A bill to be entitled

An act relating to workers' compensation; amending s. 440.13, F.S.; including licensed psychologists under the terms physician or doctor; deleting an exclusion of certain chiropractic services from medically necessary treatment, care, and services under certain circumstances; amending s. 440.134, F.S.; including chiropractic physicians under the term "medical care coordinator" for certain purposes; providing for access to chiropractic physicians; amending s. 440.15, F.S.; including licensed psychologists under an authorization to determine permanent impairment; providing an effective date.

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

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Section 1. Paragraph (r) of subsection (1) and paragraph (a) of subsection (2) of section 440.13, Florida Statutes, 1998 Supplement, are amended to read:

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440.13 Medical services and supplies; penalty for violations; limitations.--

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(1) DEFINITIONS.--As used in this section, the term:

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(r) "Physician" or "doctor" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an optometrist licensed under chapter 463, or a dentist licensed under chapter 466, or a psychologist licensed under chapter

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30 31 $\underline{490}$, each of whom must be certified by the division as a health care provider.

- (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH. --
- (a) Subject to the limitations specified elsewhere in this chapter, the employer shall furnish to the employee such medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require, including medicines, medical supplies, durable medical equipment, orthoses, prostheses, and other medically necessary apparatus. Remedial treatment, care, and attendance, including work-hardening programs or pain-management programs accredited by the Commission on Accreditation of Rehabilitation Facilities or Joint Commission on the Accreditation of Health Organizations or pain-management programs affiliated with medical schools, shall be considered as covered treatment only when such care is given based on a referral by a physician as defined in this chapter. Each facility shall maintain outcome data, including work status at discharges, total program charges, total number of visits, and length of stay. The department shall utilize such data and report to the President of the Senate and the Speaker of the House of Representatives regarding the efficacy and cost-effectiveness of such program, no later than October 1, 1994. Medically necessary treatment, care, and attendance does not include chiropractic services in excess of 18 treatments or rendered 8 weeks beyond the date of the initial chiropractic treatment, whichever comes first, unless the carrier authorizes additional treatment or the employee is catastrophically injured.

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Section 2. Paragraph (i) of subsection (1) of section 440.134, Florida Statutes, 1998 Supplement, is amended to read:

440.134 Workers' compensation managed care arrangement.--

- (1) As used in this section, the term:
- "Medical care coordinator" means a primary care provider within a provider network who is responsible for managing the medical care of an injured worker including determining other health care providers and health care facilities to which the injured employee will be referred for evaluation or treatment. A medical care coordinator shall be a physician licensed under chapter 458 or an osteopathic physician licensed under chapter 459, or a chiropractic physician licensed under chapter 460. An injured worker shall have direct access to any chiropractic physician on the managed care panel for the first 18 visits of chiropractic services, after which a chiropractic medical care coordinator shall determine whether the patient needs additional chiropractic services.

Section 3. Paragraph (a) of subsection (3) 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:

- (3) PERMANENT IMPAIRMENT AND WAGE-LOSS BENEFITS.--
- Impairment benefits.--(a)
- 1. Once the employee has reached the date of maximum medical improvement, impairment benefits are due and payable within 20 days after the carrier has knowledge of the 31 impairment.

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The three-member panel, in cooperation with the 2. division, shall establish and use a uniform permanent impairment rating schedule. This schedule must be based on medically or scientifically demonstrable findings as well as the systems and criteria set forth in the American Medical Association's Guides to the Evaluation of Permanent Impairment; the Snellen Charts, published by American Medical Association Committee for Eye Injuries; and the Minnesota Department of Labor and Industry Disability Schedules. The schedule should be based upon objective findings. The schedule shall be more comprehensive than the AMA Guides to the Evaluation of Permanent Impairment and shall expand the areas already addressed and address additional areas not currently contained in the guides. On August 1, 1979, and pending the adoption, by rule, of a permanent schedule, Guides to the Evaluation of Permanent Impairment, copyright 1977, 1971, 1988, by the American Medical Association, shall be the temporary schedule and shall be used for the purposes hereof. For injuries after July 1, 1990, pending the adoption by division rule of a uniform disability rating schedule, the Minnesota Department of Labor and Industry Disability Schedule shall be used unless that schedule does not address an injury. In such case, the Guides to the Evaluation of Permanent Impairment by the American Medical Association shall be used. Determination of permanent impairment under this schedule must be made by a physician licensed under chapter 458, a doctor of osteopathic medicine licensed under chapters 458 and 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an optometrist licensed under chapter 463, or a dentist licensed under chapter 466, or a psychologist licensed under chapter 490, as appropriate

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15 16 considering the nature of the injury. No other persons are authorized to render opinions regarding the existence of or the extent of permanent impairment.

- 3. All impairment income benefits shall be based on an impairment rating using the impairment schedule referred to in subparagraph 2. Impairment income benefits are paid weekly at the rate of 50 percent of the employee's average weekly temporary total disability benefit not to exceed the maximum weekly benefit under s. 440.12. An employee's entitlement to impairment income benefits begins the day after the employee reaches maximum medical improvement or the expiration of temporary benefits, whichever occurs earlier, and continues until the earlier of:
- a. The expiration of a period computed at the rate of3 weeks for each percentage point of impairment; or
 - b. The death of the employee.
- 4. After the employee has been certified by a doctor 17 as having reached maximum medical improvement or 6 weeks 18 19 before the expiration of temporary benefits, whichever occurs 20 earlier, the certifying doctor shall evaluate the condition of 21 the employee and assign an impairment rating, using the 22 impairment schedule referred to in subparagraph 2. Compensation is not payable for the mental, psychological, or 23 emotional injury arising out of depression from being out of 24 25 work. If the certification and evaluation are performed by a 26 doctor other than the employee's treating doctor, the 27 certification and evaluation must be submitted to the treating 28 doctor, and the treating doctor must indicate agreement or 29 disagreement with the certification and evaluation. The certifying doctor shall issue a written report to the 30 division, the employee, and the carrier certifying that

maximum medical improvement has been reached, stating the impairment rating, and providing any other information required by the division. If the employee has not been certified as having reached maximum medical improvement before the expiration of 102 weeks after the date temporary total disability benefits begin to accrue, the carrier shall notify the treating doctor of the requirements of this section.

- 5. The carrier shall pay the employee impairment income benefits for a period based on the impairment rating.
- 6. The division may by rule specify forms and procedures governing the method of payment of wage loss and impairment benefits for dates of accidents before January 1, 1994, and for dates of accidents on or after January 1, 1994.

Section 4. This act shall take effect October 1, 1999.

HOUSE SUMMARY

Provides for access to chiropractic physician services under workers' compensation managed care arrangements. Includes licensed psychologists as physicians or doctors for purposes of workers' compensation and among those authorized to determine permanent impairment.