal law enforcement officers under certain circumstances involving crimes against the United States.

During FY2001, the program provided workers' compensation coverage for approximately 2.7 million workers. In that year the program paid approximately 2.2 billion in benefits to nearly 280,000 workers, including 165,915 new cases. Of the benefits paid, almost $1.5 billion was for wage-loss compensation, $617 million for medical and rehabilitation services, and $128 million for death benefits.

While FECA greatly resembles most State workers' compensation programs, it also has a number of distinctive features, among which the most important are:

- A benefit formula that, at 75 percent of pay, is somewhat more generous than the usual level of State benefits, 66-2/3 percent (although FECA recipients without any dependents receive 66- 2/3 percent);
- Full salary continuation for up to 45 days before switching to FECA benefits;
- No maximum cap for workers throughout the General Schedule of positions up to and including GS-15;
- An appeals process, putatively non-adversarial and contained within the Department of Labor, whose appeals board's decision is final.

[3] This ratio rose from 37 percent in 1972 to a peak of 48 percent in 1985, and has since come down to 46 percent as of 1998 (Burton 2001).

Longshore and Harbor Workers' Compensation Act (LHWCA)--The Longshore and Harbor Workers' Compensation Act (33 U.S.C. 901-950) covers injuries that occur during maritime employment on navigable waters of the United States. Benefits are paid by the employers, with oversight by the Office of Workers' Compensation Programs (OWCP) in the U.S. Department of Labor rather than State governments. The program was originally established in response to a Supreme Court decision (*Southern Pacific Co. v. Jensen*, 244 U.S. 205) holding that State workers' compensation laws did not apply on the nation's navigable waters. The exact extent of coverage under LHWCA has been changed from time to time, but essentially, maritime employment includes the building, repairing, loading or unloading of vessels. The term navigable waters includes places beyond those where a boat could float, such as land that adjoins water at a pier, wharf, dry dock, or terminal. Areas not just on a pier or wharf, but also nearby, can be included if they are used for loading, unloading, repairing, or building vessels. The law exempts shipyards dealing with recreational boats under 65 feet in length and certain land operations of yards dealing exclusively with smaller commercial vessels, e.g., work boats under 1,600 tons gross.

LHWCA also covers several miscellaneous classes of employees through extensions to the law:

- The Defense Base Act (August 16, 1941) covers employees on overseas military, air, or naval bases or other areas under public works contracts performed by contractors with U.S. government agencies;
- The Nonappropriated Fund Instrumentalities Act (June 19, 1952) covers civilian employees in post exchanges or service clubs of the armed forces; and
- The Outer Continental Shelf Lands Act (August 7, 1953) covers mineral exploration and production workers such as those on offshore drilling platforms.

The law is more generous than most State workers' compensation laws in some respects, notably: (a) payments for permanent total disability and for death receive annual cost-of-living increases, and (b) compensation is available for occupationally-caused disease that manifests itself after retirement has begun. This provision was added in 1984 due to concern over diseases caused by asbestos.

The law also allows an injured worker to sue third parties (rather than the employer or a co-worker) who may be at fault for his or her injuries. For example, when an individual working for a repair firm is injured on a vessel, there may be a claim of negligence against the vessel and its owner. However, under the 1972 amendments (P.L. 92-576) the worker cannot bring claims under the doctrine of "seaworthiness," which would entail absolute liability on the part of the owner.

In FY2001, 23,480 lost-time injuries were reported under the Act by 330 self-insured employers and 410 insurance carriers. At the end of FY2001, 14,830 workers were continuing to receive compensation payments. Benefits paid in Calendar 2000 totaled $675 million, of which $511 million was for wage-loss and survivor benefits and $164 million in medical costs. Federal administrative costs were $25 million.

Black Lung Program--As part of the Coal Mine Health and Safety Act of 1969 (P.L. 91-173, now codified at 30 U.S.C. 901 et seq.), which mandated reductions in miners' exposure to coal dust, income and medical support was offered to those who contract black lung disease. While dust control has yielded some success in a reduction of new cases, nearly 5,000 new claims are still being received each year and more than 60,000 primary beneficiaries remain on the rolls, at a total cost of $400 million per year.

Former miners who suffer total disability or death due to coal workers pneumoconiosis or related diseases are eligible for medical and income benefits. The medical benefit consists of diagnostic testing (available for all claimants) and services needed due to the disease, including drugs, durable medical equipment, home nursing visits, and hospitalization. The base rate of the income benefit is set at three-eighths of the Federal salary for an employee in grade GS-2, Step 1, i.e., a base rate of $535 per month in calendar year 2003. The benefit is augmented if the miner (or his survivor) has dependents, up to as much as double the base rate when there are three or more dependents. Black lung benefits are not subject to Federal income tax but may be taxed by the States. The benefits may be subject to offsets, depending on when the initial claim was made, against various other income support systems such as workers' compensation, disability insurance, and Social Security.

The program is administered by the Division of Coal Mine Workers' Compensation, (a component of the Office of Workers' Compensation Programs in the Department of Labor), and is funded primarily by a tax on coal production. In its fiscal year 2003 and 2004 budgets, the Administration proposed a refinancing to eliminate a debt of $7.7 billion that the black lung fund owes to the Treasury. Much of this would be achieved through intra-governmental transfers with no external effect, but the plan also would entail extending the life of the coal tax, which currently is scheduled to end in 2014.

Radiation Exposure Compensation Act (RECA)--RECA (42 USC 2210, note) was passed in 1990 as a form of government compensation to three groups of people who suffered injury due to atmospheric testing of nuclear weapons in the Western States, namely, (a) civilian government[4] and contractor workers who participated in the tests, (b) civilians who may have been injured by the fallout thereof ("downwinders"), and (c) mining and milling workers who produced uranium for weapons. Proof of causation is not necessary; rather, the claimant need show only that he/she was potentially exposed to radiation in a manner specified in the Act and has contracted one of the specified types of cancer.

More specifically:

- Atomic test participants qualify if they were employed and present on site. They receive $75,000.

[4] Military personnel are covered by the Radiation-Exposed Veterans' Compensation Act, P.L. 100-321, as amended.

- Downwinders qualify if they were in the "affected area" (certain counties in the Mountain States) for two years during 1951 to 1958 (or throughout the month of July 1962). They receive $50,000.
- Uranium miners and millers qualify if they worked in the mines at any time from 1947 to 1971 and received specified cumulative doses of radiation. They receive $150,000 and necessary medical treatment.

The program is administered by the Department of Justice, Civil Division, and payment is in the form of a lump sum. Declining amounts have been authorized to be appropriated for each year through 2011, with 143 million being the amount for fiscal year 2003.

Energy Employees Compensation--The Energy Employees Occupational Illness Compensation Program Act (42 USC 7384 et seq.) was passed in recognition of the vital role played and the special hazards encountered by those who worked in the production of nuclear weapons and components. The Act provides lump sum compensation of 150,000 (and necessary medical expenses) to those who contract certain illnesses such as cancer and berylliosis after having worked in plants making atomic weapons and related facilities (the "nuclear weapons complex"). There also are provisions to help former workers obtain regular workers' compensation (in addition to the lump sum benefit) and to obtain needed records from government contractors. The lead agency is the Department of Labor, with additional roles played by the Department of Energy and the National Institute for Occupational Safety and Health.

The program was initiated in July 2001, and by January 30, 2003 some 30,000 applications had been received. Of those, 6,423 had been approved and $460 million in benefits had been paid out. About 12,000 cases were pending.

Railroad Workers and Seamen--Rather than looking to workers' compensation coverage, workers in these industries obtain redress for injuries by filing suit under specialized Federal statutes. For railroad workers, the Federal Employers' Liability Act (45 U.S.C. 51-60) mandates the common law principle of comparative negligence, but with various modifications generally more favorable to the worker than traditional common law. For seamen, the Merchant Marine Act of 1920, commonly known as the Jones Act (46 U.S.C. 688 et seq.), provides similar standards.

MAJOR DEVELOPMENTS SINCE 1980

The influence of the National Study Commission and subsequent Congressional interest prompted liberalization of benefits in many States in the 1980s, especially in the matter of "benefit adequacy," i.e. amounts under the basic wage replacement formula. From 1972, when benefits averaged 0.68 percent of overall payroll, payments grew continuously, peaking at 1.66 percent in 1992 (Thomason et al., 2001). In addition to benefits formula liberalization, medical cost inflation played a role. By the 1990s, employer and insurance groups were campaigning for relief from their State legislatures, arguing, among other things,

that workers' compensation costs figure prominently as an indicator of "business climate" that influences business location decisions.

Thus, starting in 1992, economic and political reaction to the previous expansion in benefits led to an opposite kind of "reform," one which emphasized cost control. The types of measures adopted include: promotion of prompt return to work (with incentives for both employer and employee); some reduction of benefit levels, streamlining of dispute settlement procedures; medical cost control; efforts against fraud; higher deductibles in employers' insurance policies; and mandates for workplace safety programs (Burton, 2001; Conway & Svenson, 1998). As a result of such measures, expenditures on benefits declined significantly, from 1.66 percent of payroll in 1992 to 1.03 percent by 2000.

Table 15-WC-4 provides a State-by-State breakdown of the benefit/wage ratio, comparing 2000 with 1997. Much of the variation among States at any point in time is determined by the mix of industries that are prevalent in each. The States with the highest payout rates in 2000 (West Virginia, Alaska, and Montana) have substantial activity in extractive industries (mining, forestry and fisheries) with inherently high injury rates. The jurisdictions with the lowest rates (District of Columbia, Massachusetts, and Virginia) are largely involved with technology, finance and service industries.[5] Nevertheless, standards established in State legislation and administration have some effect on benefit costs and, more clearly, in the relatively sudden increases and decreases seen in recent years. (Changes in statistical methods between the years also may have played a role.)

[5] The rate paid by each employer is not affected by the State mix of industries. Rather, it is a function of the employer's own industry and the employer's size, occupational mix and, in most cases, own accident experience.

TABLE 15-WC-4--BENEFITS AS A PERCENTAGE OF COVERED WAGES BY STATE, 1997 VERSUS 2000

[In Percent]

State	1997	2000	Change from 1997 to 2000
Alabama	1.25	1.08	-0.17
Alaska	1.64	1.76	0.12
Arizona	0.81	0.68	-0.13
Arkansas	0.68	0.68	0.00
California	1.60	1.49	-0.11
Colorado	1.20	0.98	-0.22
Connecticut	1.20	0.89	-0.31
Delaware	1.02	0.69	-0.33
District of Columbia	0.47	0.34	-0.13
Florida	1.48	1.11	-0.37
Georgia	0.74	0.71	-0.03
Hawaii	1.83	1.49	-0.34
Idaho	1.18	1.11	-0.07

TABLE 15-WC-4--BENEFITS AS A PERCENTAGE OF COVERED WAGES BY STATE, 1997 VERSUS 2000-continued

[In Percent]

State	1997	2000	Change from 1997 to 2000
Illinois	0.87	0.82	-0.05
Indiana	0.59	0.63	0.04
Iowa	0.82	0.84	0.02
Kansas	1.02	0.92	-0.10
Kentucky	1.02	1.06	0.04
Louisiana	0.93	0.90	-0.03
Maine	2.09	1.61	-0.48
Maryland	1.72	1.48	-0.24
Massachusetts	0.62	0.47	-0.15
Minnesota	1.02	0.88	-0.14
Mississippi	1.04	1.05	0.01
Missouri	0.82	0.69	-0.13
Montana	2.16	1.74	-0.42
Nebraska	0.95	0.77	-0.18
Nevada	1.41	0.90	-0.51
New Hampshire	0.97	0.81	-0.16
New Jersey	0.70	0.64	-0.06
New Mexico	0.81	0.79	-0.02
New York	0.88	0.76	-0.12
North Carolina	0.67	0.69	0.02
North Dakota	1.24	1.19	-0.05
Ohio	1.35	1.19	-0.16
Oklahoma	1.75	1.13	-0.63
Oregon	1.00	0.81	-0.19
Pennsylvania	1.60	1.29	-0.31
Rhode Island	0.96	0.99	0.03
South Carolina	1.17	1.26	0.09
South Dakota	1.07	0.90	-0.17
Tennessee	0.68	0.79	0.11
Texas	0.71	0.75	0.04
Utah	0.54	0.55	0.01
Vermont	1.29	1.37	0.08
Virginia	0.64	0.49	-0.15
Washington	1.66	1.54	-0.12
West Virginia	3.93	4.24	0.31
Wisconsin	0.88	0.87	-0.01
Wyoming	1.41	0.80	-0.61
Total[1]	1.15	1.03	-0.12

[1] Including Federal programs.

Source: Mont et al. (2002)

REFERENCES

Boyd, Lawrence W. (1999). Workers' compensation reform past and present: An analysis of issues and changes in benefits. *Labor Studies Journal*, Summer, 45-62.

Burton, John F. Jr. (2001). Workers' compensation: Developments since 1960 and prognostications for benefits and costs. *Workers' Compensation Policy Review, 1(5)*, 3-19.

Conway, Hugh and Jens Svenson (1998). Occupational injury and illness rates, 1992-96: why they fell. *Monthly Labor Review*, November, 36-58.

DeCarlo, Donald and Martin Minkowitz (1989). *Workers' compensation insurance and law practice*. Fort Washington, PA: LRP Publications.

General Accounting Office (1996). *Workers' compensation / Selected comparisons of Federal and State laws* (GGD-96-76). Washington, DC.

LRP Publications (1999). *Workers' compensation yearbook*. Horsham, PA: LRP Publications.

Mont, Daniel, et al. (2002). *Workers' compensation: Benefits, coverage and costs*. Washington, DC: National Academy of Social Insurance.

Report of the National Commission on State Workmen's Compensation Laws (1972). Washington, DC: U.S. Government Printing Office.

Thomason, Terry, et al. (2001). *Workers' compensation: Benefits, costs and safety under alternative insurance arrangements*. Kalamazoo, MI: Upjohn Institute for Employment Research.

U.S. Department of Labor. Employment Standards Administration (2002). *Office of Workers' Compensation Programs / Annual report to Congress*. Washington: U.S. Department of Labor.

----- (2002). *State workers' compensation laws*. Washington: U.S. Department of Labor.