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8-1813-99 See HB

A bill to be entitled An act relating to workers' compensation; amending s. 440.02, F.S.; revising definitions; amending s. 440.09, F.S.; excluding employees covered under the Defense Base Act; amending s. 440.102, F.S.; providing requirements and procedures for conducting certain drug tests and for reporting and preserving results of drug tests; requiring certain contractors under state contract to implement a drug-free workplace; amending s. 440.12, F.S.; providing for electronic payment of compensation payments; amending s. 440.13, F.S.; revising requirements for submission of certain medical reports and bills; granting rehabilitation providers access to medical records; amending s. 440.134, F.S.; authorizing individually self-insured employers to provide medical benefits with or without managed care arrangements; amending s. 440.14, F.S.; requiring employees to provide certain loss of earnings information for purposes of certain average weekly wage calculations; amending s. 440.15, F.S.; clarifying provisions relating to permanent total disability supplemental benefits; amending s. 440.185, F.S.; authorizing the division to contract with a private entity for collection of certain policy information; amending s. 440.192, F.S.; revising requirements and procedures for filing petitions for benefits; amending s. 440.20,

F.S.; providing for payment of compensation by direct deposit under certain circumstances; revising the period for payment; revising lump sum settlement requirements; amending s. 440.25, F.S.; imposing a timeframe for certain pretrial hearings; amending s. 440.271, F.S.; directing the First District Court of Appeals to establish a specialized division for certain purposes; amending s. 440.34, F.S.; revising terms to conform; amending ss. 440.49 and 11 440.51, F.S.; providing definitions relating to net premiums; amending s. 627.311, F.S.; 12 13 providing for use of surplus for purposes of funding certain deficits; repealing s. 14 15 440.45(3), F.S., relating to judges of compensation claims serving as docketing 16 17 judges; providing effective dates.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Subsection (27) and paragraph (f) of subsection (37) of section 440.02, Florida Statutes, 1998 Supplement, are amended to read:

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440.02 Definitions.--When used in this chapter, unless the context clearly requires otherwise, the following terms shall have the following meanings:

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"Wages" means the money rate at which the service rendered is recompensed under the contract of hiring in force at the time of the injury and includes only the wages earned and reported for federal income tax purposes on the job where the employee is injured and the wages lost as a result of the

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injury at any other concurrent employment where he or she is also subject to workers' compensation coverage and benefits, together with the reasonable value of housing furnished to the employee by the employer which is the permanent year-round residence of the employee, and gratuities to the extent reported to the employer in writing as taxable income received in the course of employment from others than the employer and employer contributions for health insurance for the employee or the employee's dependents. However, housing furnished to migrant workers shall be included in wages unless provided after the time of injury. In employment in which an employee receives consideration for housing, the reasonable value of such housing compensation shall be the actual cost to the employer or based upon the Fair Market Rent Survey promulgated pursuant to s. 8 of the Housing and Urban Development Act of 1974, whichever is less. However, if employer contributions for housing or health insurance are continued after the time of the injury, the contributions are not "wages" for the purpose of calculating an employee's average weekly wage.

- (37) "Catastrophic injury" means a permanent impairment constituted by:
- Security Administration determining an employee eligible would otherwise qualify under this chapter of a nature and severity that would qualify an employee to receive disability income benefits under Title II or supplemental security income benefits under Title XVI of the federal Social Security Act as the Social Security Act existed on July 1, 1992, without regard to any time limitations provided under that act. In order for an injury to qualify as a "catastrophic injury" under this paragraph, there must be a causal connection

between the injury which serves as the basis for a Social Security Administration determination of eligibility and the compensable injury.

Section 2. Subsection (2) of section 440.09, Florida Statutes, 1998 Supplement, is amended to read:

440.09 Coverage.--

(2) Benefits are not payable in respect of the disability or death of any employee covered by the Federal Employer's Liability Act, the Longshoremen's and Harbor Worker's Compensation Act, the Defense Base Act, or the Jones Act.

Section 3. Paragraphs (d), (e), and (o) of subsection (5) of section 440.112, Florida Statutes, are amended, and subsection (15) is added to that section, to read:

440.102 Drug-free workplace program requirements.--The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

- (5) PROCEDURES AND EMPLOYEE PROTECTION.--All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:
- (d)1. Each initial drug test and confirmation test conducted under this section, not including the taking or collecting of a specimen to be tested, shall be conducted by a licensed or certified laboratory as described in subsection (9), except an initial drug test may be conducted on the employer's premises in accordance with procedures in this subsection and rules and guidelines adopted by the Agency for Health Care Administration for the protection of employees. If the initial drug test is conducted on the employer's premises and produces a positive test result, a confirmation

test must be conducted by a licensed or certified laboratory as described in subsection (9). An employer shall not take any adverse action against an employee based on an initial drug test producing positive results until a confirmation test producing positive results has been conducted.

- 2. An employer having initial drug tests conducted on the employer's premises shall:
- a. Conduct the test in view of the person being tested if possible. If it is not possible to conduct the test in view of the person being tested, the person conducting the test must secure the specimen, in view of the person being tested, with a forensic tamperproof seal until the test is conducted.
 - b. Provide the results to the person tested.
- c. Maintain records as specified by the Agency for

 Health Care Administration sufficient to demonstrate that the employer is conducting the types of tests required by this section.
- (e) A specimen for a drug test may be taken or collected by any of the following persons:
- 1. A physician, a physician assistant, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment; $\overline{\cdot}$
- 2. A qualified person employed by a licensed or certified laboratory as described in subsection (9); or-
- 3. In addition to those persons authorized under subparagraphs 1. and 2., employees specially trained to collect specimens and conduct drug tests or other persons similarly trained, in the case of an initial drug test conducted on the employer's premises. Employees or other

 persons utilized to conduct an initial drug test must have received a minimum of 2 hours of training in the administration of a drug test, preparation of the collection site, collection of specimens, detection of any tampering or adulteration of the specimen, labeling of specimens, and preservation of the chain of custody for specimens, or other specific training as required by the Agency for Health Care Administration.

- (o) If <u>an employer conducts</u> drug testing <u>that</u> is conducted based on reasonable suspicion, the employer shall promptly detail in writing the circumstances which formed the basis of the determination that reasonable suspicion existed to warrant the testing. A copy of this documentation shall be given to the employee upon request and the original documentation shall be kept confidential by the employer pursuant to subsection (8) and shall be retained by the employer for at least 1 year.
- (15) STATE CONSTRUCTION CONTRACTS.--Contractors, as defined and regulated in parts I and II of chapter 489, with more than three employees performing construction work pursuant to a state contract in excess of \$10,000, which contract was let pursuant to chapter 235, chapter 255, or chapter 944, shall be required to implement a drug-free workplace program in accordance with the requirements of this section.

Section 4. Subsection (1) of section 440.12, Florida Statutes, is amended to read:

440.12 Time for commencement and limits on weekly rate of compensation.--

(1) No compensation shall be allowed for the first 7 days of the disability, except benefits provided for in s.

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30 31 440.13. However, if the injury results in disability of more than 21 days, compensation shall be allowed from the commencement of the disability. All weekly compensation payments, except for the first payment, shall be paid by check or, if authorized by the employee, deposited directly into the employee's bank account or a bank account set up by the carrier for the employee.

Section 5. Paragraphs (b) and (c) of subsection (4) of section 440.13, Florida Statutes, 1998 Supplement, are amended to read:

- 440.13 Medical services and supplies; penalty for violations; limitations.--
- (4) NOTICE OF TREATMENT TO CARRIER; FILING WITH DIVISION.--
- (b) Upon the request of the Division of Workers' Compensation, each medical report or bill obtained or received by the employer, the carrier, or the injured employee, or the attorney for the employer, carrier, or injured employee, with respect to the remedial treatment or care of the injured employee, including any report of an examination, diagnosis, or disability evaluation, must be filed with the Division of Workers' Compensation pursuant to rules adopted by the division. The health care provider shall also furnish to the injured employee or to his or her attorney, on demand, a copy of his or her office chart, records, and reports, and may charge the injured employee an amount authorized by the division for the copies. Each such health care provider shall provide to the division any additional information about the remedial treatment, care, and attendance that the division reasonably requests.

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It is the policy for the administration of the workers' compensation system that there be reasonable access to medical information by all parties to facilitate the self-executing features of the law. Notwithstanding the limitations in s. 455.667 and subject to the limitations in s. 381.004, upon the request of the employer, the carrier, a rehabilitation provider, or the attorney for the employer or carrier either of them, the medical records of an injured employee must be furnished to those persons and the medical condition of the injured employee must be discussed with those persons, if the records and the discussions are restricted to conditions relating to the workplace injury. Any such discussions may be held before or after the filing of a claim without the knowledge, consent, or presence of any other party or his or her agent or representative. A health care provider who willfully refuses to provide medical records or to discuss the medical condition of the injured employee, after a reasonable request is made for such information pursuant to this subsection, shall be subject by the division to one or more of the penalties set forth in paragraph (8)(b). Section 6. Paragraph (b) of subsection (2) of section 440.134, Florida Statutes, 1998 Supplement, is amended to read: 440.134 Workers' compensation managed care arrangement. --(2) Effective January 1, 1997, the employer shall, subject to the limitations specified elsewhere in this chapter, furnish to the employee solely through managed care

arrangements such medically necessary remedial treatment,

care, and attendance for such period as the nature of the

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injury or the process of recovery requires pursuant to s. 440.13(2)(a) and (b). An employer that has secured coverage under s. 440.38(1)(b) as an individual self-insurer or under s. 440.38(6) shall furnish such medically necessary remedial treatment, care, and attendance to the employee for such a period as the nature or process of recovery may require pursuant to s. 440.13(2)(a) and (b) through managed care arrangements or without managed care arrangements. Nothing in this subsection shall be construed to prevent an individual self-insurer from implementing or continuing to use managed care arrangements in accordance with this section.

Section 7. Subsection (5) is added to section 440.14, Florida Statutes, to read:

440.14 Determination of pay.--

(5) If lost wages from concurrent employment are used in calculating the average weekly wage, the employee shall be responsible for providing evidence of the loss of earnings from the concurrent employment to the employer or carrier within 45 days after the date of injury. Failure to provide such information will result in exclusion of the earnings from concurrent employment from the average weekly wage calculation.

Section 8. Paragraph (f) of subsection (1) of section 440.15, Florida Statutes, 1998 Supplement, is amended to read:

440.15 Compensation for disability.--Compensation for disability shall be paid to the employee, subject to the limits provided in s. 440.12(2), as follows:

- (1) PERMANENT TOTAL DISABILITY. --
- (f)1. If permanent total disability results from injuries that occurred subsequent to June 30, 1955, and for 31 which the liability of the employer for compensation has not

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been discharged under s. 440.20(12), the injured employee shall receive additional weekly compensation benefits equal to 5 percent of her or his weekly compensation rate, as established pursuant to the law in effect on the date of her or his injury, multiplied by the number of calendar years since the date of injury. The weekly compensation payable and the additional benefits payable under this paragraph, when combined, may not exceed the maximum weekly compensation rate in effect at the time of payment as determined pursuant to s. 440.12(2). Entitlement to these supplemental payments shall cease at age 62 if the employee is eligible for social security benefits under 42 U.S.C. s.ss.402 or s.and 423, whether or not the employee has applied for such benefits. These supplemental benefits shall be paid by the division out of the Workers' Compensation Administration Trust Fund when the injury occurred subsequent to June 30, 1955, and before July 1, 1984. These supplemental benefits shall be paid by the employer when the injury occurred on or after July 1, 1984. Supplemental benefits are not payable for any period prior to October 1, 1974.

- The division shall provide by rule for the periodic reporting to the division of all earnings of any nature and social security income by the injured employee entitled to or claiming additional compensation under subparagraph 1. Neither the division nor the employer or carrier shall make any payment of those additional benefits provided by subparagraph 1. for any period during which the employee willfully fails or refuses to report upon request by the division in the manner prescribed by such rules.
- The division shall provide by rule for the periodic 31 reporting to the employer or carrier of all earnings of any

nature and social security income by the injured employee entitled to or claiming benefits for permanent total disability. The employer or carrier is not required to make any payment of benefits for permanent total disability for any period during which the employee willfully fails or refuses to report upon request by the employer or carrier in the manner prescribed by such rules or if any employee who is receiving permanent total disability benefits refuses to apply for or cooperate with the employer or carrier in applying for social security benefits.

3. When an injured employee receives a full or partial lump-sum advance of the employee's permanent total disability compensation benefits, the employee's benefits under this paragraph shall be computed on the employee's weekly compensation rate as reduced by the lump-sum advance.

Section 9. Subsection (7) of section 440.185, Florida Statutes, 1998 Supplement, is amended to read:

440.185 Notice of injury or death; reports; penalties for violations.--

(7) Every carrier shall file with the division within 21 days after the issuance of a policy or contract of insurance such policy information as the division may require, including notice of whether the policy is a minimum premium policy. Notice of cancellation or expiration of a policy as set out in s. 440.42(2) shall be mailed to the division in accordance with rules promulgated by the division under chapter 120. The division may contract with a private entity for the collection of policy information required to be filed by carriers pursuant to this subsection and the receipt of notices of cancellation or expiration of a policy required to be filed by carriers pursuant to s. 440.42(2). The provision

of policy information or notices of cancellation or expiration to the contracted private entity shall satisfy the filing requirements of this subsection and s. 440.42(2).

440.192 Procedure for resolving benefit disputes.--

Section 10. Subsections (1), (3), (4), and (8) of section 440.192, Florida Statutes, are amended to read:

- (1) Subject to s. 440.191, any employee who has not received a benefit to which the employee believes she or he is entitled under this chapter shall file by certified mail with the appropriate local Office of the Judges of Compensation Claims a petition for benefits that meets the requirements of this section. The division shall provide information to employees regarding the location of the appropriate Office of the Judges of Compensation Claims for purposes of filing a petition for benefits. The employee shall also serve copies of the petition for benefits by certified mail upon the employer, the employer's carrier, and the division in Tallahassee a petition for benefits that meets the requirements of this section. The division shall refer the petition to the Office of the Judges of Compensation Claims.
- (3) A petition for benefits may contain a claim for past benefits and continuing benefits in any benefit category, but is limited to those in default and ripe, due, and owing on the date the petition is filed. If the employer has elected to satisfy its obligation to provide medical treatment, care, and attendance through a managed care arrangement designated under this chapter, the employee must exhaust all managed care grievance procedures before filing a petition for benefits under this section. Failure to exhaust managed care grievance procedures shall result in dismissal of the petition without prejudice.

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- (4) The petition must include a certification by the claimant or, if the claimant is represented by counsel, the claimant's attorney, stating that the claimant; or attorney if the claimant is represented by counsel, has made a good faith effort to resolve the dispute and that the claimant or attorney was unable to resolve the dispute with the carrier. The petition shall also include a certification by the claimant or, if the claimant is represented by counsel, the claimant's attorney, stating that the managed care grievance procedures have been exhausted. If such certifications are not included, the petition shall be dismissed without prejudice.
- benefits by certified mail, the carrier must either pay the requested benefits without prejudice to its right to deny within 120 days from receipt of the petition or file a response to petition notice of denial with the division. The carrier must list all benefits requested but not paid and explain its justification for nonpayment in the response to petition notice of denial. A carrier that does not deny compensability in accordance with s. 440.20(4) is deemed to have accepted the employee's injuries as compensable, unless it can establish material facts relevant to the issue of compensability that could not have been discovered through reasonable investigation within the 120-day period. The carrier shall provide copies of the response notice to the filing party, employer, and claimant by certified mail.

Section 11. Paragraph (a) of subsection (1), subsections (6) and (7), and paragraph (a) of subsection (11) of section 440.20, Florida Statutes, 1998 Supplement, are amended to read:

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30 31 440.20 Time for payment of compensation; penalties for late payment.--

(1)(a) Unless it denies compensability or entitlement to benefits, the carrier shall pay compensation directly to the employee as required by ss. 440.14, 440.15, and 440.16, in accordance with the obligations set forth in such sections. If authorized by the employee, the carrier's obligation to pay compensation directly to the employee is satisfied when the carrier directly deposits, by electronic transfer or other means, compensation into the employee's bank account or into a bank account which has been set up by the carrier for the employee. Compensation by direct deposit shall be deemed paid on the date the funds become available for withdrawal by the employee.

If any installment of compensation for death or (6) dependency benefits, disability, permanent impairment, or wage loss payable without an award is not paid within 7 days after it becomes due, as provided in subsection (2), subsection (3), or subsection (4), there shall be added to such unpaid installment a punitive penalty of an amount equal to 20 percent of the unpaid installment or \$5, which shall be paid at the same time as, but in addition to, such installment of compensation, unless notice is filed under subsection (4) or unless such nonpayment results from conditions over which the employer or carrier had no control. When any installment of compensation payable without an award has not been paid within 7 days after it became due and the claimant concludes the prosecution of the claim before a judge of compensation claims without having specifically claimed additional compensation in the nature of a penalty under this section, the claimant will be deemed to have acknowledged that, owing to conditions over

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which the employer or carrier had no control, such installment could not be paid within the period prescribed for payment and to have waived the right to claim such penalty. However, during the course of a hearing, the judge of compensation claims shall on her or his own motion raise the question of whether such penalty should be awarded or excused. The division may assess without a hearing the punitive penalty against either the employer or the insurance carrier, depending upon who was at fault in causing the delay. The insurance policy cannot provide that this sum will be paid by the carrier if the division or the judge of compensation claims determines that the punitive penalty should be made by the employer rather than the carrier. Any additional installment of compensation paid by the carrier pursuant to this section shall be paid directly to the employee by check, or, if authorized by the employee, by direct deposit into the employee's bank account or into a bank account which has been set up by the carrier for the employee.

(7) If any compensation, payable under the terms of an award, is not paid within 15 7 days after it becomes due, there shall be added to such unpaid compensation an amount equal to 20 percent thereof, which shall be paid at the same time as, but in addition to, such compensation, unless review of the compensation order making such award is had as provided in s. 440.25.

(11)(a) Upon joint petition of all interested parties, a lump-sum payment in exchange for the employer's or carrier's release from liability for future medical expenses, as well as future payments of compensation expenses and any other benefits provided under this chapter, shall be allowed at any time in any case in which the employer or carrier has filed a

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written response to petition notice of denial within 120 days after the employer receives notice date of the injury, and the judge of compensation claims at a hearing to consider the settlement proposal finds a justiciable controversy as to legal or medical compensability of the claimed injury or the alleged accident. A hearing shall not be required whenever the claimant is represented by an attorney and whenever all parties stipulate that a hearing is not necessary. The employer or carrier may not pay any attorney's fees on behalf of the claimant for any settlement under this section unless expressly authorized elsewhere in this chapter. Upon the joint petition of all interested parties and after giving due consideration to the interests of all interested parties, the judge of compensation claims may enter a compensation order approving and authorizing the discharge of the liability of the employer for compensation and remedial treatment, care, and attendance, as well as rehabilitation expenses, by the payment of a lump sum. Such a compensation order so entered upon joint petition of all interested parties is not subject to modification or review under s. 440.28. If the settlement proposal together with supporting evidence is not approved by the judge of compensation claims, it shall be considered void. Upon approval of a lump-sum settlement under this subsection, the judge of compensation claims shall send a report to the Chief Judge of the amount of the settlement and a statement of the nature of the controversy. The Chief Judge shall keep a record of all such reports filed by each judge of compensation claims and shall submit to the Legislature a summary of all such reports filed under this subsection annually by September 15.

1 Section 12. Paragraph (a) of subsection (4) of section 2 440.25, Florida Statutes, is amended to read: 3 440.25 Procedures for mediation and hearings.--4 (4)(a) If, on the 10th day following commencement of 5 mediation, the questions in dispute have not been resolved, 6 the judge of compensation claims shall hold a pretrial 7 hearing. The judge of compensation claims shall give the 8 interested parties at least 7 days' advance notice of the 9 pretrial hearing which shall be held no later than 45 days 10 after the filing of the petition for benefits by mail. At the 11 pretrial hearing, the judge of compensation claims shall, subject to paragraph (b), set a date for the final hearing 12 13 that allows the parties at least 30 days to conduct discovery 14 unless the parties consent to an earlier hearing date. Section 13. Section 440.271, Florida Statutes, is 15 amended to read: 16 17 440.271 Appeal of order of judge of compensation 18 claims. -- Review of any order of a judge of compensation claims 19 entered pursuant to this chapter shall be by appeal to the 20 District Court of Appeal, First District. To promote consistency and uniformity in the application of this chapter, 21 22 the District Court of Appeal, First District, shall establish a specialized division to hear all appeals of orders of judges 23 24 of compensation claims. The court may structure the division 25 to hear workers' compensation appeals exclusively, or in addition to other appeals. Appeals shall be filed in 26 accordance with rules of procedure prescribed by the Supreme 27 28 Court for review of such orders. The division shall be given 29 notice of any proceedings pertaining to s. 440.25, regarding indigency, or s. 440.49, regarding the Special Disability 30

Trust Fund, and shall have the right to intervene in any proceedings.

Section 14. Subsection (3) of section 440.34, Florida Statutes, is amended to read:

440.34 Attorney's fees; costs.--

- (3) If the claimant should prevail in any proceedings before a judge of compensation claims or court, there shall be taxed against the employer the reasonable costs of such proceedings, not to include the attorney's fees of the claimant. A claimant shall be responsible for the payment of her or his own attorney's fees, except that a claimant shall be entitled to recover a reasonable attorney's fee from a carrier or employer:
- (a) Against whom she or he successfully asserts a claim for medical benefits only, if the claimant has not filed or is not entitled to file at such time a claim for disability, permanent impairment, wage-loss, or death benefits, arising out of the same accident; or
- (b) In any case in which the employer or carrier files a <u>response to petition</u> notice of denial with the division and the injured person has employed an attorney in the successful prosecution of the claim; or
- (c) In a proceeding in which a carrier or employer denies that an injury occurred for which compensation benefits are payable, and the claimant prevails on the issue of compensability; or
- (d) In cases where the claimant successfully prevails in proceedings filed under s. 440.24 or s. 440.28.

In applying the factors set forth in subsection (1) to cases arising under paragraphs (a), (b), (c), and (d), the judge of

compensation claims must only consider only such benefits and the time reasonably spent in obtaining them as were secured for the claimant within the scope of paragraphs (a), (b), (c), and (d).

Section 15. Effective upon this act becoming a law, paragraph (b) of subsection (9) of section 440.49, Florida Statutes, 1998 Supplement, is amended to read:

440.49 Limitation of liability for subsequent injury through Special Disability Trust Fund.--

- (9) SPECIAL DISABILITY TRUST FUND. --
- (b)1. The Special Disability Trust Fund shall be maintained by annual assessments upon the insurance companies writing compensation insurance in the state, the commercial self-insurers under ss. 624.462 and 624.4621, the assessable mutuals under s. 628.601, and the self-insurers under this chapter, which assessments shall become due and be paid quarterly at the same time and in addition to the assessments provided in s. 440.51. The division shall estimate annually in advance the amount necessary for the administration of this subsection and the maintenance of this fund and shall make such assessment in the manner hereinafter provided.
- 2. The annual assessment shall be calculated to produce during the ensuing fiscal year an amount which, when combined with that part of the balance in the fund on June 30 of the current fiscal year which is in excess of \$100,000, is equal to the average of:
- a. The sum of disbursements from the fund during the immediate past 3 calendar years, and
- b. Two times the disbursements of the most recent calendar year.

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Such amount shall be prorated among the insurance companies writing compensation insurance in the state and the self-insurers.

- The net premiums written by the companies for workers' compensation in this state and the net premium written applicable to the self-insurers in this state are the basis for computing the amount to be assessed as a percentage of net premiums. Such payments shall be made by each insurance company and self-insurer to the division for the Special Disability Trust Fund in accordance with such regulations as the division prescribes. For purposes of this subsection, "net premiums written" means direct gross premiums written in this state on insurance policies to which this chapter applies, less return premiums thereon and dividends paid or credited to policyholders on such direct business. "Net premiums written" does not include premiums on contracts between insurers and reinsurers. When reporting "net premiums written" for purposes of computing the assessment, full policy premium value must be reported prior to application of deductible discounts.
- 4. The Treasurer is authorized to receive and credit to such Special Disability Trust Fund any sum or sums that may at any time be contributed to the state by the United States under any Act of Congress, or otherwise, to which the state may be or become entitled by reason of any payments made out of such fund.

Section 16. Effective upon this act becoming a law, paragraph (b) of subsection (1) of section 440.51, Florida Statutes, is amended to read:

440.51 Expenses of administration. --

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- (1) The division shall estimate annually in advance the amounts necessary for the administration of this chapter, in the following manner.
- (b) The total expenses of administration shall be prorated among the insurance companies writing compensation insurance in the state and self-insurers. The net premiums collected by the companies and the amount of premiums a self-insurer would have to pay if insured are the basis for computing the amount to be assessed. This amount may be assessed as a specific amount or as a percentage of net premiums payable as the division may direct, provided such amount so assessed shall not exceed 4 percent of such net The insurance companies may elect to make the payments required under s. 440.15(1)(e) rather than having these payments made by the division. In that event, such payments will be credited to the insurance companies, and the amount due by the insurance company under this section will be reduced accordingly. For purposes of this subsection, "net premiums collected" means direct gross premiums written in this state on insurance policies to which this chapter applies, less return premiums thereon and dividends paid or credited to policyholders on such direct business. premiums collected" does not include premiums on contracts between insurers and reinsurers. When reporting "net premiums collected" for purposes of computing the assessment, full policy premium value must be reported prior to application of deductible discounts.

Section 17. Paragraphs (g) and (p) of subsection (4) of section 627.311, Florida Statutes, 1998 Supplement, is amended to read:

627.311 Joint underwriters and joint reinsurers.--

(4)

- (g) Whenever a deficit exists, the plan shall, within 90 days, provide the department with a program to eliminate the deficit within a reasonable time. The deficit may be funded both through increased premiums charged to insureds of the plan for subsequent years, through the use of policyholder surplus attributable to any year, and through assessments on insureds in the plan if the plan uses assessable policies.
- (p) Neither the plan nor any member of the board of governors is liable for monetary damages to any person for any statement, vote, decision, or failure to act, regarding the management or policies of the plan, unless:
- 1. The member breached or failed to perform her or his duties as a member; and
- 2. The member's breach of, or failure to perform, duties constitutes:
- a. A violation of the criminal law, unless the member had reasonable cause to believe her or his conduct was not unlawful. A judgment or other final adjudication against a member in any criminal proceeding for violation of the criminal law estops that member from contesting the fact that her or his breach, or failure to perform, constitutes a violation of the criminal law; but does not estop the member from establishing that she or he had reasonable cause to believe that her or his conduct was lawful or had no reasonable cause to believe that her or his conduct was unlawful;
- b. A transaction from which the member derived an improper personal benefit, either directly or indirectly; or
- c. Recklessness or any act or omission that was committed in bad faith or with malicious purpose or in a

manner exhibiting wanton and willful disregard of human rights, safety, or property. For purposes of this 3 sub-subparagraph, the term "recklessness" means the acting, or 4 omission to act, in conscious disregard of a risk: 5 (I) Known, or so obvious that it should have been 6 known, to the member; and 7 (II) Known to the member, or so obvious that it should have been known, to be so great as to make it highly probable 8 9 that harm would follow from such act or omission. 10 Section 18. Subsection (3) of section 440.45, Florida 11 Statutes, 1998 Supplement, is repealed. 12 Section 19. Except as otherwise provided in this act, 13 this act shall take effect October 1, 1999. 14 15 16 LEGISLATIVE SUMMARY 17 Revises provision of workers' compensation law relating to requirements and procedures for conducting drug tests 18 and reporting and preserving results of drug tests and reporting and preserving results of drug tests; requiring contractors under state contract to implement drug-free workplaces; electronic payment of compensation payments; requirements for submission of medical reports and bills and authorized access by rehabilitation providers to medical records; provision by individually self-insured employers to provide medical benefits with or without managed care arrangements; permanent total 19 20 21 or without managed care arrangements; permanent total disability supplemental benefits; private entity contracts to collect policy information; requirements and procedures for filing petitions for benefits; payment of compensation by direct deposit; and establishment by the First District Court of Appeals of a specialized division to hear appeals of orders of judges of compensation claims. (See bill for details.) 22 23 24 25 26 27 28 29