## Florida Senate - 2000

By Senator Casas

34-131A-00

| 1  | A bill to be entitled                           |
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| 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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| 1  | providing employees with right to an attorney                     |
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| 2  | in a proceeding before the Employee Assistance                    |
| 3  | and Ombudsman Office to resolve a dispute;                        |
| 4  | amending s. 440.192, F.S.; providing that an                      |
| 5  | employer is responsible for an employee's                         |
| 6  | attorney's fees and costs in proceedings before                   |
| 7  | a judge of compensation claims; providing                         |
| 8  | applicability for s. 440.20(11)(c), F.S.;                         |
| 9  | repealing s. 440.25(4)(j), F.S., relating to                      |
| 10 | expedited hearings; providing an effective                        |
| 11 | date.   |
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| 13 | Be It Enacted by the Legislature of the State of Florida:         |
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| 15 | Section 1. Paragraph (a) of subsection (2), paragraph             |
| 16 | (a) of subsection $(3)$ , paragraph (c) of subsection $(4)$ , and |
| 17 | subsection (14) of section 440.13, Florida Statutes, are          |
| 18 | amended to read:  |
| 19 | 440.13 Medical services and supplies; penalty for                 |
| 20 | violations; limitations   |
| 21 | (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH                |
| 22 | (a) Subject to the limitations specified elsewhere in             |
| 23 | this chapter, the employer shall furnish to the employee such     |
| 24 | medically necessary remedial treatment, care, and attendance      |
| 25 | for such period as the nature of the injury or the process of     |
| 26 | recovery may require, including medicines, medical supplies,      |
| 27 | durable medical equipment, orthoses, prostheses, and other        |
| 28 | medically necessary apparatus. Remedial treatment, care, and      |
| 29 | attendance, including work-hardening programs or                  |
| 30 | pain-management programs accredited by the Commission on          |
| 31 | Accreditation of Rehabilitation Facilities or Joint Commission    |
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1 on the Accreditation of Health Organizations or 2 pain-management programs affiliated with medical schools, 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 б work status at discharges, total program charges, total number 7 of visits, and length of stay. The department shall utilize such data and report to the President of the Senate and the 8 9 Speaker of the House of Representatives regarding the efficacy 10 and cost-effectiveness of such program, no later than October 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 14 chiropractic treatment, whichever comes first, unless the carrier authorizes additional treatment or the employee is 15 16 catastrophically injured.

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(3) PROVIDER ELIGIBILITY; AUTHORIZATION.--

(a) As a condition to eligibility for payment under 18 19 this chapter, a health care provider who renders services must 20 be a certified health care provider and must receive authorization from the carrier before providing treatment. 21 22 This paragraph does not apply to emergency care. The division shall adopt rules to implement the certification of health 23 24 care providers. As a one-time prerequisite to obtaining 25 certification, the division shall require each physician to demonstrate proof of completion of a minimum 5-hour course 26 that covers the subject areas of cost containment, utilization 27 control, ergonomics, and the practice parameters adopted by 28 29 the division governing the physician's field of practice. The division shall coordinate with the Agency for Health Care 30 31 Administration, the Florida Medical Association, the Florida

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1 Osteopathic Medical Association, the Florida Chiropractic 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 6 Health Care Administration in complying with this subsection. 7 No later than October 1, 2000 1994, the division shall adopt rules regarding the criteria and procedures for approval of 8 9 courses and the filing of proof of completion by the 10 physicians. 11 (4) NOTICE OF TREATMENT TO CARRIER; FILING WITH DIVISION.--12 13 (c) It is the policy for the administration of the 14 workers' compensation system that there be reasonable access 15 to medical information by all parties to facilitate the self-executing features of the law. An injured worker must 16 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 doctors may 20 give such reports to the injured worker's family. Notwithstanding the limitations in s. 455.667 and subject to 21 the limitations in s. 381.004, upon the request of the 22 employer, the carrier, or the attorney for either of them, the 23 24 medical records of an injured employee must be furnished to 25 those persons and the medical condition of the injured employee must be discussed with those persons, if the records 26 and the discussions are restricted to conditions relating to 27 28 the workplace injury. Any such discussions may be held before 29 or after the filing of a claim without the knowledge, consent, or presence of any other party or his or her agent or 30 31 representative. A health care provider who willfully refuses

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

| 1  | (a) In case of disability total in character but                |
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| 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 $182$ $104$ weeks except as provided in  |
| 5  | this subsection, s. $440.12(1)$ , and s. $440.14(3)$ . Once the |
| 6  | 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   |
| 9  | cease and the injured worker's permanent impairment shall be    |
| 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           |
| 18 | with the division, shall establish and use a uniform permanent  |
| 19 | impairment rating schedule. This schedule must be based on      |
| 20 | medically or scientifically demonstrable findings as well as    |
| 21 | the systems and criteria set forth in the American Medical      |
| 22 | Association's Guides to the Evaluation of Permanent             |
| 23 | Impairment; the Snellen Charts, published by American Medical   |
| 24 | Association Committee for Eye Injuries; and the Minnesota       |
| 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    |
| 30 | contained in the guides. On August 1, 1979, and pending the     |
| 31 | adoption, by rule, of a permanent schedule, Guides to the       |
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1 Evaluation of Permanent Impairment, copyright 1977, 1971, 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 6 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 10 Determination of permanent impairment under this schedule must 11 be made by a physician licensed under chapter 458, a doctor of osteopathic medicine licensed under chapters 458 and 459, a 12 chiropractic physician licensed under chapter 460, a podiatric 13 physician licensed under chapter 461, an optometrist licensed 14 under chapter 463, or a dentist licensed under chapter 466, as 15 appropriate considering the nature of the injury. No other 16 17 persons are authorized to render opinions regarding the 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 21 subparagraph 2. Impairment income benefits are paid weekly at the rate of 66 2/3 <del>50</del> percent of the employee's average 22 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 the employee reaches maximum medical improvement or the 26 27 expiration of temporary benefits, whichever occurs earlier, and continues until the earlier of: 28 29 Eighteen weeks of eligibility for permanent a. 30 impairment ratings up to and including 3 percent; 31

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| 1  | b. Thirty-six weeks of eligibility for permanent               |
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| 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        |
| б  | 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 12 percent and up to and       |
| 12 | including 13 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;  |
| 16 | g. One-hundred and five weeks of eligibility for               |
| 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 | j. One-hundred and forty-seven weeks of eligibility            |
| 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;                                      |
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| 1  | 1. One-hundred and seventy-five weeks of eligibility                     |
| 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 | o. Two-hundred and twenty-seven weeks of eligibility                     |
| 11 | for permanent impairment ratings greater than 22 percent and             |
| 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;  |
| 16 | q. Two-hundred and fifty-four weeks of eligibility for                   |
| 17 | permanent impairment ratings greater than 24 percent; or                 |
| 18 | a. The expiration of a period computed at the rate of                    |
| 19 | 3 weeks for each percentage point of impairment;                         |
| 20 | <u>r.<del>b.</del></u> The death of the employee.                        |
| 21 | 4. After the employee has been certified by a doctor                     |
| 22 | as having reached maximum medical improvement or 6 weeks                 |
| 23 | before the expiration of temporary benefits, whichever occurs            |
| 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 <del>not</del> 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            |
| 30 | and evaluation are performed by a doctor other than the                  |
| 31 | employee's treating doctor, the certification and evaluation             |
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1 must be submitted to the treating doctor, and the treating 2 doctor must indicate agreement or disagreement with the 3 certification and evaluation, but the opinion of the second 4 doctor counts in the final decision of impairment. If there is 5 any controversy, the judge of compensation claims resolves the б dispute between the two doctors. The certifying doctor shall issue a written report to the division, the employee, and the 7 8 carrier certifying that maximum medical improvement has been 9 reached, stating the impairment rating, and providing any 10 other information required by the division. If the employee 11 has not been certified as having reached maximum medical improvement before the expiration of 182 102 weeks after the 12 13 date temporary total disability benefits begin to accrue, the carrier shall notify the treating doctor of the requirements 14 of this section. 15 The carrier shall pay the employee impairment 16 5. 17 income benefits for a period based on the impairment rating. 18 6. The division may by rule specify forms and 19 procedures governing the method of payment of wage loss and 20 impairment benefits for dates of accidents before January 1, 21 1994, and for dates of accidents on or after January 1, 1994. (4) TEMPORARY PARTIAL DISABILITY.--22 Such benefits shall be paid during the continuance 23 (b) 24 of such disability, not to exceed a period of 182 104 weeks, 25 as provided by this subsection and subsection (2). Once the injured employee reaches the maximum number of weeks, 26 27 temporary disability benefits cease and the injured worker's 28 permanent impairment must be determined. The division may by 29 rule specify forms and procedures governing the method of 30 payment of temporary disability benefits for dates of 31

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| 1  | accidents before January 1, 1994, and for dates of accidents            |
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| 2  | <del>on or after January 1, 1994.</del>                                 |
| 3  | (6) OBLIGATION TO REHIREIf the employer has not in                      |
| 4  | good faith made available to the employee, within a <u>35-mile</u>      |
| 5  | 100-mile radius of the employee's residence, work appropriate           |
| 6  | to the employee's physical limitations within 30 days after             |
| 7  | the carrier notifies the employer of maximum medical                    |
| 8  | improvement and the employee's physical limitations, the                |
| 9  | employer shall pay to the division for deposit into the                 |
| 10 | Workers' Compensation Administration Trust Fund a fine of \$250         |
| 11 | for every \$5,000 of the employer's workers' compensation               |
| 12 | premium or payroll, not to exceed <u>\$5,000</u> \$2,000 per violation, |
| 13 | as the division requires by rule. The employer is not subject           |
| 14 | to this subsection if the employee is receiving permanent               |
| 15 | total disability benefits or if the employer has $\underline{25}$ 50 or |
| 16 | fewer employees.  |
| 17 | Section 3. Paragraph (d) of subsection (2) of section                   |
| 18 | 440.191, Florida Statutes, is amended to read:                          |
| 19 | 440.191 Employee Assistance and Ombudsman Office                        |
| 20 | (2)   |
| 21 | (d) The Employee Assistance and Ombudsman Office may                    |
| 22 | assign an ombudsman to assist the employee in resolving the             |
| 23 | dispute. If the dispute is not resolved within 30 days after            |
| 24 | the employee contacts the office, the ombudsman shall, at the           |
| 25 | employee's request, assist the employee in drafting a petition          |
| 26 | for benefits and explain the procedures for filing petitions.           |
| 27 | The employee may be represented by an attorney, and the                 |
| 28 | employer or carrier is liable for attorney's fees and costs.            |
| 29 | The division may by rule determine the method used to                   |
| 30 | calculate the 30-day period. The Employee Assistance and                |
| 31 | Ombudsman Office may not represent employees before the judges          |
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1 of compensation claims. An employer or carrier may not pay any attorneys' fees on behalf of the employee for services 2 3 rendered or costs incurred in connection with this section, unless expressly authorized elsewhere in this chapter. 4 5 Section 4. Subsection (6) of section 440.192, Florida б Statutes, is amended to read: 7 440.192 Procedure for resolving benefit disputes .--8 (6) If the claimant is not represented by counsel, the Office of the Judges of Compensation Claims may request the 9 10 Employee Assistance and Ombudsman Office to assist the 11 claimant in filing a petition that meets the requirements of this section. The employee may be represented by an attorney, 12 and the employer or carrier is liable for attorney's fees and 13 14 costs. 15 Section 5. Paragraph (c) of subsection (11) of section 440.20, Florida Statutes, applies to all claims that the 16 17 parties have not settled under the current law (1994), unless the claimant was injured before 1994, in which case the 18 19 previous law (1990) applies to the claimant. Section 6. Paragraph (j) of subsection (4) of section 20 440.25, Florida Statutes, is repealed. 21 Section 7. This act shall take effect upon becoming a 22 23 law. 24 25 26 27 28 29 30 31 12

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| 2  | SENATE SUMMARY   |
| 3  | Amends various provisions of the workers' compensation   |
| 4  | law. Deletes the provision that medically necessary<br>treatment does not include chiropractic services.   |
| 5  | Specifies date for the Division of Workers' Compensation<br>of the Department of Labor and Employment Security to  |
| б  | adopt rules regarding criteria for approval of courses.<br>Provides that injured workers must receive reports that   |
| 7  | their attorneys and the carrier's attorneys receive at<br>the time they receive the reports. Deletes employee's  |
| 8  | responsibility for copayment for medical services.<br>Extends time for payment of benefits for temporary total<br>disability. Increases the membership on the panel        |
| 9  | responsible for establishing a uniform permanent   |
| 10 | impairment rating system. Increases the percentage of an<br>employee's salary for purposes of impairment income<br>benefits. Prescribes a schedule for payment of benefits |
| 11 | benefits. Prescribes a schedule for payment of benefits.<br>Authorizes a judge of compensation claims to settle a<br>dispute between two doctors relating to impairment.   |
| 12 | Increases the time for payment of temporary partial<br>disability benefits. Reduces the geographical area in   |
| 13 | which the employer must provide the employee with work<br>appropriate to the employee's limitation. Increases the  |
| 14 | monetary fine for failure to provide such work. Provides<br>employees with right to an attorney in a proceeding  |
| 15 | before the Employee Assistance and Ombudsman Office to<br>resolve a dispute. Provides that an employer is  |
| 16 | responsible for an employee's attorney's fees and costs<br>in proceedings before a judge of compensation claims.   |
| 17 | Provides applicability for s. 440.20(11)(c), F.S. Repeals<br>s. 440.25(4)(j), F.S., relating to expedited hearings.  |
| 18 | 5. 110.25(1)(j), 1.5., fefacing to expected neurings.  |
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