Florida House of Representatives - 1999 By Representative Rojas

1	A bill to be entitled
2	An act relating to workers' compensation;
3	amending s. 440.13, F.S.; deleting the
4	provision that medically necessary treatment
5	does not include chiropractic services;
6	specifying date for the Division of Workers'
7	Compensation of the Department of Labor and
8	Employment Security to adopt rules regarding
9	criteria for approval of courses; providing
10	that injured workers must receive reports that
11	their attorneys and the carrier's attorneys
12	receive at the time they receive the reports;
13	deleting employee's responsibility for
14	copayment for medical services; amending s.
15	440.15, F.S.; extending time for payment of
16	benefits for temporary total disability;
17	increasing the membership on the panel
18	responsible for establishing a uniform
19	permanent impairment rating system; increasing
20	the percentage of an employee's salary for
21	purposes of impairment income benefits;
22	prescribing a schedule for payment of benefits;
23	authorizing a judge of compensation claims to
24	settle a dispute between two doctors relating
25	to impairment; increasing the time for payment
26	of temporary partial disability benefits;
27	reducing the geographical area in which the
28	employer must provide the employee with work
29	appropriate to the employee's limitation;
30	increasing the monetary fine for failure to
31	provide such work; amending s. 440.191, F.S.;

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CODING:Words stricken are deletions; words <u>underlined</u> are additions.

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<pre>in a proceeding before the Employee Assistance and Ombudsman Office to resolve a dispute; amending s. 440.192, F.S.; providing that an employer is responsible for an employee's attorney's fees and costs in proceedings before a judge of compensation claims; providing applicability for s. 440.20(11)(c), F.S.; repealing s. 440.25(4)(j), F.S., relating to expedited hearings; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Paragraph (a) of subsection (2), paragraph (a) of subsection (3), paragraph (c) of subsection (4), and subsection (14) of section 440.13, Florida Statutes, 1998 Supplement, are amended to read: 440.13 Medical services and supplies; penalty for violations; limitations (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</pre>	1	providing employees with right to an attorney
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	26	recovery may require, including medicines, medical supplies,
28 medically necessary apparatus. Remedial treatment, care, and	27	durable medical equipment, orthoses, prostheses, and other
	28	medically necessary apparatus. Remedial treatment, care, and
29 attendance, including work-hardening programs or	29	attendance, including work-hardening programs or
30 pain-management programs accredited by the Commission on	30	pain-management programs accredited by the Commission on
31 Accreditation of Rehabilitation Facilities or Joint Commission	31	Accreditation of Rehabilitation Facilities or Joint Commission
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on the Accreditation of Health Organizations or 1 pain-management programs affiliated with medical schools, 2 3 shall be considered as covered treatment only when such care is given based on a referral by a physician as defined in this 4 5 chapter. Each facility shall maintain outcome data, including work status at discharges, total program charges, total number 6 7 of visits, and length of stay. The department shall utilize 8 such data and report to the President of the Senate and the 9 Speaker of the House of Representatives regarding the efficacy and cost-effectiveness of such program, no later than October 10 11 1, 1994. Medically necessary treatment, care, and attendance does not include chiropractic services in excess of 18 12 13 treatments or rendered 8 weeks beyond the date of the initial chiropractic treatment, whichever comes first, unless the 14 15 carrier authorizes additional treatment or the employee is 16 catastrophically injured. (3) PROVIDER ELIGIBILITY; AUTHORIZATION. --17 18 (a) As a condition to eligibility for payment under

this chapter, a health care provider who renders services must 19 20 be a certified health care provider and must receive 21 authorization from the carrier before providing treatment. 22 This paragraph does not apply to emergency care. The division shall adopt rules to implement the certification of health 23 care providers. As a one-time prerequisite to obtaining 24 certification, the division shall require each physician to 25 26 demonstrate proof of completion of a minimum 5-hour course 27 that covers the subject areas of cost containment, utilization 28 control, ergonomics, and the practice parameters adopted by the division governing the physician's field of practice. The 29 division shall coordinate with the Agency for Health Care 30 Administration, the Florida Medical Association, the Florida 31

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Osteopathic Medical Association, the Florida Chiropractic 1 2 Association, the Florida Podiatric Medical Association, the 3 Florida Optometric Association, the Florida Dental Association, and other health professional organizations and 4 5 their respective boards as deemed necessary by the Agency for Health Care Administration in complying with this subsection. 6 7 No later than October 1, 1999 1994, the division shall adopt 8 rules regarding the criteria and procedures for approval of 9 courses and the filing of proof of completion by the 10 physicians.

11 (4) NOTICE OF TREATMENT TO CARRIER; FILING WITH
12 DIVISION.--

13 (c) It is the policy for the administration of the workers' compensation system that there be reasonable access 14 to medical information by all parties to facilitate the 15 16 self-executing features of the law. An injured worker must 17 receive copies of all medical records, except a psychologist's or psychiatrist's report, at the same time his or her lawyer 18 19 and the carrier's lawyer receive such reports. The worker may 20 give such reports to his or her family.Notwithstanding the limitations in s. 455.667 and subject to the limitations in s. 21 22 381.004, upon the request of the employer, the carrier, or the attorney for either of them, the medical records of an injured 23 employee must be furnished to those persons and the medical 24 condition of the injured employee must be discussed with those 25 26 persons, if the records and the discussions are restricted to 27 conditions relating to the workplace injury. Any such 28 discussions may be held before or after the filing of a claim 29 without the knowledge, consent, or presence of any other party or his or her agent or representative. A health care provider 30 31 who willfully refuses to provide medical records or to discuss

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the medical condition of the injured employee, after a 1 2 reasonable request is made for such information pursuant to 3 this subsection, shall be subject by the division to one or more of the penalties set forth in paragraph (8)(b). 4 5 (14) PAYMENT OF MEDICAL FEES.-б (a) Except for emergency care treatment, fees for 7 medical services are payable only to a health care provider 8 certified and authorized to render remedial treatment, care, or attendance under this chapter. A health care provider may 9 not collect or receive a fee from an injured employee within 10 11 this state, except as otherwise provided by this chapter. Such 12 providers have recourse against the employer or carrier for 13 payment for services rendered in accordance with this chapter. 14 (b) Fees charged for remedial treatment, care, and attendance may not exceed the applicable fee schedules adopted 15 16 under this chapter. 17 (c) Notwithstanding any other provision of this 18 chapter, following overall maximum medical improvement from an 19 injury compensable under this chapter, the employee is 20 obligated to pay a copayment of \$10 per visit for medical services. The copayment shall not apply to emergency care 21 22 provided to the employee. Section 2. Paragraph (a) of subsection (2), paragraph 23 (a) of subsection (3), paragraph (b) of subsection (4), and 24 25 subsection (6) of section 440.15, Florida Statutes, 1998 26 Supplement, are amended to read: 27 440.15 Compensation for disability.--Compensation for 28 disability shall be paid to the employee, subject to the 29 limits provided in s. 440.12(2), as follows: 30 (2) TEMPORARY TOTAL DISABILITY.--31

1 (a) In case of disability total in character but 2 temporary in quality, 66 2/3 percent of the average weekly 3 wages shall be paid to the employee during the continuance 4 thereof, not to exceed $182 \ \frac{104}{104}$ weeks except as provided in 5 this subsection, s. 440.12(1), and s. 440.14(3). Once the б employee reaches the maximum number of weeks allowed, or the 7 employee reaches the date of maximum medical improvement, 8 whichever occurs earlier, temporary disability benefits shall cease and the injured worker's permanent impairment shall be 9 10 determined. 11 (3) PERMANENT IMPAIRMENT AND WAGE-LOSS BENEFITS.--12 (a) Impairment benefits.--13 1. Once the employee has reached the date of maximum 14 medical improvement, impairment benefits are due and payable 15 within 20 days after the carrier has knowledge of the 16 impairment. 17 2. The five-member three-member panel, in cooperation with the division, shall establish and use a uniform permanent 18 19 impairment rating schedule. This schedule must be based on 20 medically or scientifically demonstrable findings as well as the systems and criteria set forth in the American Medical 21 22 Association's Guides to the Evaluation of Permanent Impairment; the Snellen Charts, published by American Medical 23 Association Committee for Eye Injuries; and the Minnesota 24 25 Department of Labor and Industry Disability Schedules. The 26 schedule should be based upon objective findings. The schedule 27 shall be more comprehensive than the AMA Guides to the 28 Evaluation of Permanent Impairment and shall expand the areas 29 already addressed and address additional areas not currently contained in the guides. On August 1, 1979, and pending the 30 31 adoption, by rule, of a permanent schedule, Guides to the

Evaluation of Permanent Impairment, copyright 1977, 1971, 1 2 1988, by the American Medical Association, shall be the 3 temporary schedule and shall be used for the purposes hereof. For injuries after July 1, 1990, pending the adoption by 4 5 division rule of a uniform disability rating schedule, the б Minnesota Department of Labor and Industry Disability Schedule 7 shall be used unless that schedule does not address an injury. 8 In such case, the Guides to the Evaluation of Permanent Impairment by the American Medical Association shall be used. 9 Determination of permanent impairment under this schedule must 10 11 be made by a physician licensed under chapter 458, a doctor of 12 osteopathic medicine licensed under chapters 458 and 459, a 13 chiropractic physician licensed under chapter 460, a podiatric 14 physician licensed under chapter 461, an optometrist licensed under chapter 463, or a dentist licensed under chapter 466, as 15 16 appropriate considering the nature of the injury. No other persons are authorized to render opinions regarding the 17 existence of or the extent of permanent impairment. 18 19 3. All impairment income benefits shall be based on an 20 impairment rating using the impairment schedule referred to in subparagraph 2. Impairment income benefits are paid weekly at 21 22 the rate of 66 2/3 50 percent of the employee's average weekly salary temporary total disability benefit not to exceed 23 24 the maximum weekly benefit under s. 440.12. An employee's 25 entitlement to impairment income benefits begins the day after 26 the employee reaches maximum medical improvement or the 27 expiration of temporary benefits, whichever occurs earlier, 28 and continues until the earlier of: 29 a. Eighteen weeks of eligibility for permanent impairment ratings up to and including 3 percent; 30

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1 b. Thirty-six weeks of eligibility for permanent 2 impairment ratings greater than 3 percent and up to and 3 including 6 percent; 4 c. Fify-four weeks of eligibility for permanent 5 impairment ratings greater than 6 percent and up to and 6 including 9 percent; 7 d. Seventy-two weeks of eligibility for permanent 8 impairment ratings greater than 9 percent and up to and 9 including 12 percent; 10 e. Eighty-six weeks of eligibility for permanent 11 impairment ratings greater than 13 percent and up to and 12 including 14 percent; 13 f. Ninety-four weeks of eligibility for permanent 14 impairment ratings greater than 13 percent and up to and 15 including 14 percent; q. One-hundred and five weeks of eligibility for 16 17 permanent impairment ratings greater than 14 percent and up to 18 and including 15 percent; 19 h. One-hundred and nineteen weeks of eligibility for 20 permanent impairment ratings greater than 15 and up to and 21 including 16 percent; 22 i. One-hundred and thirty-three weeks of eligibility 23 for permanent impairment ratings greater than 16 percent and 24 up to and including 17 percent; 25 One-hundred and forty-seven weeks of eligibility i. 26 for permanent impairment ratings greater than 17 and up to and 27 including 18 percent; 28 k. One-hundred and sixty-one weeks of eligibility for 29 permanent impairment ratings greater than 18 percent and up to 30 and including 19 percent; 31

One-hundred and seventy-five weeks of eligibility 1 1. 2 for permanent impairment ratings greater than 19 percent and 3 up to and including 20 percent; 4 m. One-hundred and ninety-two weeks of eligibility for 5 permanent impairment ratings greater than 20 percent and up to 6 and including 21 percent; 7 n. Two-hundred and ten weeks of eligibility for 8 permanent impairment ratings greater than 21 percent and up to 9 and including 22 percent; 10 Two-hundred and twenty-seven weeks of eligibility ο. for permanent impairment ratings greater than 22 percent and 11 12 up to and including 23 percent; 13 p. Two-hundred and forty-five weeks of eligibility for 14 permanent impairment ratings greater than 23 and up to and 15 including 24 percent; q. Two-hundred and fifty-four weeks of eligibility for 16 17 permanent impairment ratings greater than 24 percent; or a. The expiration of a period computed at the rate of 18 19 3 weeks for each percentage point of impairment; 20 r.b. The death of the employee. 4. After the employee has been certified by a doctor 21 22 as having reached maximum medical improvement or 6 weeks before the expiration of temporary benefits, whichever occurs 23 24 earlier, the certifying doctor shall evaluate the condition of 25 the employee and assign an impairment rating, using the 26 impairment schedule referred to in subparagraph 2. 27 Compensation is not payable for the mental, psychological, or 28 emotional injury arising out of depression from being out of 29 work because of the employee's accident. If the certification and evaluation are performed by a doctor other than the 30 31 employee's treating doctor, the certification and evaluation

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must be submitted to the treating doctor, and the treating 1 2 doctor must indicate agreement or disagreement with the certification and evaluation, but the opinion of the second 3 doctor counts in the final decision of impairment. If there is 4 5 any controversy, the judge of compensation claims resolves the б dispute between the two doctors. The certifying doctor shall 7 issue a written report to the division, the employee, and the 8 carrier certifying that maximum medical improvement has been 9 reached, stating the impairment rating, and providing any other information required by the division. If the employee 10 11 has not been certified as having reached maximum medical improvement before the expiration of 102 weeks after the date 12 13 temporary total disability benefits begin to accrue, the 14 carrier shall notify the treating doctor of the requirements 15 of this section. 16 5. The carrier shall pay the employee impairment income benefits for a period based on the impairment rating. 17 The division may by rule specify forms and 18 6. procedures governing the method of payment of wage loss and 19 20 impairment benefits for dates of accidents before January 1, 1994, and for dates of accidents on or after January 1, 1994. 21 22 (4) TEMPORARY PARTIAL DISABILITY.--Such benefits shall be paid during the continuance 23 (b) of such disability, not to exceed a period of 182 104 weeks, 24 25 as provided by this subsection and subsection (2). Once the 26 injured employee reaches the maximum number of weeks, 27 temporary disability benefits cease and the injured worker's 28 permanent impairment must be determined. The division may by

30 payment of temporary disability benefits for dates of

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rule specify forms and procedures governing the method of

accidents before January 1, 1994, and for dates of accidents
 on or after January 1, 1994.

3 (6) OBLIGATION TO REHIRE. -- If the employer has not in 4 good faith made available to the employee, within a 35-mile 5 100-mile radius of the employee's residence, work appropriate to the employee's physical limitations within 30 days after 6 7 the carrier notifies the employer of maximum medical 8 improvement and the employee's physical limitations, the employer shall pay to the division for deposit into the 9 Workers' Compensation Administration Trust Fund a fine of \$250 10 11 for every \$5,000 of the employer's workers' compensation premium or payroll, not to exceed\$5,000\$2,000 per violation, 12 13 as the division requires by rule. The employer is not subject 14 to this subsection if the employee is receiving permanent total disability benefits or if the employer has 25 $\frac{50}{50}$ or 15 16 fewer employees.

Section 3. Paragraph (d) of subsection (2) of section 440.191, Florida Statutes, 1998 Supplement, is amended to read:

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440.191 Employee Assistance and Ombudsman Office.-- (2)

22 (d) The Employee Assistance and Ombudsman Office may assign an ombudsman to assist the employee in resolving the 23 24 dispute. If the dispute is not resolved within 30 days after the employee contacts the office, the ombudsman shall, at the 25 26 employee's request, assist the employee in drafting a petition 27 for benefits and explain the procedures for filing petitions. 28 The employee may be represented by an attorney, and the 29 employer or carrier is liable for attorney's fees and costs. The division may by rule determine the method used to 30 31 calculate the 30-day period. The Employee Assistance and

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Ombudsman Office may not represent employees before the judges 1 2 of compensation claims. An employer or carrier may not pay any 3 attorneys' fees on behalf of the employee for services rendered or costs incurred in connection with this section, 4 5 unless expressly authorized elsewhere in this chapter. 6 Section 4. Subsection (6) of section 440.192, Florida 7 Statutes, is amended to read: 8 440.192 Procedure for resolving benefit disputes .--9 (6) If the claimant is not represented by counsel, the Office of the Judges of Compensation Claims may request the 10 11 Employee Assistance and Ombudsman Office to assist the 12 claimant in filing a petition that meets the requirements of 13 this section. The employee may be represented by an attorney, 14 and the employer or carrier is liable for attorney's fees and 15 costs. 16 Section 5. Paragraph (c) of subsection (11) of section 17 440.20, Florida Statutes, 1998 Supplement, applies to all claims that the parties have not settled under the current law 18 19 (1994), unless the claimant was injured before 1994, in which 20 case the previous law (1990) applies to the claimant. Section 6. Paragraph (j) of subsection (4) of section 21 22 440.25, Florida Statutes, is repealed. 23 Section 7. This act shall take effect upon becoming a 24 law. 25 26 27 28 29 30 31

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2	SENATE SUMMARY
3 4	Amends various provisions of the workers' compensation law. Deletes the provision that medically necessary treatment does not include chiropractic services.
5	Specifies date for the Division of Workers' Compensation of the Department of Labor and Employment Security to
6	adopt rules regarding criteria for approval of courses. Provides that injured workers must receive reports that
7	their attorneys and the carrier's attorneys receive at the time they receive the reports. Deletes employee's
8	responsibility for copayment for medical services. Extends time for payment of benefits for temporary total
9	disability. Increases the membership on the panel responsible for establishing a uniform permanent
10	impairment rating system. Increases the percentage of an employee's salary for purposes of impairment income based of the second
11	benefits. Prescribes a schedule for payment of benefits. Authorizes a judge of compensation claims to settle a
12	dispute between two doctors relating to impairment. Increases the time for payment of temporary partial disability benefits. Reduces the geographical area in
13	which the employer must provide the employee with work appropriate to the employee's limitation. Increases the
14	monetary fine for failure to provide such work. Provides employees with right to an attorney in a proceeding
15	before the Employee Assistance and Ombudsman Office to resolve a dispute. Provides that an employer is
16	responsible for an employee's attorney's fees and costs in proceedings before a judge of compensation claims.
17	Provides applicability for s. 440.20(11)(c), F.S. Repeals s. 440.25(4)(j), F.S., relating to expedited hearings.
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